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Best Interests of the Child-Assessments for recently arrived refugee children

van Os, Carla

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Best Interests of the Child-Assessments for recently arrived refugee children

Behavioural and children's rights perspectives
on decision-making in migration law



Carla van Os



rijksuniversiteit
 groningen

Best Interests of the Child-Assessments for recently arrived refugee children

Behavioural and children's rights perspectives
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Colophon

BEST INTERESTS OF THE CHILD-ASSESSMENTS
FOR RECENTLY ARRIVED REFUGEE CHILDREN
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KINDERPOSTZEGELS
voor kinderen door kinderen

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Cover: Palestinian man is making bath time fun for his daughter and niece in Gaza. Photo:
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Title page: Drawing by 7-year-old girl in the research sample: "We were sitting on the boat with a lot of people. A small boy fell into the water. No one could help him anymore. I was also afraid I would fall into the water. Mum was sitting at the front of the boat. She had our bag in her hand. I hadn't taken anything with me. I had left my clothes and my toys at home. They were too heavy to carry."

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Promotores

Prof. dr. mr. M.E. Kalverboer

Prof. dr. E.J. Knorth

Copromotores

Dr. A.E. Zijlstra

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Chapter 1

General introduction

1.1 Introduction

By the end of 2016, the United Nations High Commissioner for Refugees (UNHCR) counted 65.6 million forcibly displaced persons, the highest number ever since the UNHCR started registering forced displacements seven decades ago. About half of the refugee population (51%) worldwide consists of children¹ (UNHCR, 2017).² In 2016, 18,171 people asked for asylum in the Netherlands. Of these, 1,707 were unaccompanied minors, mainly coming from Eritrea (45%), Syria (11%) and Afghanistan (11%) (IND, 2016). Children within asylum seeking families do not show up in the immigration administration's figures. Based on reception figures, it is estimated that about 6,000 children (unaccompanied or accompanied by parents) asked for asylum in the Netherlands in 2016.³

Children who ask for asylum have the right to have their best interests form a primary consideration in the decision-making process regarding their asylum request. This right follows from article 3, section 1, of the Convention on the Rights of the Child (CRC):

“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.”

The UN Committee on the Rights of the Child considers the principle of the best interests of the child as a core principle of the CRC (Detrick, 1999, p. 86). The principle was already embodied in other legal documents before the adoption of the CRC in 1989, like in the 1959 UN Declaration of the Rights of the Child; the 1986 UN Declaration on Social and Legal Principles to the Protection and Welfare of Children; and the 1979 Convention on the Elimination of All Forms of Discrimination against Women (Detrick, 1999, p. 86). The inclusion of the best

interests of the child principle in the CRC has been criticised for lacking concrete criteria on the basis of which decision-makers can act in the child's best interests (Detrick, 1999, p. 88; Eekelaar, 2015). Although other interests have to be considered, the focus of the decision-maker should be to find a solution that has the best outcome for the child (Eekelaar, 2015). “That means that, while that solution may be modified in the light of other interests if they are sufficiently grave, it would be hard to contemplate any decision that would inflict harm on the child's interests” (Eekelaar, 2015, p. 5).

The concept of the best interests of the child was used also in behavioural science before the adoption of the CRC. In 1973, for example, Goldstein, Freud and Solnit proposed guidelines for decision-makers regarding the best interests of the child, which could be used in the determination process of a child's placement in a foster family or alternative setting. First, the authors stated that continuity of relationships, surroundings, and environmental influence should be paramount in the assessment (Goldstein, Freud, & Solnit, 1973, pp. 31-35). Second, the child's sense of time should be taken into account as an independent consideration, because time has different meanings in each phase of the child's development (Goldstein et al., 1973, pp. 40-45). Third, the authors urged people to accept that ‘law’ is not equipped to supervise interpersonal relationships and that knowledge regarding long-term predictions of how these relationships will develop is limited (Goldstein et al., 1973, pp. 49-52).

These early thoughts on the best interests of the child are still relevant in today's forensic mental health assessments involving children; assessments which are customary within child protection law, family law, and juvenile justice to facilitate legal decision-making (Galatzer-Levy, Gould, & Martindale, 2009; Hoge, 2012, p. 157; Koocher, 2006, p. 46; Morin, Cruise, Hinz, Holloway, & Chapman, 2015; Pillay, 2006; Pillay & Willows, 2015). Forensic mental health professionals formulate recommendations for legal decision-makers to optimally serve the best interests of the child (Bala & Duvall-Antonacopoulos, 2006, pp. 218, 224; Schryver, Afros, Mian, Spafford, & Lingard, 2009). However, within migration law these forensic assessments of the best interests of the child are rarely carried out (Arnold, Goeman, & Fournier, 2014; Kanics, 2018, pp. 43-44, 54-55; Ottosson & Lundberg, 2013). In the international context, there is a growing awareness of the need for a stricter implementation of the child's best interests in migration law (Arnold, 2018; Bhabha, 2014; Drywood, 2011; Pobjoy, 2015, 2017; Yanghee, 2013).

¹ Children or minors are people below the age of 18 (Convention on the Rights of the Child, art.1).

² <http://www.unhcr.org/figures-at-a-glance.html>.

³ On average one third of the people living in Dutch reception centers for asylum seekers are children (<https://www.coa.nl/nl/over-coa/bezetting>). The major part of the asylum seeking population in EU-Member States is single men, the percentage of children in the Netherlands is in line with the percentage on average in other EU Member States ([http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Distribution_by_age_of_\(non-EU\)_first_time_asylum_applicants_in_the_EU_and_EFTA_Member_States,_2016_\(%25\)_YB17.png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Distribution_by_age_of_(non-EU)_first_time_asylum_applicants_in_the_EU_and_EFTA_Member_States,_2016_(%25)_YB17.png)).

The same observation can be made in the Dutch context with regard to how the best interests of the child are served in legal procedures in child protection law, family law, and juvenile justice on the one hand, and migration law on the other hand (Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018a, p. 60). Within Dutch child protection law (Blaak, Bruning, Eijgenraam, Kaandorp, & Meuwese, 2012, p. 146; Van Nijnatten, Boesveldt, Schilperoord, & Mass, 2001) and family law (De Boer & Kotting, 1989, p. 77; Blaak et al., 2012, pp. 149-151, 190-191), as well as within juvenile justice (Bartels, 1989, pp. 43-44; Berger, 2012, p. 901; Blaak et al., 2012, p. 161; Mijnaerends, Liefwaard, & Bruning, 2015), the best interests of the child principle, although to varying degrees, has been incorporated (Van der Linden, Siethoff, Zeijlstra-Rijpstra, 2014, p. 294). This self-evident positioning of the best interests of the child is lacking in migration law (Herweijer, 2017; Meijer, 2016; Meuwese, & Van Os, 2007, p. 64; Van Os & Beltman, 2012, p. 735). The UN Committee on the Rights of the Child (UNCRC, hereafter: the Committee) monitors the implementation of the CRC (Doek, 2011). In the most recent Concluding Observations concerning the implementation of the CRC in the Netherlands the Committee is concerned (UNCRC, 2015, para. 52) about a:

“... lack of adequate consideration for the best interests of the child in asylum cases and insufficient training of professionals dealing with asylum requests involving children.”

Therefore, the Committee recommends (UNCRC, 2015, para. 53) the Dutch State to:

“Ensure that best interests of the child is taken as a primary consideration in all asylum cases involving children and provide appropriate training to the professionals dealing with such cases.”

To uphold the right that the child's best interests should be a primary consideration, before a decision affecting the child can be taken, an assessment has to be made of the child's best interests. The Committee issued guidelines for these assessments in General Comment No. 14 (hereafter: GC 14) in 2013. These guidelines consider the relevant *elements*, i.e. the subjects and topics that should be part of the assessment, as well as the *procedural safeguards* that should be taken into account when determining the best interests of the child (GC 14, para. 46-47).

In the assessment, human dignity and the promotion of the holistic development of the child are the starting points (GC 14, para. 42). The Committee provides a non-exhaustive and non-hierarchical list of elements, which should be included in the assessment (GC 14, para. 50): the child's views (GC 14, para. 53-54); the child's identity (GC 14, para. 55-57); preservation of the family environment and maintaining relations (GC 14, para. 58-70); care, protection and safety of the child (GC 14, para. 71-74); the vulnerability of the child (GC 14, para. 75-76); the child's right to health (GC 14, para. 77-78); and the child's right to education (GC 14, para. 79). The weight of each element of the assessment has to be balanced compared with the other elements, depending on the type of decision and the concrete circumstances (GC 14, para. 80-82).

Concerning the procedural safeguards the Committee states that the assessment must be carried out for each individual child by professionals who have been trained in child development and who have experience in working with children (GC 14, para. 48-49, 80, 94). The Committee reaffirms the importance of including the child's views (GC 14, para. 89-91) as part of the procedural safeguards too. The consequences of possible outcomes of the decision for the child must be determined objectively, based on knowledge of, for example, psychology, pedagogy, social work, law, sociology, education and health (GC 14, para. 94-95).

The views of the refugee child are an inherent part of an assessment of the child's best interests. This follows firstly from the refugee child's rights as a child (CRC, art. 3 jo. art. 12; UNCRC, 2003, 2005, 2009, 2013) and as a refugee (EU, 2011, art. 13; UNHCR & UNICEF, 2014, p. 13), secondly from the Codes of Conduct of the assessors (IGhB, 2014, p. 9; NVO, 2017, art. 8), and thirdly from the professional standards for forensic mental health assessments (Brooks-Gordon & Freeman, 2006, p. 221; Kuehnle, Sparta, Kirkpatrick, & Epstein, 2013). The child's right to express his or her views, which is laid down in article 12 of the CRC, embodies the right of the child to be heard in administrative or legal procedures (Detrick, 1999, p. 214). In the context of migration law this means that the child's views are included in the assessment of the child's best interests and that migration authorities in the legal procedure pay due attention to the child's views during hearings (Josefsson, 2017).

Kalverboer and Zijlstra (2006) have developed a scientifically substantiated methodology to assess the best interests of the child in decision-making processes, which is in line with the guidelines of the Committee (Kalverboer, 2014, p. 15). This so-called Best Interests of the Child (BIC)-Assessment is mainly used in

legal procedures of migrant or refugee children to provide migration authorities or judges with information on the child's best interests that can be considered in the decision-making process (Zijlstra, 2012). The theoretical framework of the BIC-Assessment is based on a comprehensive international literature review on concepts that embody the best interests of the child (Kalverboer & Zijlstra, 2006). This review resulted in the Best Interests of the Child (BIC)-Model, which interprets the child's best interests as the child's right to live in an environment that ensures his or her holistic development (UNCRC, 2013, para. 42; Zijlstra, 2012, pp. 53, 70). The BIC-Model describes fourteen conditions for child development, which together determine the quality of the child-rearing environment. These conditions concern the family situation, as well as conditions for development in society (Kalverboer & Zijlstra, 2006; Zijlstra, 2012). The conditions of the BIC-Model are linked to children's rights derived from the CRC and to the guidelines in GC 14 (see Appendix I).

Based on the BIC-Model a questionnaire has been developed to measure the quality of the child-rearing environment: the Best Interests of the Child (BIC)-Questionnaire (Appendix II). The BIC-Q consists of 24 questions related to the fourteen conditions for development derived from the BIC-Model (Zijlstra, 2012). With the BIC-Q, professionals compare the consequences for the child's development considering different outcomes of a decision, for example in the situation the child returns to the country of origin or stays in the host country (Kalverboer, 2014, p. 13). The validity and reliability of the BIC-Q for the actual situation have been assessed as sufficient to good in previous studies with migrant children who have been repatriated to the country of origin (Zevulun, 2017), and migrant and refugee children – with diverse periods of residence – in the host country (Zijlstra, Kalverboer, Post, Knorth, & Ten Brummelaar, 2012; Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013).

Kalverboer, Zijlstra, and Knorth (2009) concluded in previous research on BIC-Assessments that the enforced return of asylum-seeking children who stayed for five years or longer in the Netherlands ($N = 80$) was not in their best interests. These children suffered from serious internalising mental health problems and their child-rearing environment was 'moderate' on average (Kalverboer, Zijlstra, & Knorth, 2009). The authors stated that continuity and stability were needed for the recovery of these children's healthy development (Kalverboer et al., 2009). In a study involving repatriated migrant children in Kosovo and Albania ($N = 106$) the results showed that the child-rearing environment, measured with the BIC-Q, was

just 'below satisfactory' on average and that one third of the sample suffered from emotional problems (Zevulun, Post, Zijlstra, Kalverboer, & Knorth, 2017).

Besides the quality of the child-rearing environment, the BIC-Assessment considers factors that influence the child's vulnerability, like the Committee stipulates in GC 14 (para. 75-76). Generally speaking, children are considered as vulnerable due to their age and dependency on adults for care and protection (Biggs & Jones, 2014; Herring, 2012). Migrant children are particularly vulnerable due to the impact migration has on their well-being (Abebe, Lien, & Hjelde, 2014; Belhadj Kouider, Koglin, & Petermann, 2014). Refugee children, who are *forced* to migrate due to war or other forms of violence in their home country, run an increased risk of mental health problems due to various risk factors before, during and after the migration (Bronstein & Montgomery, 2011; Fazel, Reed, Panter-Brick, & Stein, 2012; Henley & Robinson, 2011; Kalverboer, 2014).

This dissertation focuses on BIC-Assessments for recently arrived refugee children. These BIC-Assessments aim to provide migration authorities with information on the child's best interests that can be taken into account before a decision on the asylum request is made. The term 'recently' refers to the phase of the asylum procedure in the first place: before a decision is made. In a practical sense, by 'recently' we mean that the child has been residing in the host country for less than eighteen months. In this study the term 'refugee children' is used for unaccompanied children and children accompanied by their parents or caregivers who leave their home country and seek protection in another country. When these children ask for asylum they are asylum-seeking children in the legal sense. Legally these children are called 'refugees' once their asylum claim has been accepted. Working from our pedagogical point of view we prefer to call these children *refugees*, seeking protection, whether on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1994).

The group of recently arrived refugee children might differ from the total population of refugee children in host countries due to the fact, for instance, that their lives can be characterised as being even more unstable. These children experienced stressful life events before and during migration (Geltman, Augustyn, Barnett, Klass, & Groves, 2000; Jakobsen, Demott, & Heir, 2014). Furthermore, recently arrived refugee children might have trauma-related mental health problems, acculturation difficulties, and feelings of insecurity concerning the outcomes of the asylum procedure and their future perspective (Goldin,

Levin, Persson, & Hägglof, 2001; Goodman, 2004; Jensen, Fjermestad, Granly, & Wilhelmsen, 2015; Vervliet et al., 2014b).

Gathering the views of recently arrived refugee children might also require more specific attention in the BIC-Assessment than that given in BIC-Assessments involving other groups of refugee and migrant children. The assessors might find difficulties in collecting the views of recently arrived refugee children. Recently arrived refugee children may be hesitant about disclosing details of their life stories due to experiences in the country of origin and in the host country, which cause fear or mistrust of the authorities, including researchers or mental health professionals (Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; Kohli, 2006a, 2006b; Majumder, O'Reilly, Karim, & Vostanis, 2015; Ní Raghallaigh, 2014). Furthermore, the inclusion of the views of recently arrived refugee children might raise questions concerning the validity and reliability of the child's account. It is known from literature that children's accounts in forensic mental health assessments might be driven by the children's perception of their own or parents' best interests and the desired outcomes of the assessments (Bala & Duvall-Antonacopoulos, 2006, p. 223; Galatzer-Levy et al., 2009, p. 5). Children who seek asylum might have ideas on how their accounts should be tailored to the requirements of being eligible for refugee protection (Adams, 2009; Chase, 2013; Kohli, 2011). Furthermore, traumatic memories can have a negative impact on the accuracy of children's accounts in forensic mental health assessments (Eisen & Goodman, 1998; Klemfuss & Ceci, 2012). Since almost all refugee children experienced stressful life events, which sometimes had a traumatising impact (Geltman et al., 2000; Goldin et al., 2001; Jakobsen et al., 2014; Jensen et al. 2015; Vervliet et al. 2014b) this could also be a risk factor for the accuracy of the refugee child's account in a BIC-Assessment (UNHCR, 2014, p. 69).

The specific characteristics of recently arrived refugee children might have implications for the content as well as the procedure of BIC-Assessments. These assessments are performed to provide migration authorities with information on the best interests of the child that can be considered in the decision-making process of the asylum procedure (Kalverboer, 2014, p. 15; UNCRC, 2013, para. 49). This study addresses the search for necessary adjustments in the content and procedure of BIC-Assessments to the situation of recently arrived refugee children.

1.2 Objectives and research questions

The main objective of this thesis is to evaluate and adjust the content and the procedure of the BIC-Assessment considering the situation of recently arrived refugee children, in order to assess the best interests of the child in legal proceedings in a valid and reliable way. There is a call for scientifically based instruments and methodologies to assess the best interests of the child in legal proceedings (Bala & Duvall-Antonacopoulos, 2006, p. 241; UNCRC, 2013, para. 95). BIC-Assessments for migrant and refugee children practised in Dutch migration procedures have been the subject of previous research (Kalverboer et al., 2009; Zijlstra, 2012; Zijlstra et al., 2012, 2013). This study builds further on that research by examining what adaptations are necessary to tailor the BIC-Assessment to the specific target group of recently arrived refugee children. As part of the main objective four sub-objectives are formulated.

First, we aim to get insight into the state of the art in social sciences concerning the situation of recently arrived refugee children in order to find out *what* elements should be part of the BIC-Assessment for this specific target group. This aim is in line with the guideline of the Committee on the Rights of the Child to study which specific circumstances should be taken into account during an assessment of the child's best interests (UNCRC, 2013, para. 49).

The second objective of the study is to gain knowledge of *how* the BIC-Assessments should be performed to address the hesitation many refugee children experience in sharing their life stories due to previous experiences in the home country and in the host country (Kohli, 2006b; Ní Raghallaigh, 2014).

Third, this thesis aims to get insight into the *quality* of information BIC-Assessments provide. We want to know whether the BIC-Assessments provide enough relevant information to enable professionals to determine the best interests of recently arrived refugee children. Furthermore, using the BIC-Q as the instrument to evaluate the quality of the child-rearing environment with this specific group of refugee children requires a re-assessment of the inter-rater reliability of the BIC-Q.

Finally, the fourth objective of this thesis is to collect knowledge on the *outcomes* of the BIC-Assessments: outcomes regarding the quality of the child-rearing environment and regarding the mental health of recently arrived refugee children. In doing so, our study aims to expand knowledge of the quality of the

child-rearing environment and mental health of migrant and refugee children by adding data on a new, specific target group to previous studies on BIC-Assessments (Zevulun, 2017; Zijlstra, 2012).

The objectives set out above give rise to the following research questions.

Central research question:

Which diagnostic conditions must be fulfilled for a valid and reliable Best Interests of the Child-Assessment for recently arrived refugee children, and what are the outcomes of such an assessment for these children?

To answer the central research questions the following sub-questions were formulated:

- 1) Based on existing knowledge in social science, which elements are relevant for the assessment of the best interests of recently arrived refugee children?
- 2) Which factors support or impede refugee children's disclosure of their life stories?
- 3) Which factors influence the validity and reliability of a child's account in a forensic mental health assessment?
- 4) What is the quality of information provided by Best Interests of the Child-Assessments for recently arrived refugee children?
- 5) What are the outcomes of Best Interests of the Child-Assessments for recently arrived refugee children?

1.3 Outline of the study

This study can be divided into three phases of the research. Part 1 consists of two literature reviews that embed the theoretical foundation of the adjusted BIC-Assessment (questions 1 and 2). Part 2 concerns the methodological development of the adjustments to the BIC-Assessments for recently arrived refugee children (question 3). Part 3 describes the practical outcomes of the BIC-Assessments for recently arrived refugee children (questions 4 and 5) (Figure 1.1).

The research starts with a systematic review on the state of the art in knowledge of the situation of refugee children who recently arrived in a host county. With this review the first research question is answered, aimed at providing relevant elements for the assessment of the best interests of recently arrived refugee children in migration procedures (**Chapter 2**).



Figure 1.1
Overview of the study

A second systematic review answers the second research question on barriers and facilitators for refugee children's disclosure of their life stories aimed at providing procedural safeguards for interviewing recently arrived refugee children (**Chapter 3**).

Based on the two systematic reviews the content as well as the procedure for the adjusted BIC-Assessment is presented in two focus groups involving behavioural and legal experts. Thereafter the BIC-Assessment is evaluated in a pilot study (**Chapter 4**).

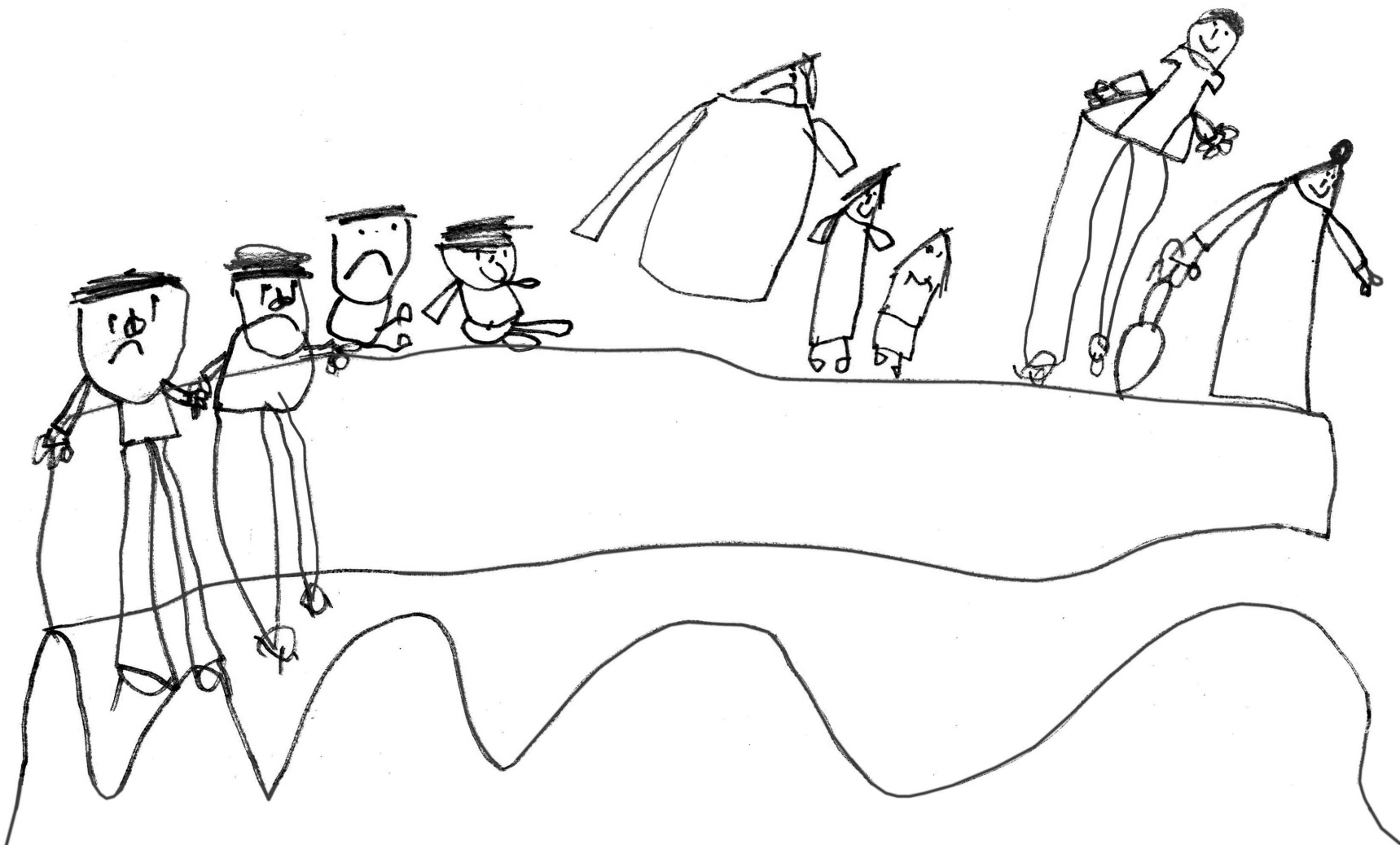
To answer the third research question a literature review is conducted on factors that influence the validity and reliability of children's accounts in forensic mental health assessments in child protection law, family law and juvenile justice or criminal law. These findings are discussed in the context of migration law (**Chapter 5**).

The fourth research question is answered in empirical research in which BIC-Assessments are performed involving children who recently arrived in the Netherlands and ask for asylum. The extent to which the BIC-Assessments provide enough information to enable the assessors to determine the best interests of the child is analysed. Furthermore, the inter-rater reliability of the adjusted BIC-Questionnaire is assessed. To answer the fifth research question, the quality of the child-rearing environment in the countries of origin in the situation before the child left the country and in the expected situation should the child return are evaluated. Furthermore, the mental health of the children in the sample is assessed (**Chapter 6**).

This thesis ends with an overview of the conclusions that can be drawn from the findings on the five research questions and that form an answer to the central research question. Reflections on the study, its strengths and limitations, as well as implications and recommendations for further research, practice and policy are presented (**Chapter 7**).

Part I

Theoretical Embedding



Chapter 2

Knowledge of the unknown child:
A systematic review of the elements of the Best Interests of
the Child-Assessment for recently arrived refugee children

This chapter is based on:
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Abstract

Decision-making regarding an asylum request of a minor requires decision-makers to determine the best interests of the child when the minor is relatively unknown. This article presents a systematic review of the existing knowledge of the situation of recently arrived refugee children in the host country. This research is based on the General Comment No. 14 of UN Committee on the Rights of the Child. It shows the importance of knowing the type and number of stressful life events a refugee child has experienced before arrival, as well as the duration and severity of these events. The most common mental health problems children face upon arrival in the host country are PTSD, depression and various anxiety disorders. The results identify the relevant elements of the Best Interests of the Child-Assessment, including implications for procedural safeguards, which should promote a child rights-based decision in the asylum procedure.

2.1 Introduction

Children on the move, fleeing from one country to another, leaving an unsafe but familiar environment and looking for safety in a new country, enter a decision-making procedure. Since countries have migration policies, children cannot simply cross a border to reach a place that is considered safer. The host country has to decide whether or not the child – travelling alone or with family members – will be accepted as a new citizen, temporary or permanently, i.e. as a refugee or as a child in need of other forms of protection. If the host country decides that the child is not entitled to a residence permit, the child will have to leave voluntarily or else will be deported. In taking that decision the best interests of the child should be a primary consideration. This principle and substantive right is laid down in article 3 of the Convention on the Rights of the Child (CRC) (UN, 1989).

2.1.1 Determination of the Best Interests of the Child

The United Nations Committee on the Rights of the Child (hereafter: the Committee) provides a tool for the assessment and determination of the child's best interests in General Comment no. 14 (hereafter: GC 14). The Committee describes a non-exhaustive list of areas of concern that should be part of every best interests assessment:

- a) The child's views; children should influence the determination of the best interests by expressing their views on the decision that affects them (GC 14, para. 53-54);
- b) The child's identity, which includes characteristics such as cultural identity, religion, beliefs, sexual orientation, and personality (GC 14, para. 55-57);
- c) Preservation of family environment and maintaining relations, which includes both the prevention of separation with the parents unless this is in the best interests of the child, and the preservation of the child's ties beyond family e.g. school and friends (GC 14, para. 58-70);
- d) Care, protection and safety of the child, necessary to ensure the child's well-being, including emotional care and calculation of future risks and harm as a consequences of the decision (GC 14, para. 71-74);
- e) The state of vulnerability, such as being disabled, belonging to a minority group, being a refugee or victim of abuse, is to be assessed through the

child's history from birth (GC 14, para. 75-76);

- f) The child's right to health (GC 14, para. 77-78); and
- g) The child's right to education (GC 14, para. 79).

Following these guidelines of the Committee, decision-making in a migration procedure obliges the decision-makers to gather a lot of information on an unknown – recently arrived – child and requires the decision-makers to be able to interpret this information in a way which corresponds with the best interests of the child principle. Therefore, the Committee advises to involve professionals trained in, inter alia, child psychology, child development and other relevant human and social development fields, who are experienced in working with children, and will consider the information received in an objective manner (GC 14, para. 94). Decision-making should be based on scientific knowledge (GC 14, para. 95). Inspired by this recommendation of the Committee, we will present a systematic review of the existing scientific knowledge in the field of social and behavioural sciences regarding recently arrived refugee children.⁴

Refugee children are considered vulnerable (Bean, Eurelings-Bontekoe, & Spinhoven, 2007b; Huemer et al., 2013; Oppedal & Idsoe, 2012; Thommessen, Laghi, Cerrone, Baiocob, & Todda, 2013; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014a). Migration in itself may have a negative impact on the health, development and well-being of children (Abebe, Lien, & Hjelde, 2014; Belhadj Kouider, Koglin, & Petermann, 2014). Children who are *forced* to leave their home country due to war or other forms of violence are at an increased risk, as a result of the stressful events they may have experienced before and during the flight and uncertainty about their new home and future perspectives (Bronstein & Montgomery, 2011; Fazel, Reed, Panter-Brick, & Stein, 2012).

Much research has already been done with regard to the *mental health and development* of refugee children residing several years in the host country (Almqvist & Broberg, 1999; Bean, 2006; Bean et al., 2007b; Beiser et al., 2012; Dura-Vila, Klasen, Makatini, Rahimi, & Hodes, 2013; Geltman et al., 2005; Kalverboer,

Zijlstra, & Knorth, 2009; Lauritzen & Sivertsen, 2012; Montgomery, 2010; Oppedal & Idsoe, 2012; Seglem, Oppedal, & Raeder, 2011; Vervliet et al., 2014a). These studies can show us some of the elements that play a role in the best interests assessment for *recently arrived* children as well. In two systematic reviews of the mental health of refugee children, the following risk factors – related to the pre- or during migration period – were identified: exposure to violence, personal injury, pre-existing vulnerability, (cumulative) family experience of adverse events, unaccompanied entry and separation from parents or other relatives in the home country, the violent death of a family member and poor parental support or family cohesion (Bronstein & Montgomery, 2011; Fazel et al., 2012). Knowledge of which risk factors apply to a child is necessary to estimate his or her level of vulnerability, one of the key elements of the assessment of the child's best interests (GC 14, para. 75-76).

The *physical health* of recently arrived refugee children is beyond the scope of our review. However, the condition of the child's physical health should be part of the best interests of the child assessment (GC 14, para. 77). Moreover, the Committee explicitly mentions the need to consider the health of the child with regard to decisions such as granting a residence permit on humanitarian grounds (GC 14, para. 78). Excellent reviews are available on the physical health of refugee children upon arrival in the host country (Davidson et al., 2004; Raman, Wood, Webber, Taylor, & Isaacs, 2009; Sheikh et al., 2009).

The Committee recognises both the individual characteristics of the child and the social-cultural context in which the child lives as the two pillars of an assessment of the child's best interests. Examples of the relevant aspects of the social-cultural context are: the presence or absence of parents, the relationship between the child and the family members or other caregivers and the safety of the environment (GC 14, para. 48).

2.1.2 Best Interests of the Child-Model

The importance of a detailed analysis of the child's family and social context as a base for decision-making has been recognised for many years in the study on the Best Interests of the Child (BIC)-Model (Kalverboer, 2014; Kalverboer et al., 2009; Kalverboer & Zijlstra 2006; Zijlstra, 2012; Zijlstra, Kalverboer, Post, Knorth, & Ten Brummelaar, 2012; Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013). The BIC-Model consists of fourteen pedagogical environmental conditions that promote and should safeguard the child's development. The *right to development*

⁴ This chapter focuses on both unaccompanied children and children who are accompanied by (one of) their parents or caregivers, leave their home country in search of protection in another country. In most cases, these children ask for asylum and can therefore be defined in a legal sense as asylum-seeking children. Legally, these children are called refugees once their asylum claim has been accepted. Working from our pedagogical point of view, we prefer to call these children *refugees*: seeking protection either on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1970).

is phrased in article 6 of the CRC and closely linked to the best interests concept. Moreover, States have the obligation to ensure this *right to development* in the assessment of the best interests of the child (GC 14, para. 42).

The first seven conditions in the BIC-Model that promote the child's development concern the *family situation*: 'Adequate physical care' (1), 'Safe direct physical environment' (2), 'Affective atmosphere' (3), 'Supportive, flexible childrearing structure' (4), 'Adequate example by parents' (5), 'Interest' (6), and 'Continuity in upbringing conditions, future perspective' (7). The other seven conditions refer to the *social environment* of the child: 'Safe wider physical environment' (8), 'Respect' (9), 'Social network' (10), 'Education' (11), 'Contact with peers' (12), 'Respect' (13), and 'Stability in living circumstances' (14). See Appendix I for the definitions of these conditions and the relation between General Comment no. 14, the CRC, and the conditions of the BIC-Model.

Until now, research with the BIC-Model has been mainly focused on asylum-seeking children staying in the Netherlands for several years (Zijlstra, 2012). These children developed social contacts in the Netherlands, learned the Dutch language, went to Dutch schools and joined Dutch sport clubs. The disturbance of this safe and new environment would put most children at risk for damage to their development although they had already become increasingly vulnerable while waiting for the asylum procedure to conclude. Frequent removals, related discontinuity in school careers and the emotional problems of distressed parents were identified as risk factors that contribute to the increased vulnerability of the child (Kalverboer et al., 2009).

Unlike the children residing for a longer period, the new arrivals do not yet have links with their new social environment. Therefore, they do not risk having new ties cut when they are deported. Besides that, the recently arrived children do not suffer through long periods of uncertainty, living in reception centres for years, all the while waiting for a welcome or a goodbye. However, new arrivals and longer residing children share a background in fleeing war torn countries, exposure to violence, separations of their friends, school, family members, possessions, homes and the consequences these life events may have had on their mental health, development and well-being.

Supposing, in the case of recently arrived refugee children, that the situation shortly before the child left the country of origin will be approximately the same as the expected situation if the child would be returned soon after arrival, the analysis of these conditions for development in the home country gives decision-makers

information on whether the child needs protection in the host country or which conditions need attention if a return to the home country would be the decision best serving the interests of the child.

In the next section, a systematic review of the existing knowledge in social and behavioural sciences regarding the situation of recently arrived refugee children will be presented. With this review we aim to provide relevant elements for the assessment of the best interests of the recently arrived refugee child in a migration procedure.

2.2 Method

2.2.1 Search strategy

To determine relevant aspects of an assessment of the refugee child's best interests on arrival, we need to know which individual and family characteristics and which needs can be found to be of importance in the rearing environment of these children. The search strategy is based on the elements of an assessment of the child's best interests, recommended by the United Nations Committee on the Rights of the Child in General Comment no. 14. The family and socio-environmental aspects of the assessment are also indicated by the conditions for development in the Best Interests of the Child-Model (Kalverboer & Zijlstra 2006; Zijlstra, 2012; see Introduction). In Table 2.1 each aspect of the child's best interests assessment is linked to the related search items. Whenever a search term fits more than one aspect, it is mentioned the first time only. We explored the Web of Science, PsycINFO, SOCindex, ERIC and Medline databases. Additionally, reference lists were checked. Articles published in academic journals published between 1965 and 2015 were selected.

2.2.2 Inclusion and exclusion criteria

Studies presenting empirical research in social and behavioural sciences were included, whereas review articles and studies purely about physical health have been excluded. The STROBE Statement checklist has been used as a guideline to assess the quality of the observational researches (Von Elm et al., 2007). The quality of non-observational researches was assessed by answering eighteen appraisal questions which are based on four guiding principles: (1) the research should contribute to the wider knowledge on the topic, (2) the design should be

Table 2.1
Search strategy related to General Comment No. 14 (UNCRC, 2013) and the Best Interests of the Child (BIC)-Model (Kalverboer & Zijlstra, 2006).

Best interests of the child-aspects	Search terms	General Comment no. 14	BIC-Model Condition nr.
The child's views	views OR opinions OR ideas OR	Para. 53-54	
The child's identity	identity OR personality OR "evolving capacities" OR values OR traditions OR	Para. 55-57	9
Preservation of family environment and maintaining relations	continuity OR stability OR stable OR family OR familial OR "social network" OR peer* OR relation* OR separate* OR	Para. 58-70	2, 7, 14
Care, protection and safety of the child	care OR caring OR protect* OR safe* OR secure OR adequate OR integrity OR violent* OR risk* OR abuse	Para. 71 - 74	1 - 14
Quality of family environment	OR wellbeing OR emotional OR physical OR affection OR degrading		
Quality of societal environment	OR bullying OR harm OR pressure OR harassment OR exploitation OR injury OR "degrading treatment" OR conflict* OR upbringing OR "child rearing" OR parenting OR caring OR supervision OR guidance OR atmosphere OR affective OR interest OR example* OR respect OR support OR future OR perspective OR consequences OR "life circumstances" OR "living circumstances" OR		
Vulnerability	vulnerab* OR disabilit* OR disable* OR minorit* OR victim* OR resilien* OR	Para. 75-76	
Right to health	health OR treatment OR development* OR psycho* OR psychiatric OR behaviour OR	Para. 77-78, 84	1, 2, 7, 8, 14
Right to education	education* OR school OR teach* OR learning OR capacit*	Para. 79, 84	7, 11, 14
Age Children	AND child* OR young* OR adolescen* OR kid* OR minor* OR infant*		
Background Refugee	AND asylum* OR refugee* OR fled OR flee OR resettle* OR "forced migrat*"		
Timing On arrival	AND "recently arrived" OR "recently-arrived" OR "new arrival*" OR "on arrival"		

defensible, (3) the research should be rigorous by providing transparency on data collection, analysis and interpretation, and (4) the research should be credible by offering well-founded arguments about the significance of the results (Petticrew & Roberts, 2006, p. 152; Spencer, Ritchie, Lewis, & Dillon, 2003).

We included studies concerning *refugee children*. The term 'refugee children' pertains to children who were forced to leave their country of origin as a consequence of war or other harmful experiences. We excluded studies when the sample concerned migrant children without a refugee background. The included studies concern both children who have travelled to the host country alone, *unaccompanied* by their parents or other care takers, and children who fled together with (one of) their parents, referred to as *accompanied children*.

The review includes studies on *new arrivals*. Excluded were studies concerning refugee children who stay in the host country for a period longer than one year, or children with a residence period that was unclear.

Following the CRC, a *child* is defined as an individual under the age of 18 (CRC, art. 1). We gathered information of and insight in the situation of refugee children who came to the host country as a minor. We excluded studies concerning mixed children-adult groups whenever the results concerning the children were not presented separately. Finally, we excluded same sample studies except when other measurements were used.

Figure 2.1 shows the study selection process. The database search resulted in 858 potentially relevant articles; of which 371 were duplicates. The remaining 489 abstracts were screened according to the inclusion criteria. Out of these 489 abstracts, the full text of 290 articles was reviewed. The exclusion decisions in both the abstract and the full text reviewing phases were categorised as follows: purely physical health research ($n = 211$); no epidemiological data, reviews and comments ($n = 110$); mixed children-adults samples ($n = 54$); longer than one year residency ($n = 71$); not a refugee or mixed other migrant-refugee backgrounds ($n = 29$). From the remaining 14 studies, 2 reported on the same sample. The final selection consists of 12 studies.

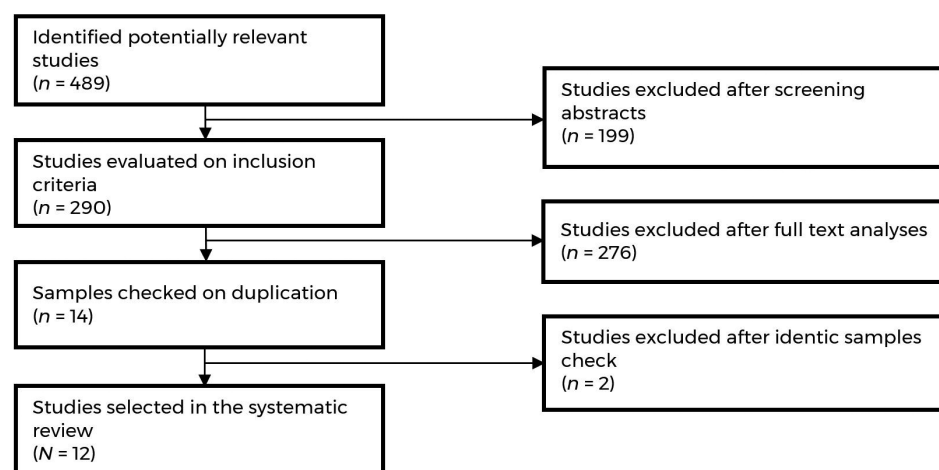


Figure 2.1
Flow diagram of study selection process

2.3 Results

2.3.1 Description of the studies

The main characteristics of the included studies ($N = 12$) are presented in the Appendix of this chapter. The summary of the outcomes is divided into descriptive and confirmatory outcomes. In the last column, significant and non-significant risk factors are separated from outcomes with a practical relevance when a striking, but non-significant influence of a risk factor was founded or the risk factors were not statistically tested (Appendix 2.1).

Altogether, the studies concerned 2,585 children. Out of these children, 1,979 were accompanied by their parents on arrival ($n = 8$) and 606 children were unaccompanied ($n = 4$). In the studies of unaccompanied children, the most prevalent countries of origin were Afghanistan (367 children) and Somalia (133 children). The remaining 106 children came from a range of countries.

From the eight included studies of accompanied children, the majority ($n = 6$) concerned children from one country or region: former Yugoslavia ($n = 4$), Iran ($n = 1$), and Cuba ($n = 1$). Except for one, all of these studies presented descriptions and calculations of adverse experiences that the refugee children had been exposed to and connected these to mental health problems ($n = 11$). One study focused on

places that contribute to the recovery and well-being of recently arrived refugee children.

2.3.2 Stressful life experiences of refugee children before arrival in the host country

Unaccompanied children. Three studies used the Stress Life Events scale (SLE) to identify the *number of stressful life experiences* of the children before arrival in the host country. Of the 12 events mentioned in the SLE, the children reported an average of 5.5 to 6.4 stressful events (Jakobsen, Demott, & Heir, 2014; Vervliet et al., 2014b). The average number of stressful life events in a Dutch (non-clinical) reference group was 3 (Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004a).

Children who arrive in the host country on their own have experienced the separation from their parents by definition. About three quarters of the unaccompanied refugee children experienced both the *disappearance and loss* of close relatives. Approximately half of these children experienced a drastic change in the family situation during the last year (Jakobsen et al., 2014; Jensen, Fjermestad, Granly, & Wilhelmsen, 2015; Vervliet et al., 2014b).

The vast majority of the unaccompanied children have previously been exposed to *violence*, life threatening events (Jakobsen et al., 2014; Jensen et al., 2015; Vervliet et al., 2014b) or persecution (Sourander, 1998). Half of these children have been exposed to war and witnessed violence or life threats against others (Jakobsen et al., 2014; Jensen et al., 2015; Vervliet et al., 2014b). Sourander (1998) reported 28% of the children to have witnessed violence (e.g. rape, torture, and physical violence) done to their parents.

Accompanied children. Four of the eight studies included in our review concerned accompanied children in former Yugoslavia in the nineties of the last century and provided an account of their experiences during the war (Abdalla & Elklit, 2001; Ekblad, 1993; Geltman, Augustyn, Barnett, Klass, & Groves, 2000; Goldin, Levin, Persson, & Hägglof, 2001). Approximately 80% of the Bosnian children have been exposed to war violence, such as grenade explosions, random bombings or gunfire (Ekblad, 1993; Geltman et al., 2000). Separation from and loss of close family members are common among these children (Abdalla & Elklit, 2001; Ekblad, 1993; Geltman et al., 2000). Torture, injury or the killing of a close relative has been experienced by 35% (Geltman et al., 2000) to 40% (Abdalla & Elklit, 2001) of the children. The number of traumatic events could not be assessed in these studies

of *war experiences*, since the violence was ongoing for extended periods of time (Geltman et al., 2000). Goldin et al. (2001) clustered the war-related stories of 90 refugee children and their families from Bosnia concerning trauma and stress factors prior, during and after war. Prior to the war, life was 'good' for the vast majority (62/90) of the children, characterised by strong family ties, friends, and school, which made life meaningful and predictable. The most severely affected group consisted of 26 children who have had violent war experiences and endured persecution directed to the child's home or family. Separation from a parent occurred most often in this group (22/26) (Goldin et al., 2001). Hunger and extreme poverty were prevalent among the Kosovarian refugee children (Abdalla & Elklit, 2001). The experiences of children coming from war zones in the Middle-East bear a resemblance to those of the Bosnian and Kosovarian children. In Montgomery's research (1998), 89% of the 311 refugee children from the Middle-East (Iran, Iraq, Lebanon, Syria, Palestinians) had lived in war conditions; 90.8% had to take shelter for bombing and 86.4% had been on the run with their parents; 68.2% witnessed violent events such as bombings (82.6%), street shootings (68.8%) or had their house searched (60.5%). One out of five (19.9%) of these children has experienced the death or disappearance of a parent, 59.5% has been separated from a parent for more than one month.

Children from Iran were exposed to both individual *persecution* and general war violence. Iranian parents reported that 84% of their children had been exposed to violence. They were eye-witnesses of acts of organised violence, such as a violent raid of their home or assault on a parent (Almqvist & Brandell-Forsberg, 1997).

In a study about Cuban refugee children, the children seemed to be mostly affected by the *dangerous flight* itself (Rothe et al., 2002). These children fled in the mid-nineties mostly by boat (50%) or on a home-made raft (38%). About 34,400 Cuban people were intercepted by the US Coast Guard and brought to detention camps. Both the ocean crossing and the stay in the detention camps were a huge stress factor for the children. One third (30%) of these children thought they would die during the crossing and 80% witnessed acts of violence in the camps (Rothe et al., 2002).

2.3.3 Mental health problems of recently arrived refugee children

Unaccompanied children. The four selected studies on recently arrived unaccompanied refugee children focused on mental health problems and all four found that approximately half of the children faced such problems.

Sourander (1998) found that nearly half of the unaccompanied minors in his research had behavioural problems in the clinical or borderline range. The most common symptoms were related to *PTSD, depression and anxiety*. In the other three studies, between one third and half of the children were diagnosed with *PTSD*. Furthermore anxiety and depressions were the most prevalent symptoms (Jacobsen et al., 2014; Jensen et al., 2015; Vervliet et al., 2014b).

Accompanied children. All studies focusing on the mental health of recently arrived accompanied children ($n = 7$) reported high levels of *traumatic stress or emotional symptoms* in general terms (Abdalla and Elklit 2001; Almqvist & Brandell-Forsberg, 1997; Goldin et al., 2001) or *PTSD* (Almqvist & Brandell-Forsberg, 1997; Rothe et al., 2002). In one research, three quarters of the children showed repetitive talking about violence (Geltman et al., 2000). Nightmares were reported in 39 to 52% (Ekblad, 1993; Geltman et al., 2000). Avoidance of exposure to memories was seen in 40 to 67% of the children (Geltman et al., 2000; Rothe et al., 2002) and re-experiencing of traumas in nearly half of the children (Almqvist & Brandell-Forsberg, 1997).

Of the 311 children in Montgomery's (1998) research, two thirds were identified as being clinically anxious. The most frequently reported symptoms of anxiety were: 'fear of sleeping without light', 'fear of being alone' and 'clinging to parents'. In the research of Rothe et al. (2002), separation *anxiety* and clinging to parents were classified as the most severe symptoms observed by the researchers. In another research, half of the children were diagnosed to be suffering from anxiety (Almqvist & Brandell-Forsberg, 1997).

One study mentioned that nearly half of the children were diagnosed with *depression* (Ekblad, 1993).

In two studies, mental health problems were described as *behavioural symptoms*; the prevalence ranged from 68 to 77% (Almqvist & Brandell-Forsberg, 1997; Geltman et al., 2000).

The prevalence of *psychosomatic symptoms* ranged from 24 to 52% (Abdalla & Elklit, 2001; Ekblad, 1993; Rothe et al., 2002).

One study reported 58% prevalence of *homesickness* (Ekblad, 1993).

2.3.4 Risk and protective factors

Unaccompanied children. Children who were exposed to a higher *number of adverse life events* are at a higher risk of having PTSD symptoms and internalising problems such as depressions and anxiety (Jensen et al., 2015; Vervliet et al., 2014b).

In the research of Sourander (1998), the younger group (6-14) had significantly more severe behavioural problems than the older group (15-17). Sourander suggests that this may be explained by the fact that older children possess more internal resources to cope with such stressful experiences. However, the other included studies did not find *age* to have a significant effect on mental health problems (Jensen et al., 2015; Vervliet et al., 2014b).

A child's *gender* was not a significant factor for the mental health problems these children were facing or for the number of stressful life events these children reported (Jensen et al., 2015; Vervliet et al., 2014b).

Accompanied children. The *number of stressful life events* (Rothe et al., 2002) and the *duration of separation from parents* experienced by these children are associated with the occurrence of PTSD (Abdalla & Elklit, 2001). *Exposure to violence* (Abdalla & Elklit, 2001; Ekblad, 1993; Rothe et al., 2002), and more specifically, the *intensity* (Almqvist & Brandell-Forsberg, 1997) and *duration* (Montgomery, 1998) of the exposure to violence, the *losses of close relatives* (Montgomery, 1998) and *extreme poverty* (Abdalla & Elklit, 2001) are all associated with increased occurrence of depression, aggression, nervousness, behavioural problems, and PTSD.

The *duration of the flight* is linked to the number of losses and separations that these children experience, and these events are, as described above, risk factors for mental health problems (Abdalla & Elklit, 2001). The *feeling of being in danger* during the flight is associated with withdrawal behaviour (Rothe et al., 2002). One study also described the *lack of information* given to the children by their parents concerning their flight as a possible risk factor for mental health problems (Ekblad, 1993). Further, *living in a refugee camp* has also been identified as a risk factor (Montgomery, 1998).

Two studies found that older children have an increased risk of suffering from PTSD (Abdalla & Elklit, 2001; Rothe et al., 2002). Two studies mentioned that teenagers faced more severe traumatic experiences during the war due to their longer life but also because of the fact that they were more out going than younger children (Abdalla & Elklit, 2001; Goldin et al., 2001). However, *age* was

not considered to be a significant variable in other studies (Geltman et al., 2000; Montgomery, 1998).

During the war in Bosnia, children with a Bosniak (Bosnian Muslim) *ethnic background* more severely suffered traumatic experiences, compared to children with a Bosnian Croat or Serb ethnicity (Goldin et al., 2001).

The role of the mother seemed to be both a risk and protective factor in Ekblad's study (1993). She states that children with an apathetic or unstable mother are at an increased risk, whereas children with a more optimistic mother are at a lower risk of developing mental health problems. Goldin et al. (2001) described how children from a lower *social class* were significantly more often exposed to severe war incidents than children from a higher class, which had better opportunities to reach a safe place. Ekblad (1993) on the other hand, reported higher education of a father to be risk factor, which she thought could be explained by the probability of a higher level of frustration. The *current behaviour of parents* towards children was a risk factor for anxiety when one or both parents hit, and or punished the child more often in the host country than in the country of origin. This behaviour was presumed to give the child feelings of rejection (Montgomery, 1998). Arriving in the company of both parents was a modifying factor for anxiety (Montgomery, 1998).

Sampson and Gifford (2010) explored the *significance of certain places for the well-being* of young refugees. The most important place for the refugees were considered to be their own home, their school, the local parks and libraries. In their study, Sampson and Gifford analysed the specific contribution of these places to the well-being of young refugees. Places of opportunity promoted the meaning and purpose of life. Places of restoration reduced fear and anxiety and promoted dignity and value. Places of sociality helped the youth to restore relationships and promoted attachment and connection to others. The last category, places of safety, helped the young refugees to get a sense of security.

2.4 Discussion

2.4.1 Elements for the Best Interests of the Child-Assessment

Factors of vulnerability

The determination of vulnerability factors is an inherent part of an assessment of the child's best interests (GC 14, para. 75-76): before a decision in a migration decision can be taken, the vulnerability of the refugee child should be assessed. Our systematic research of the situation of newly arrived refugee children has shown that it is important to know which, and how many stressful life events a child has experienced before arrival in the host country, as well as the duration and severity of these events. Studying these events is not only important to determine the reason why a child asks for protection, but also because these events constitute risk factors for the mental health of the child. Relevant experiences that should be taken into account in this process are exposure to violence, separation and loss of close relatives, feelings of being in danger prior to and during the flight, family situational changes, physical maltreatment, extreme poverty and the circumstances of life in a refugee camp outside the home country.

The fact that minor refugees have been exposed to a range of traumatic experiences on arrival in the host country calls for special consideration in the assessment procedure. The accumulation of risk factors is associated with an increased likelihood of children acquiring developmental problems (Caprara & Rutter, 1995; Rutter, 1979).

The most common mental health problems children face upon arrival are PTSD, depression and several anxiety disorders. It is essential that these problems are addressed at an early stage, since we know that young refugees still struggle with mental health problems even after spending a significant time in the safe environment of the host country (Almqvist & Brandell-Forsberg, 1995; Almqvist & Broberg, 1999; Bean et al., 2007b; Bronstein, Montgomery, & Dobrowolski, 2012; Oppendal & Idsoe, 2012; Seglem et al., 2011; Vervliet et al., 2014a). These problems may portend that the refugee child's issues persist after arrival, or that new experiences in the host country, such as feelings of uncertainty about the outcome of the migration procedure and frequent relocations, put the children at risk again (Bean et al., 2007b; Nielsen et al., 2008). This accumulation of stress factors has a detrimental effect on the mental health of minor refugees (Bronstein

& Montgomery, 2011) and should be considered to be an important element of an assessment of the child's best interests in the migration procedure.

Lack of information on family and social context

In General Comment No. 14, the UN Committee on the Rights of the Child states that, in addition to the individual characteristics of the child, the social-cultural context of the child should also be included in an assessment of the child's best interests (GC 14, para. 98). In this assessment, the preservation of the family environment and the possibility of maintaining relations with kin are guiding principles (GC 14, para. 58-70), and care, protection, and safety for the child should be the primary focus (GC 14, para. 71-74). The Best Interests of the Child (BIC)-Model is a pedagogically underpinned translation of how the family and social environment of the child, which, of course, can also be applied to children in the migration context (Kalverboer, 2014; Kalverboer & Zijlstra, 2006; Zijlstra, 2012). We propose that the fourteen conditions for development (Appendix I) should be assessed for each child that asks for international protection. None of the included studies provided an in-depth view on this important subject. Only Montgomery (1998) included a few items concerned with the rearing environment of the child. It can be concluded that, when looking at the situation upon arrival, next to nothing is known of the rearing environment of minor refugees. This is a major concern, since it is impossible to make a decision in the best interests of the child about his or her request for protection in the host country, without an assessment of the protective capacity of the child's environment. Therefore, further research on this subject is needed.

Although unaccompanied children arrive in the host country without their parents, their family conditions should be assessed as well. For both recently arrived unaccompanied children and accompanied children, the situation prior to the flight is crucial in an assessment of the child's best interests, since that is where the child will return to in case his or her request for protection is denied. Prior to their flight, most unaccompanied children probably lived somewhere with their family members. Therefore, an assessment of their capacity to provide a safe environment and protect the development of the child is also necessary. With this, the BIC-model might prove helpful.

Fit with previous systematic reviews

Two systematic reviews (Bronstein & Montgomery, 2011; Fazel et al., 2012) of the mental health of longer residing refugee children confirm the previously mentioned risk factors for the mental health of recently arrived children. These reviews found three additional relevant factors that are related to the pre- and on-arrival situation of the children: pre-existing vulnerability, being unaccompanied and poor parental support and cohesion.

In a longitudinal research, pre-existing vulnerability (delayed development, long-term physical illness or psychological health problems) appeared to be a risk factor for the mental health of refugee children (Almqvist & Broberg, 1999). This aspect should be included in the description of the child's vulnerability in an assessment of the child's best interests.

Neither the stressful life events, nor the type and prevalence of mental health problems differed unambiguously between accompanied and unaccompanied minors in our review. This result contrasts the fact that being an unaccompanied minor has been identified as risk factor for mental health problems in various studies and reviews (Bean, 2006; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007a; Bronstein & Montgomery, 2011; Derluyn, Broekaert, & Schuyten, 2008; Fazel et al., 2012; Hodes, Jagdev, Chandra, & Cunniff, 2008). First of all, the instruments and definitions that were used in the included studies concerning unaccompanied and accompanied children were different; for that reason, a meta-analysis of the data was impossible. Moreover, the absence of a clear difference between unaccompanied and accompanied minors in the studies selected may be explained by the short period of residence in the studies' samples. Forced migration is associated with loss and separation for all refugee children, but missing one's parents may impact the mental health of unaccompanied minors in the long term more severely. Also, the UN Committee on the Rights of the Child does recognise *unaccompanied* minor refugees as vulnerable children (UNCRC, 2005, para. 1) who are entitled to appropriate protection (CRC, art. 22).

In the summarising Table 2.2, we connect the various risk factors found in our own review and in previous systematic reviews to the elements of the Best Interests of the Child-Assessment, based on General Comment No. 14 of the UN Committee on the Rights of the Child and the Best Interests of the Child-Model.

Table 2.2
Elements of the Best Interests of the Child-Assessment based on General Comment no. 14 of the UN Committee on the Rights of the Child,
the Best Interest of the Child-Model and risk factors (italic).

Elements of the Best Interests of the Child-Assessment for refugee children upon arrival			
Individual characteristics		Family and social environment	Conditions for development in the society
Identity	Situation of vulnerability	Care, protection, safety of the child and rearing Conditions within the family	Safe environment
Gender	Being refugee, asylum seeker, migrant	Extreme poverty	Exposure to violence
Sexual orientation	<i>Pre-existing vulnerability: development, illnesses; extreme poverty</i>	Poor parental support	Witnessing violence
Nation of origin	<i>Being unaccompanied</i>	Dead and losses of close relatives	Feeling of being in danger
Religion and beliefs	Number, severity and duration of stressful events	Separations	Social environment
Cultural	Exposure to violence		Experience of discrimination
Age	Witnessing violence		Lack of social support
	Dangerous and/or long flight		Lack of opportunities to play
	Having stayed in refugee camps (Number of separations)		Education
	Mental health: PTSD, anxiety, depression		
Prospects in the future			
Possibility to preserve identity	Possibility to address special needs, including (mental) health care	Preservation of the family environment	Stability and future perspectives in society on safety, protection, possibility to address educational needs, preservation of social ties
		Drastic changes in family	
		Dead and losses of close relatives	
		Separations	
		Poor parental support	
The child's views on all elements and on his or her need for protection			

2.4.2 Strengths and limitations

The strength of this study is that by using a search strategy on all relevant elements of an assessment of the child's best interests for recently arrived refugee children, our study provides an overview of the current knowledge in behavioural and social sciences of the situation of the recently arrived refugee child; something that, to our knowledge, has not been done before. At the same time, given that the number of studies on this specific situation is limited, the results have to be interpreted with caution.

We have seen studies that failed to provide a clear statement concerning the period of time that the refugee children in the study sample resided in the host country. This may have led to missing articles in the review. We have chosen to be strict about the elapsed time since arrival (less than one year) in order to get a clear picture of the currently existing knowledge about the well-being and development of refugee children at the moment of their arrival in the host country.

Most studies about longer residing refugee children additionally include information on the pre-migration period. However, this retrospective information is not included in this research because of the time exclusion criterion. Yet, risk factors that occur upon arrival and may have a long-term impact on the mental health of the refugee child should also be taken into account. We addressed this limitation by comparing our results to those of the systematic reviews of the mental health of longer residing refugee children.

2.4.3 Implications

Implications for an assessment of the child's best interests

This systematic review sheds light on which stressful life events, mental health problems and risk factors have proven to be relevant for an assessment of the vulnerability of the child (Table 2.2). The exposure to stressful experiences and the high prevalence of mental health problems amongst these children underlines the need to involve professionals with knowledge of child development and child psychology during the best interests assessment, as the UN Committee on the Rights of the Child prescribes in General Comment No. 14 (para. 94). Decision-making in the migration procedure may be facilitated by using this expert knowledge (Steel, Frommer, & Silove, 2004).

Implications for interviewing refugee children

The views of the child are an inherent part of the assessment, in order to ensure the influence of the child on the best interests determination (GC 14, para. 53). The UN Committee on the Rights of the Child provided guidelines on a child's right to be heard (UNCRC, 2009). The fact that the child is in a vulnerable situation because of, for instance, their migrant status "... does not reduce the weight given to the child views in determining his or her best interests" (GC 14, para. 54). None of the included studies reported on the views of the children on their residence procedure. To make a decision in the migration procedure of recently arrived refugee children, these views have to be gathered. In addition, it is important to ask the children about their personal and their family's migration motives, in order to get a picture of the aspirations of the child and any expectations others may have of the child's stay in the host country (Vervliet, Vanobbergen, Broeckaert, & Derluyn, 2014c).

Interviewers in the decision-making procedure should be aware that the traumatic experiences might hamper the ability of refugee children to tell their story in a coherent and consistent manner (Cohen, 2001; Evans Cameron, 2010; Herlihy, Scragg, & Turner, 2002; Herlihy & Turner, 2006; Spinhoven, Bean, & Eurelings-Bontekoe, 2006; UNHCR, 2013, 2014). Apart from the effect of traumatic experiences, interviewers of refugee children may meet additional difficulties as a result of mistrust and its subsequent silence which are often seen among young refugees (Anderson, 2001; Adams, 2009; Björnberg, 2011; Chase, 2010; De Haene, Grietens, & Verschueren, 2010; Ghorashi, 2008; Hynes, 2009; Kelly, 2012; Kohli 2006a, 2006b, 2011; McKelvey, 1994; Miller, 2004; Ni Raghallaigh, 2014).

More profound knowledge on how refugee children can be supported to reveal their life stories is needed. Research in the field of mental health care, social work and asylum procedures has revealed some relevant facilitators that could be helpful, like a positive and respectful attitude of the interviewer and using non-verbal methods to support verbal narrative telling (Van Os, Zijlstra, Post, Knorth, & Kalverboer, 2018b).

Implications regarding protection grounds for refugee children

The knowledge of recently arrived refugee children in behavioural and social sciences provides research-informed guidelines on the elements that have to be taken into account when taking a decision in a migration procedure. This knowledge may seem to be just partly relevant in the context of asylum. Decisions

in asylum procedures concentrate on the issue of 'well-founded fear of being persecuted' (Convention Relating to the Status of Refugees, UN 1951, art. 1). Taking the best interests of the child as a primary consideration implies looking at the asylum request through 'child rights glasses'. This means that violations of child-specific rights should be assessed; that the decision-makers should be aware of the fact that children may experience harm differently than adults; and that child-specific forms of persecution have to be taken into account (UNHCR, 2009). If a child is not accepted as a refugee, there still has to be made a decision in the best interests of the child concerning the place where he or she can live. All elements described in this paper have to be taken into account when taking such a decision. Migration policy based on children's rights may require alternative answers when children's rights are at stake (Bhabha, 2014; Drywood, 2011; Evenhuis, 2013; McAdam, 2006).

We believe that a decision about the child's need for international protection could be based on the child's right to development, similarly to the way it is being applied nowadays in child protection law. If a child's development is at risk in his or her current living situation, the State authorities have an obligation to intervene in order to safeguard the safety and development of the child (CRC, art. 6 jo. 19). For unaccompanied refugee children, the Convention on the Rights of the Child requires looking at regular national child protection systems (CRC, art. 22, sec. 2) in order to safeguard the 'appropriate protection' these children are entitled to (CRC, art. 22, sec. 1). For both accompanied and unaccompanied children, this obligation can be derived from the non-discrimination principle (CRC, art. 2), combined with the articles on child protection, when the development of a child is endangered (CRC, art. 6 jo. 19). All things considered, during the assessment of the best interests of the child in a migration procedure, either resulting in a residence permit or in a return decision, the core principle should be to treat refugee children in the same way as any other children at risk.

Appendix 2.1
Overview of selected studies (N = 12)

Citation	Year	Study site	Country of origin	Number of participants	Male/female	Age Years (M)	Months since arrival	Measurements*	Summary Descriptive outcomes	Summary Confirmatory outcomes
UNACCOMPANIED CHILDREN										
Jensen et al.	2015	Norway	Afghanistan (43); Eritrea (14); Somalia (14); Sri Lanka (11); various (11)	93	75 (81%) / 18 (19%)	10-16 (13.8)	6	HSCL-37 SLE CPSS	Experiences: Mean stressful life events: 5.5 (range: 0-12); 67.7%: death of a close person; 63.4%: witnessing violence; 62.4%: witnessing war. Mental health: 30%: anxiety; 20%: depression; 54% PTSD.	Significant risk factors: The number of stressful life events correlated with PTSD and internalising symptoms. Girls scored higher on the avoidance subscale (CPSS). Non-significant: Age.
Jakobsen et al.**	2014	Norway	Afghanistan (122); Somalia (35); Iran (3)	160	160 (100%) / 0 (0%)	14-20 (16.23)	4	HSCL-25 HTQ SLE Diag-nostic interviews (CIDI)	Experiences: 96.3%: at least one stressful life event; mean: 6.2 (range: 0-12). 81.7%: life threatening events; 77.9%: physical abuse; 77.9%: loss of close relative; 63.3%: drastic changes in family during the last year; 57.2%: witnessing violence against others; 54.7%: separated from family against will. Mental health: 41.9%: psychiatric disorder; 30.6%: PTSD; 9.4%: depression.	
Vervliet et al.**	2014b	Belgium (103); Norway (204)	Afghanistan (202); Somalia (47); Guinea (20); various (38)	307	291 (95%) / 16 (5%)	15-18 (16.13)	2-5	HSCL-37A SLE RATS HTQ	Experiences: Mean stressful life events: 6.4 (range: 0-12). 78.9%: death of loved one; 72.5%: physical maltreatment; 81.8%: experience 'I'm in danger'; 64.0%: drastic family changes. Mental health: 38.3%: anxiety; 44.1%: depression; 52.7%: PTSD.	Significant risk factors: The more traumatic experiences the children reported, the more symptoms they had of anxiety; depression; and PTSD. Non-significant: age; parents still alive.

Citation	Year	Study site	Country of origin	Number of participants	Male/female	Age (M)	Months since arrival	Measurements*	Summary Descriptive outcomes	Summary Confirmatory outcomes
Sou-rander	1998	Finland	Somalia (37); various (9)	46	34 (74%) / 12 (26%)	6-17 (14.1)	5	CBCL + interviews + clinical + legal information	Experiences: 17%: father disappeared; 22%: father died; 22%: mother disappeared; 9%: mother died; 83%: persecution; 15%: personal violence; 28%: eye witnessed violence towards family members. Mental health: 48%: clinical or borderline (related to mood, anxiety, PTSD).	Significant risk factors: Younger children (6-14) had more severe externalising, social and attention problems than older children (15-17). Non-significant: Duration of the flight; experience of violence; gender. Practically relevant: Children coming from two-parents families were doing better than the other children.

ACCOMPANIED CHILDREN

Sampson & Clifford	2010	Australia	Sudan (62); Iraq (18); Ethiopia (15); various (25)	120	65 (54%) / 55 (46%)	11-19 (14.9)	<12	Neighbourhood maps, photo-no-vella's+ narrative data	Well-being: The most important places: are associated with being able to pursue potentials largely absent in the places of their past.	
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Rothe et al.	2002	USA	Cuba	87	50 (57%) / 37 (43%)	6-17 (14.9)	4-6	PTSDRI CBCL-TRF	Experiences: 21%: separation of father; 13%: separation of mother; 24%: separation of sibling; 69%: separation of grandparent(s). Mental health: 57%: PTSD; 67%: avoidance; 60%: re-experiences; 52%: somatic symptoms; 51%: hyper-arousal.	Significant risk factors: Significant relationship between number of stressors and severity of self-reported PTSD symptoms. Modest relationship between feelings that child would die at sea and witnessing violence in refugee camps with withdrawn behaviour. Moderate relationship between (older) age and witnessing violence with PTSD. Non-significant: Gender.
Abdalla & Elkhit	2001	Denmark	Kosovo	1,224	52% / 48%	0-18 (8.2)	<1 (one week)	TSF	Experiences: 54%: separated from one of more grandparent(s); 35%: separated from father; 7%: from mother; 30%: loss close relative; 40%: witnessing violence. Mental health: 20%: emotional symptoms; 24%: psychosomatic disturbances.	Significant risk factors: Increasing age was related to increasing occurrence of PTSD. Duration of the flight was associated with depression, aggression and nervousness and psychosomatic problems. The number of separations, number of losses and experience of torture, were associated with higher prevalence of anxiety, PTSD, depression, regressive traits and behavioural problems. Extreme poverty and hunger were associated with an increasing frequency of all symptoms. Non-significant: Gender.

Citation	Year	Study site	Country of origin	Number of participants	Male/fe-male	Age Years (M)	Months since arrival	Measurements*	Summary Descriptive outcomes	Summary Confirmatory outcomes
Goldin et al.	2001	Sweden	Bosnia	90	46 (51%) / 44 (49%)	0-20	6-10	Semi-structured interviews with family + individual interviews children	Experiences: 69%: life was 'good' prior to the war; 85%: no safe place during war; 44%: severe war experiences; 29%: direct exposure to violence; 60%: separation from a parent. <u>Mental health</u> : 30%: multiple trauma stress.	Significant risk factors: Ethnic background significantly affected the trauma-stress exposure during the war. Lower social class was related to a higher intensity of child war exposure. Older children were more affected than preschool children.
Geltman et al.	2000	USA	Bosnia	31	19 (61%) / 12 (39%)	2-17 (10.7)	< 3	War Trauma Questionnaire	Experiences: 68%: separation from a parent; 81%: direct exposure to armed combat; 71%: death friend/relative; 52%: economic deprivation. <u>Mental health</u> : 77%: behavioural symptoms; 72%: repetitive talking about violence, 52%: nightmares; 40%: acting out; 40%: avoidance of exposure to memories.	Significant risk factors: Experiencing the death of a close relative or friend and witnessing violence to strangers were associated with re-experiencing symptoms. Experiencing or witnessing interpersonal violence directed to a close relative or friend was associated with symptoms of numbing.

Montgomery	1998	Denmark	Middle East: Iran (32); Iraq (168); Lebanon (22); Syria (13); stateless Palestinians (75); Turkey (1)	311	160 (51%) / 151 (49%)	3-15 (7.5)	< 1 (M 7 days)	Structured interview with parent(s)	Experiences: 92%: lived in a refugee camp outside the home country; 89%: lived under conditions of war; 89%: been on the run with parents; 20%: lost one parent; 60%: separated from one parent. <u>Mental health</u> : 67%: clinically anxious.	Significant risk factors: Significant predicting factors for anxiety were: lived in a refugee camp outside the home country; part of a torture surviving family; lack of opportunities for play with other children; beaten/kicked by an official; loss of father; parent hit or punished the child more than prior to arrival. Significant protective factor: Being accompanied by both parents was a modifying factor for anxiety. Non-significant: Age (except for separation anxiety young children after loss of father). Gender.
Almqvist & Brandell-Forsberg	1997	Sweden	Iran	50	36 (72%) / 14 (28%)	3-8 (5.10)	12	Parental interviews + children's assessment: observations, Lowenfeld World Technique	Experiences: 84%: exposure to violence; 32%: eye witnessing acts of organised violence. <u>Mental health</u> : 68%: behavioural symptoms (81% of 42 who were exposed to violence); 48%: over-dependency and anxiety (57% of 42); 44%: re-experiencing (52% of 42); 18%: PTSD (21% of 42); 26%: post-traumatic stress symptoms (31% of 42).	Practically relevant: The intensity of traumatic exposure was strongly related to the prevalence of PTSD.

Citation	Year	Study site	Country of origin	Num-ber of partici-pants	Male/fe-male	Age Years (M)	Months since arrival	Measure-ments*	Summary Descriptive outcomes	Summary Confirmatory outcomes
Ekblad	1993	Sweden	Former Yugoslavia	66	33 (50%) / 33 (50%)	5-15	5	Struc-tured in-terviews with children + parents	Experiences: 22%; sepa-ration of one parent; 90% separation of a relative; = 100% experienced violence; 37%: personal exposure to violence. Mental health: 58%: home sick; 45%: depression; 41% somatic symptoms; 39% nightmares; 28%: fear.	Practically relevant: Experience of direct violence; apathetic or unstable mother; higher education level father; lack of proper information before flight seemed to be associated with poorer mental health.

* CBCL-TRF = Child Behavioural Check List — Teacher Report Form; CIDI = Composite International Diagnostic Instrument; developed by the WHO; CPSS = Child Posttraumatic Stress Disorder Symptom Scale; HSCL-37A = Hopkins Symptoms Checklist-37 for adolescents; HTQ = Harvard Trauma Questionnaire; PTSDRI = Post-Traumatic Stress Disorder Reactive Index; RATS = Reactions of Adolescents to Traumatic Stress; SLE = Stressful Life Events; TSF = Trauma and Symptom Form (Danish Red Cross

** The samples from Norway in the studies of Jacobsen *et al.* (2014) and Vervliet *et al.* (2014b) partially overlap. Jacobsen *et al.* (2014) added a diagnostic interview to the measurements, which provided more results on the sample. For this reason both studies were included.

Chapter 3

Finding keys:

A systematic review of barriers and facilitators for refugee children's disclosure of their life stories

This chapter is based on:

Van Os, E. C. C., Zijlstra, A. E., Post, W.J., Knorth, E. J., & Kalverboer, M. E. (2018). Finding keys: A systematic review of barriers and facilitators for refugee children's disclosure of their life stories. *Trauma, Violence, & Abuse*. doi:10.1177/1524838018757748.

Abstract

The systematic review presented in this article aims to reveal what supports and hampers refugee children in telling their, often traumatic, life stories. This is important to ensure that migration decisions are based on reliable information about the children's needs for protection. A systematic review was conducted in academic journals, collecting all available scientific knowledge about the disclosure of life stories by refugee minors in the context of social work, guardianship, foster care, asylum procedures, mental health assessments, and therapeutic settings. The resulting 39 studies were thoroughly reviewed with reference to what factors aided or hampered the refugee children's disclosure of their life stories.

The main barriers to disclosure were feelings of mistrust and self-protection from the side of the child and disrespect from the side of the host community. The facilitators for disclosing life stories were a positive and respectful attitude of the interviewer, taking time to build trust, using non-verbal methods of communication, providing agency to the children, and involving trained interpreters. Social workers, mentors and guardians should have time to build trust and to help a young refugee in revealing the life story before the minor is heard by the migration authorities. The lack of knowledge on how refugee children can be helped to disclose their experiences is a great concern because the decision in the migration procedure is based on the story the child is able to disclose.

3.1 Introduction

Being able to share important details of adverse experiences might be a matter of life and death for refugee children.⁵ After having fled from the home country, they request protection in a new, host country. If those children are not able to explain why the authorities should provide protection, they risk being deported without a proper assessment of the threats they might encounter upon return (Arnold, 2018, p. 174).

The migration authorities, on the other side, have the obligation to assess the best interests of the child and to make sure that these interests are a primary consideration in the decision-making process (Kalverboer, Beltman, Van Os, & Zijlstra, 2017). Assessing the best interests of the child is not possible without hearing the child in an adequate manner (UNCRC, 2013, para. 43, 53-54). Therefore, for the migration authorities knowledge on how to support refugee children in disclosing relevant elements of their life story is crucial. Moreover, professionals who work with refugee children in foster families, at reception centres, or in care institutions could benefit from a better understanding on how they could comfort the child in their professional talks about the children's previous life experiences. Providing knowledge on what helps and hampers refugee children in telling their life stories is the aim of the systematic review presented in this article.

The Refugee Convention (UN, 1951) entitles persons who have a well-founded fear for persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion to protection in the country where the asylum request has been lodged (art. 1A). In most countries, for example in the member States of the European Union (EU), also grounds for subsidiary protection on humanitarian grounds are provided in national migration law (Gornik, Sedmak, & Sauer, 2018, pp. 6-7). Those rules for refugee determination do not have any special guarantees for children. However, the UN Refugee Agency highlights the importance to assess refugee children's need for protection in a child-sensitive

⁵ This study focuses on unaccompanied children as well as on children accompanied by their parents or caregivers who leave their home country and seek protection in another country. In most cases these children ask for asylum and therefore can be defined as asylum seeking children in the legal sense. Legally these children are called 'refugees' once their asylum claim has been accepted. We use the term 'refugee children' for children who seek protection in another country, whether on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1994). In line with the Convention on the Rights of the Child (CRC) we mean by children people under the age of 18 (CRC, art. 1).

manner and by taken their best interests as a primary consideration (UNHCR, 2009, para. 1.5). Migration authorities have to take into account that 'children may not be able to articulate their claims to refugee status in the same way as adults and, therefore, may require special assistance to do so' (UNHCR, 2009, para. 2, 72).

The right to express his or her views on the refugee claim counts for unaccompanied as well as for accompanied children (CRC, art. 12) (UNHCR, 2009, para. 8, 70). However, children in families are generally not heard about their own asylum motives (Drywood, 2010; Lidén & Rusten, 2007). For example, in the Netherlands accompanied children from the age of fifteen are interviewed on their asylum request, while unaccompanied children from the age of six are heard. In the Netherlands, the refugee child gets first an interview about the details of the journey and identity. This interview may take nearly a whole day. The same counts for the second interview about the asylum motives (Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018a). In some other countries, for example in Austria, Italy, Sweden and the UK, this division between initial, screening hearings and substantial hearing is also made (UNHCR, 2014, pp. 41, 43, 49, Warren & York, 2014, pp. 13-15).

The asylum hearings with children are focused on assessing the credibility of the child's story (UNHCR, 2014, p. 146; Warren & York, 2014, pp. 25-26). However, a lot of unaccompanied refugee children face difficulties in sharing their life stories (Kohli, 2011). Experiences prior, during and after the migration may make them hesitant to disclose the life narratives (Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; Thomas, Thomas, Nafees, & Bhugra, 2004). Some children have had instructions from parents or travel agents on what their story should be, once they arrive in the host country. These instructed stories are believed to enlarge their chance of getting a residence permit (Adams, 2009; Chase, 2013; McKelvey, 1994). Kohli (2006b) calls these constructed narratives 'thin stories' that act as a 'key to entry into the country based on its migration policies' (p. 711). Unaccompanied children also often cling to these 'thin stories' in contact with others, like social workers, because they are identified with authorities or because the children suppose this is needed in order to receive protection (Kohli, 2006a). Refugee children in Austria, for instance, reported that they felt the asylum procedure is not receptive for their multi-layered stories because the immigration authorities are just interested in their 'thin' stories (Dursun & Sauer, 2018, p. 94).

Accompanied children may face difficulties in asylum hearings because they do not know the reasons the family had to leave the country; their parents had

kept these reasons secret with the intention to protect their children (Montgomery, 2004). Children who are aware of the reasons the family had to flee their home country may feel they have to show loyalty by confirming the stories of their parents in contact with the migration authorities (Björnberg, 2011; Ottosson & Lundberg, 2013).

Mental health problems may hamper the ability of both unaccompanied and accompanied children to talk about their life stories. Research on the situation of recently arrived refugee children in the host country shows that they have experienced a large number of stressful life events which put them at risk to face post-traumatic stress, depression and anxiety disorders (Van Os, Kalverboer, Zijlstra, Post, & Knorth, 2016). From literature about abused children it is known that those who suffered from traumatic experiences often have difficulties disclosing their life stories to others (Anderson, G., Anderson, J., & Gilgun, 2014; Leander, 2010; Mordock, 2001; Saywitz, Lyon, & Goodman, 2011). Interviewers of traumatised refugee children can be confronted with the same difficulties as forensic interviewers who speak with abused children.

The effect of traumatic experiences may impede the refugee child's ability to produce a coherent, chronological story and this may lead to accusations of lying or at least being not credible (Crawley, 2010; UNHCR, 2014, p. 146). When refugees are traumatised the number of discrepancies rises as interviews take longer or the time between the interviews increases (Herlihy, Scragg, & Turner, 2002; Steel, Frommer, & Silove, 2004). Although discrepancies between two accounts of the same event should not be considered an indicator for the credibility of the asylum story (Cohen, 2001; Herlihy et al., 2002; Herlihy & Turner, 2006; Spinhoven, Bean, & Eurelings-Bontekoe, 2006; Steel et al., 2004), inconsistencies are an important reason for rejecting children's asylum claims (UNHCR, 2014, pp. 146, 154).

The difficulties concerning trust and the effect of being exposed to traumatic experiences require the involvement of psychologically educated professionals when refugee children are heard about their asylum request. This is confirmed by the UN Committee on the Rights of the Child (2013) in their guidelines for the best interests of the child determination in General Comment No. 14 (GC 14). GC 14 provides guidelines on the implementation of article 3 of the UN Convention on the Rights of the Child (CRC) that stipulates that the best interests of the child should be a primary consideration when decisions are taken that concern them (UN, 1989). Involved professionals should have knowledge of, *inter alia*, child development and child psychology (GC 14, para. 94). The Committee also

highlights the importance of taking into account the views of the child (GC 14, para. 53-54). Gathering the views of the refugee child means looking behind the lines of the asylum related questions and asking children about their personal and their family's migration motives (Vervliet, Vanobbergen, Broeckaert, & Derluyn, 2014c).

To our knowledge, a systematic review on the barriers and facilitators for refugee children's disclosure has not yet been done. However, the safety and future of the refugee child is highly influenced by the way the child is able to tell his or her life story (Chase, 2010; Crawley, 2010). Knowledge on how refugee children can be supported in sharing adverse experiences is necessary to ensure a best interests of the child determination in the asylum procedure, leading to migration decisions based on more valid and reliable information about the child's need for protection. In the next sections the method and results of a systematic review on the barriers to and facilitators for refugee children's disclosure of their life stories will be presented.

3.2 Method

3.2.1 Search strategy

The selection of search terms is based on the key words in the literature about disclosure by refugee children, the related topics on the views of the refugee child, and the problems concerning memory and credibility discussed in the introduction. Table 3.1 provides an overview of the search terms.

We searched the Web of Science, PsycINFO, SOCindex, ERIC and Medline databases. Additionally, reference lists were checked in the full text reviewing phase (Booth, Papaioannou, & Sutton, 2012, p. 78). We limited the results to articles published in academic peer reviewed journals from January 1995 until January 2016.

3.2.2 Inclusion and exclusion criteria

Included were studies presenting research in social and behavioural sciences which provide information on how the disclosure of life stories by refugee children was impeded or supported in the *context* of social work, guardianship, foster care, asylum procedures, mental health assessment and therapeutic settings, and which are written in English. When two or more studies reported about the same sample, the article that gave the most information on disclosure was included.

Table 3.1
Overview of search terms

Aspects of the research question		Search terms
Content	Disclosure	disclosure OR silence OR silent OR *trust* OR secret* OR open OR
	Memory	memory OR memories OR credibility OR deception OR inconsistencies OR detail* OR discrepancies OR truth OR
	Views of the child	motives OR ambitions OR aspirations OR dreams OR views OR ideas OR opinions OR voices OR
	Life stories	journey OR "life story" OR "life stories" OR "life history" OR "life event*" OR narrative**
Age		AND
	Children	child* OR young* OR adolescen* OR kid* OR minor* OR infant* OR unaccompanied OR accompanied
Background		AND
	Refugee	asylum* OR refugee* OR fled OR flee OR "forced migrat**"

We included studies on *refugee* children, meaning children who leave their country of origin due to war, or other harmful experiences. Studies were included concerning both children who have travelled alone to the host country, being unaccompanied by their parents or other care takers, and children who fled together with their parent(s), referred to as accompanied children.

Excluded were comments, interviews and literature reviews. From the latter category the reference lists were screened in order to find the *primary resources* that answered the research question; these were included.

We excluded studies when the *quality of the research* was considered insufficient. The quality was assessed by answering eighteen appraisal questions which are based on four guiding principles: 1) the research should contribute to the wider knowledge on the topic; 2) the design should be defensible; 3) the research should be rigorous by providing transparency on data collection, analysis and interpretation; and 4) the research should be credible by offering well-founded arguments about the significance of the results (Petticrew & Roberts, 2006, p. 152; Spencer, Ritchie, Lewis, & Dillon, 2003).

3.2.3 Selection process

Based on the search terms 2,535 articles in academic journals were found. Of these 531 were duplicates, leaving 2,004 articles that were first screened by title to exclude articles that obviously did not meet the inclusion criteria (Figure 3.1). The screening resulted in 1,314 excluded articles. The abstracts of the remaining 690 articles were reviewed and categorised on the basis of inclusion and exclusion criteria. After the screening of the abstracts 541 articles were excluded. The full text of the remaining 149 articles was assessed. The excluded categories in the abstract and full text screening phase were: does not answer the research question ($n = 285$); studies concerning adults ($n = 210$); reviews, books, editorials ($n = 94$); studies concerning migrants ($n = 38$); and physical health studies ($n = 20$). In addition, three studies were excluded because these were based on the same sample as another study by the same author. One other study was excluded in the full text phase because the quality of the research was assessed as insufficient. The excluded categories refer to the first exclusion criterion that was found although other exclusion criteria could be present too. Finally 39 studies were selected for the systematic review (Figure 3.1).

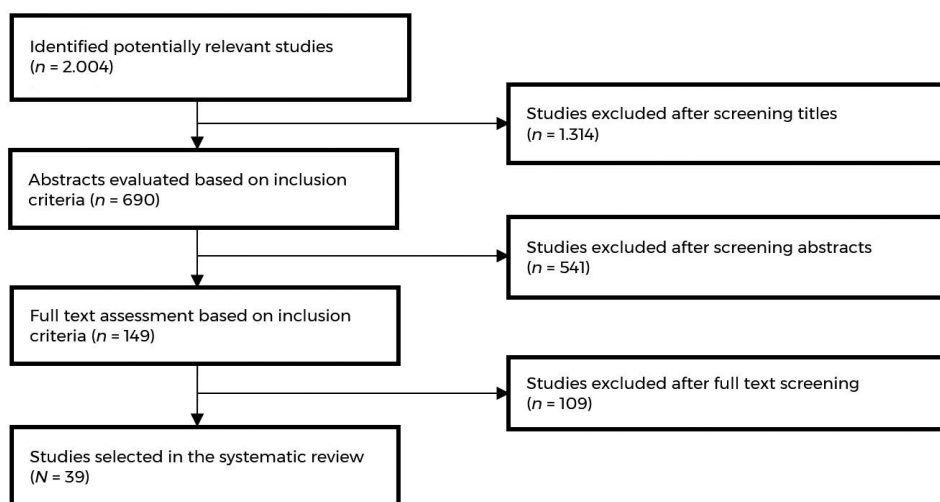


Figure 3.1
Flow diagram of study selection process

3.2.4 Selecting barriers and facilitators

The included studies were thoroughly reviewed on which factors supported or impeded the refugee children's disclosure of their life stories, views and opinions. These barriers and facilitators can either reflect the difficulties and solutions the interviewers described in their own research methods (*how* the children were helped to disclose their experiences) or the factors that were described about the subject of the study (*what* the children or professionals told about disclosure factors).

3.3 Results

This section presents the various barriers to and facilitators for the disclosure of life stories by refugee minors, which were found in the selected studies (Figure 3.2). The details of the 39 included articles and the main outcomes on the research question are presented in the table in the Appendix of this chapter (Appendix 3.1).

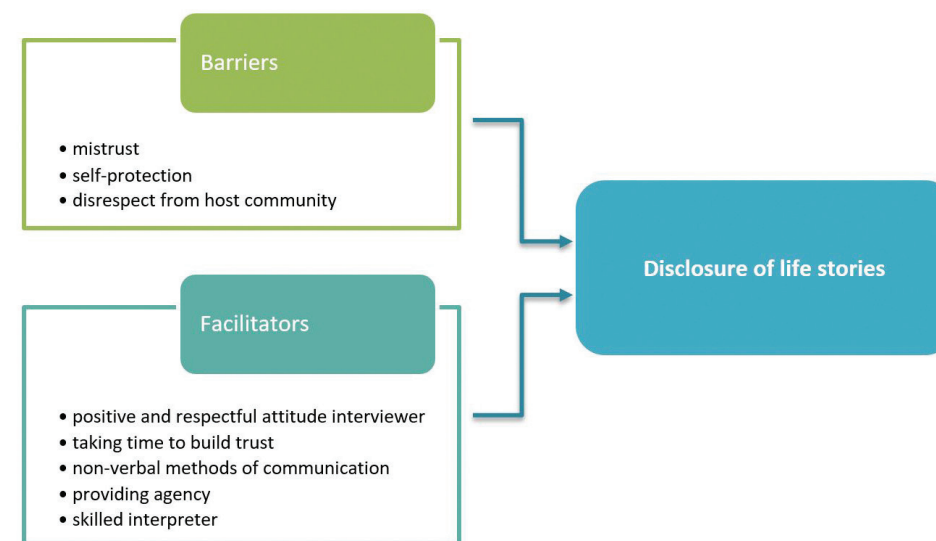


Figure 3.2
Summary of barriers and facilitators for refugee children's disclosure of their life stories

3.3.1 Barriers to disclosure

Mistrust

The main barrier that impedes refugee children's ability to disclose their experiences lies in the mistrust children feel against authorities in general, including caretakers, researchers, migration authorities, and interpreters (Deveci, 2012; Majumder, O'Reilly, Karim, & Vostanis, 2015; Ní Raghallaigh, 2014; Thomas et al., 2004). Ní Raghallaigh (2014) distinguishes five main categories of reasons for mistrust. First, adverse past experiences in the country of origin have a negative impact on the ability of the young refugees to trust people. These events are often linked with the reason to flee the country and can be both caused by the political situation in the country of origin or by acts of previous trusted people in the private sphere. Second, some minor refugees say they are accustomed to mistrust; suspicion was a regular norm in their home country. Third, the young people feel they are mistrusted in the host country, which has a negative impact on their ability and willingness to trust others. Fourth, the discontinuity in social relations causes mistrust. The refugees say they just do not know people in the new context well enough in order to be able to detect persons that can be trusted. Fifth, the minor refugees are concerned with truth issues that affect their ability to trust. On the one hand they fear deportation or repercussions against their relatives back home. On the other hand some say the mistrust is *caused* by not sharing a truthful account of their life stories. They feel that lying or being silent about their background is a barrier to a reciprocal relation based on trust (Ní Raghallaigh, 2014). Others report that refugee children say they have to keep their experiences 'secret' (Chase, 2010; Thomas et al., 2004), which is associated with the fifth category of reasons for mistrust in the study of Ní Raghallaigh (2014): the need to protect others in the country of origin. However, Kohli (2006b) states that keeping secrets may also be just a normal expression of being an adolescent. Previous experiences that cause mistrust are also found in other studies. Refugees might, for instance, be forced to information sharing during interrogations or torture by authorities in the country of origin (Hodes, 2000, 2002). Sharing life stories in the host country might trigger then those memories of being a 'victim of coercive power' (De Haene, Grietens, & Verschuere, 2010, p. 1669). Refugee children might also have endangered family members' lives by sharing information in informal meetings with strangers (Colucci et al., 2015). These adverse experiences do not

only cause mistrust that hampers children's disclosure in the host country but might even cause selective mutism (Rousseau, Measham, & Nadeau, 2013).

Self-protection

Refugee children may choose to keep silent because they think it might harm them to talk about their experiences. Nondisclosure helps them to manage stress or cope with serious disturbance (Chase, 2010; Colucci et al., 2015; Kohli, 2006b; Kohli & Mather, 2003; Thomas et al., 2004). Avoiding talking about threatening experiences in the past can be an effective strategy to control a current threat of intrusions like involuntary thoughts about traumata, flashbacks and nightmares and being overwhelmed by these (Vickers, 2005). Some barriers for non-disclosure are related to maintaining a sense of agency and control over their lives, wanting to focus on the future, fearing re-traumatisation and wanting to distance themselves from the label of 'asylum seeker' (Chase, 2010).

Disrespect

The barrier 'disrespect' refers to the child's perception or expectation of limited trust or respect by others in the host community. In the context of asylum hearings refugee children say, for instance, they felt confronted with a culture of disbelief, non-understanding and superiority. The narrow and standardised interview methods made it hard for children to tell their life stories (Connolly, 2015). Minors experienced that their difficulties in recalling stressful events were not taken into account. A lack of empathy and care while waiting for the asylum hearing caused distress that was still felt during the interview (Crawley, 2010). Expecting negative or non-understanding reactions to disclosure hampers the revealing of life stories (Chase, 2010).

3.3.2 Facilitators for disclosure

Positive and respectful attitude

Showing interest in the child by seeing them as young people who have to reinvent their lives instead of as 'asylum seekers' and by offering reliable and enduring companionship are illustrations of a positive and respectful attitude (Kohli, 2006b). By definition, unaccompanied children have to cope with loss of important bonds with the community they come from. An emphatic understanding to loss and pain can also be seen as an aspect of this method to enhance disclosure (Kohli,

2006b). Crawley (2010) underlines the importance of making the child feel welcome as a way of showing respect, which is also helpful to facilitate disclosure of refugee children's life stories. De Haene et al. (2010, p. 1670) emphasise the need to 'providing emotional closeness' when participants experience distress during conversations. A respectful attitude of the interviewer means also accepting the complexity in children's narratives (Rousseau et al., 2013; Sirriyeh, 2013).

Taking time to build trust

A lot of studies describe how spending time with the children was necessary to facilitate the disclosure of the children's stories. Time was used to build trust and rapport before children felt comfortable enough to share their life stories (Bek-Pedersen & Montgomery, 2006; Due, Riggs, & Augoustinos et al., 2014; Hodes, 2000; Jaffa, 1996; Katsounari, 2014; Oh, 2012; St. Thomas & Johnson, 2002; White & Bushin, 2011). Talking about the experiences in detail might be impossible until a 'safe' phase of resettlement is reached (Kohli & Mather, 2003).

The time that can be spent on building trust varies a lot in different contexts of communication. For the therapist, working on a trustful relationship is an inherent part of the therapeutic process (Colucci et al., 2015; Hodes, 2000; Jaffa, 1996; Katsounari, 2014; St. Thomas & Johnson, 2002). Social workers and foster carers have a more practical view on trust as a necessity for being able to perform their task as service and care providers (Kohli, 2006b; Sirriyeh, 2013). However, also in studies reflecting research done under high time pressure constraints (Bek-Pedersen & Montgomery, 2006; Servan-Schreiber, Le Lin, & Birmaher, 1998; Sourander, 1998) and within the context of asylum hearings (Connolly, 2015) the need to build rapport is recognised as a facilitator for refugee children's disclosure of their life stories.

Some researchers found ways to build trust by helping children with practical needs like helping with homework first or by joining children in social activities like having dinner (Adams, 2009; Colucci et al., 2015). St. Thomas and Johnson (2002) describe how a group of refugee children went for a three days hiking to a fishing lodge in the mountains together with professionals from a centre that supports children who are coping with grief. This shared journey provided the children with an opportunity - which they grasped - to talk about personal losses.

Non-verbal methods of communication

A wide variety of non-verbal methods of communication are found to facilitate narrative interviewing of refugee children within the context of research and mental health. Due to age, language difficulties, traumatic experiences, and cultural differences these children profit from an interviewer's creative package of working methods. Drawing about experiences, symbolising social relations, and drawing self-portraits proved to be useful instruments (De Haene, Rober, Adriaenssens, & Verschueren, 2012; Due et al., 2014; Farley & Tarc, 2014; Jones & Kafetsios, 2002; Miles, 2000; Onyut et al., 2005; Rousseau, Lacroix, Bagilishya, & Heusch, 2003; Rousseau et al., 2013; Schweitzer, Vromans, Ranke, & Griffin, 2014; Warr, 2010; White & Bushin, 2011). Lifelines were used to elicit life stories of the refugee children, sometimes by drawing a line, pointing out important life events (Warr, 2010). Others used a rope and asked children to place stones for bad experiences and flowers for good experiences along the rope (Onyut et al., 2005; Ruf et al., 2010; Schauer et al., 2004).

Other non-verbal methods that facilitated disclosure were photographs taken by the children (Due et al., 2014; Oh, 2012; White & Bushin, 2011), making a film (Rodríguez-Jiménez & Gifford, 2010), and doll or role play (Almqvist & Brandell-Forsberg, 1997; De Haene et al., 2010; Onyut et al., 2005; Warr, 2010).

In these studies drawings and lifelines were used as an entrance for speaking rather than as autonomous diagnostic instruments. However, the 500 drawings of Sudanese children from Darfur proved to be very consistent with historical records of the atrocities in Darfur and are even used as supportive evidence in proceedings of the International Criminal Court (Farley & Tarc, 2014).

Providing agency

Providing agency to children is found to be an indispensable facilitator for disclosure. It can have practical implications like giving children a voice in the logistics of the interview setting (Adams, 2009; Chase, 2010; Oh, 2012; Thomas et al., 2004) and the (non) recording of interviews (Chase, 2010; Thomas et al., 2004). Moreover, providing agency is done by following children's choices in subjects, timing in the communication, and using their own terms in describing symptoms or their well-being instead of following the wordings of formal clinical instruments (Adams, 2009; Almqvist & Brandell-Forsberg, 1997; Bek-Pedersen & Montgomery, 2006; Chase, 2010; Connolly, 2014; De Haene et al., 2010; Jones & Kafetsios, 2002; Kohli & Mather, 2003; Ní Raghallaigh, 2014; Sirriyeh, 2013; St. Thomas & Johnson,

2002). Following the child's wish for nondisclosure was found to be crucial. This is reflected in 'finding a respectful balance between remembering and forgetting' and 'not imposing expression' (De Haene et al., 2012, p. 401). Also the flexibility regarding the children's choices of most preferred methods of expression worked as a facilitator and can be seen as a way of providing agency to the children (Almqvist & Brandell-Forsberg, 1997; Rodríguez-Jiménez & Gifford, 2010; White & Bushin, 2011). On the other hand, providing no structure at all at the beginning of the activities paralysed participants in the research of Rodríguez-Jiménez and Gifford (2010).

Trained interpreters

Research of Keselman, Cederborg, Lamb and Dahlström (2010a) has proven that a skilled interpreter is not only enhancing the refugee children's sharing of their life stories during asylum hearings but is also crucial for the accuracy of the children's answers. The validity of the information children share in the asylum hearings is, for instance, negatively affected when the interpreters ignore or 'improve' the minors' own terms and style (Keselman et al., 2010a). Some studies name the use of *the same* skilled interpreters during various sessions with the same children as a facilitator in the communication with children (De Haene et al., 2010; Jones & Kafetsios, 2002; Vickers, 2005). Other studies mention that refugee children preferred to talk without an interpreter, accepting a lower level of understanding above the discomfort that they felt with an interpreter (Katsounari, 2014; Rousseau et al., 2013). Almqvist and Brandell-Forsberg (1997) learned themselves some key words in the child's language which they thought were necessary for being able to instruct the interpreters about the important concepts in their assessments.

3.4 Discussion

3.4.1 Barriers and facilitators

The systematic review presented in this article provides an overview of the facilitators for and barriers to refugee children's disclosure of their life stories known in the social sciences field. The results address both migration authorities and other professionals who are involved with refugee children. The main barriers that were found were: the mistrust the children might feel against interviewers, their self-protection, and a feeling or expectation of being disrespected in the

host country. These barriers may make it difficult for refugee minors to share their life stories, also with immigration authorities, who have to find out whether the child is in need of protection. The main facilitators for the refugee children's disclosure of their life stories are a positive and respectful attitude, taking time to build trust, using non-verbal methods of communication, providing agency, and the involvement of trained interpreters.

In the following paragraphs, we distinguish three areas of tension with practising the results of this review in the context of the child's asylum procedure: 1) the need of taking time versus the need of an expeditious asylum procedure, 2) respect for non-disclosure versus assessing the child's protection needs, and 3) tensions between the different roles of professionals involved with the child and the asylum procedure.

Taking time to build trust was mentioned in nearly all studies as an inevitable tool to help refugee children to share their stories. In the clinical and social work context taking time to build trust seems to be self-evident. In the world of refugee children involved in asylum procedures time is an ambiguous concept. Stability and continuity in living circumstances is one of the conditions for a good development of the child (Zijlstra, 2012, pp. 37-38). Therefore, children do also benefit from an assessment of their asylum claim and protection needs being made as quickly as possible (Shamseldin, 2012). Although asylum hearings could endure for several hours, not much time is invested in softening feelings of mistrust (Connolly, 2015; Crawley, 2010). In some sense this seems to be a 'mission impossible', since in the clinical context, disclosure of refugee's experiences is a long, dialogical process and not a single event (De Haene et al., 2012; Reitsema & Grietens, 2015), while an asylum hearing is usually a once-only opportunity (UNHCR, 2014, p. 106). Ehntholt and Yule (2006) even state that it can be too difficult for young refugees to share their most painful memories when they still feel the threat that they could be deported. On the other hand, it may be precisely these 'most painful memories' that reflect the reason why a child is in need of refugee protection and these should therefore be disclosed to those who decide upon the asylum request within the time constraints of the asylum procedure.

Providing agency to children to encourage their disclosure of life stories has a practical, logistical aspect and refers also to giving the children the lead in the interview. Providing agency is also a difficult concept in the asylum context. In general, children themselves will realise which parts of their life are most relevant to speak about. They are the experts about their own life narratives. Interviewers

should encourage children to become the authors of their life stories (Van Nijnatten & Van Doorn, 2007). On the other hand, a child who claims to be in need of refugee protection in the host country *has to* reveal what happened in the home country that caused the ‘well-founded fear’ that should be assessed in the asylum procedure (UN, 1951, art. 1). Unconditionally respecting silence and providing agency could put the child in danger of being deported to his or her home country while his or her safety is not guaranteed (McAdam, 2006).

It became evident through this review that just talking is often not enough to encourage refugee children to share their life stories. Using non-verbal methods and undertaking social activities are often mentioned as facilitators. In pedagogy undertaking social activities has always been seen as an essential opportunity for parents and children to share experiences and feelings in a natural and informal way (Langeveld, 1942; Ter Horst, 1977). Likewise, professionals focused on children’s disclosure of experiences within the asylum context could think about ways to combine doing with talking, for example by using non-verbal working methods during interviews. However, the question is whether the immigration authorities’ role is suitable for those informal and indirect encouragements to disclose relevant details of the asylum story. They are not professionals educated in clinical diagnostics whose only focus can be to serve the best interests of the child in the disclosing process. Migration authorities have to serve the best interests of the migration policy of the host country as well (Pobjoy, 2017, p. 199). It is imaginable that a broader disclosure, leading to a ‘thick story’, provides more inconsistencies in the story, which may lead to a rejection of the asylum claim on the ground of credibility issues (Kohli, 2006b; Warren & York, 2014, p. 16).

3.4.2 Strengths and limitations

One of this study’s strengths is the thorough systematic cross-contextual approach to the disclosure of refugee’s life stories. While aiming to highlight the practical implications for the asylum procedure, this overview provides knowledge from other contexts of communication as well.

One of this review’s limitations is that it does not compare the impact the different facilitators have on the extent to which children disclose their life stories. The reported facilitators for the disclosure of life stories show *how* - not how much - disclosure could be facilitated (or was hampered) working with the refugee children.

Another limitation concerns the validity of the life stories in relation to the use of facilitators for children’s disclosure. This aspect was not the focus of the included studies, with one exception: research on the role of translators did address the accuracy of the retrieved information (Keselman et al., 2010a).

3.4.3 Implications and recommendations

Implications for further research

While a lot of research has been done on facilitators for the disclosure of traumatic events by abused children in forensic interviews (Saywitz et al., 2011), there is little research on this subject within the context of asylum hearings (UNHCR, 2014). There is an urgent need for such research because important decisions about the refugee child’s protection needs are highly influenced by the way the child is helped to tell about past experiences.

Some described facilitators for disclosure are associated with interview skills: an open and respectful attitude, providing agency, respecting silences and avoiding direct probing could all be leading to a focus on posing open instead of closed questions. However, completely unstructured interviews with many silences might be frightening for refugee children (Vickers, 2005). Research on how to find a balance between open and closed interview styles is therefore recommended.

Recommendations for practice

Revealing the life story. For unaccompanied children, it could be fruitful if migration authorities were to postpone the asylum assessment until the mentor or guardian has been able to help the child to reveal his or her life story. These professionals should work with the child soon after arrival to find out what happened to the child to make him or her feel a need for protection, and how the best interests of the child were determined by the child itself and those who cared for the child before departure (Bhabha, 2014, p. 204; Vervliet et al., 2014c). Providing agency and building trust are easier secured in the relationship between professionals that work on a daily base with the child than for migration authorities who see the child only once or twice; taking time to facilitate the disclosure of the child’s life story is better possible in a *dialogical process* (Dalgaard & Montgomery, 2015; De Haene et al., 2012; Reitsema & Grietens, 2015). Once the professionals and the child have succeeded in revealing the life story, the migration authorities could assess the story based on the requirements set out in migration policy. At

the same time it is important that professionals involved with refugee children stick to their own roles and ethical principles laid down in codes of conduct. For mental health professionals and social workers ensuring confidentiality, beneficence and non-maleficence to their clients are leading ethical principles (American Psychological Association, 2017, principles A, B; NASW, 2017, para. 1.01, 1.07). The Core Standards for guardians of unaccompanied children stipulate that guardians have the task to advocate decisions to be taken in the best interests of unaccompanied children (Goeman et al., 2011, Core Standards 1, 8). Working with the child these professionals might come across information that could be useful for the migration authorities' task to assess the credibility of the child's asylum claim while sharing this information would not serve the child's best interests and would violate their ethical principles (American Psychological Association, 2017, para.1.02; Goeman, et al., 2011, pp. 35-36; NASW, 2017, para. 1.06).

Migrations authorities and interpreters trained in child development

Further training in communication with refugee children is needed for all professionals involved in the asylum context (UNHCR, 2014, p. 105). Interpreters for children involved in asylum procedures and migration authorities should be trained in how to establish trust and in child- and cultural-specific interpretation. Interpreters should respect and reflect the child's answers in their own words and refrain from reframing, judging and discrediting the child's voice (Keselman, Cederborg, Lamb, & Dahlström, 2008; Keselman, Cederborg, & Linell, 2010b; UNHCR, 2014; pp. 124-131).

Many refugee children suffer from traumatic experiences and related mental health problems (Fazel, Reed, Panter-Brick, & Stein, 2012). Therefore, professionals involved in interviewing refugee children, including interpreters, should be trained in how these children may have trouble in recalling and describing the adverse events to ensure the professionals' comprehension of the child's hesitations in the communication (Saywitz et al., 2011).

The UN Committee on the Rights of the Child encourages involving a *multidisciplinary team* whenever a best interests of the child determination has to be made (GC 14, para. 94). This review reveals the importance of migration authorities and other professionals like child psychologists, social workers, and interpreters to be able to speak with the refugee child and to listen to narratives as well as silences. Making a decision on a refugee child's need for protection requires decision-makers, interpreters and those who provide information on the child

to be trained in child development in general, and specifically in the problems refugee children might experience in disclosing their life stories (UNHCR, 1992, para. 214, 2009, para. 72).

Knowing how to support refugee children in disclosing their reasons for asking international protection - and practising this knowledge - would bring progression to the implementation of the children's right to participation (CRC, art. 12) because then children will be 'recognised as important actors in the realisation of their rights' (Arnold, 2018, p. 58).

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Adams (2009)	UK	Unaccompanied and accompanied refugee minors (N = 7, 11-18)	Loosely structured interviews, social activities	Anthropologic view on refugee's narratives	Facilitators: Two or three meetings, directed by the participants themselves, social activities chosen by the children (e.g. going to a café or the beach, window shopping, sharing a family meal, helping with homework). Facilitators: Opportunity for non-verbal self-expression by selection (content) and way of arranging (figuration) toys, children were encouraged to explain situations and talk about memories, placing dolls representing the child and family members on plates representing the home and host country. Important words were communicated in the own language.
Almqvist & Brandell-Forsberg (1995)	Sweden	Iranian refugee children (N = 50, 4-8)	Semi-structured interview with parents, Erica-method (World Technique, Lowenfeld)	Assessment of effects of organised violence and forced migration on children	Barriers: First interviews were formal and factual because participants did not feel at ease; telling life stories turned out to be a difficult task. Participants used nondisclosure to express their autonomous choice of silence. Facilitators: Interviews were directed by participants by limiting answers to some questions and going into detail with others; during second and group interviews participants grew more confident and more personal topics could be discussed; informal interaction during everyday activities.
Bek-Pedersen & Montgomery (2006)	Denmark	Accompanied refugee adolescents (N = 12, 16-18)	Open interviews, group interviews, observations, interviews with the family	Refugee experience of children in families	

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Chase (2010)	UK	Unaccompanied refugee adolescents (N = 15, 11-23)	Semi-structured interviews	Exploring factors affecting well-being	Barriers: Distancing from label of 'asylum-seeker', fear for re-traumatisation, expecting negative reactions on disclosure, expecting others would not understand the situation, wish to focus on future rather than on past. Association of social workers with aspects of the system related to surveillance. Maintaining a sense of agency and control over their lives. Facilitators: Children were encouraged to speak openly about life events and circumstances they considered as most relevant. Researchers met the child on more than one occasion. Notes were written when the child did not want the interview recorded.
Colucci et al. (2015)	Australia	Mental health providers (N = 115) to refugee youth	Focus group discussions (15)	Identifying barriers and facilitators to mental health services	Barriers: Direct probing into traumas, experiences in countries of origin may evoke fear of providing personal information, undergoing assessments and filling out forms, fear of authority. Facilitators: Supporting clients with practical help, indirect approaches using the client's interests, building a relationship and trust through being reliable and consistent, addressing 'here and now' rather than immediately 'digging into the past', proving assurance of confidentiality.
Connolly (2014)	UK	Unaccompanied refugee minors (N = 29, 12-21)	Narrative interviews	Exploring experiences of children in foster care	Facilitators: Storytelling with focus on free association and human agency, participants could choose aspects that they considered as most relevant, and selected the order in which their storylines were configured.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Connolly (2015)	UK	Unaccompanied minors (N = 29, 12-21)	Narrative interviews	Exploring experiences with police and migration authorities	Barriers: Children felt confronted with a culture of superiority and a culture of disbelief, which made them feel the 'enemy'. Majority felt that standardised and narrow methods during asylum interview restricted their capacity to vocalise their complex reasons for asking asylum. Facilitators: Investing time in fostering and enhancing relationships, providing information packs and individual information.
Crawley (2010)	UK	Unaccompanied adolescents (N = 27, ?)	Interviews	Exploring experiences during asylum interviews	Barriers: Lack of empathy and care in waiting area before the hearing, difficulties with recalling emotionally difficult events were not taking into account, feeling not being taken seriously and believed, feeling constrained by the questions, lack of basic understanding of experiences in the home country.
De Haene et al. (2010)	Belgium	Accompanied refugee children (n = 8, 4-9) and their parents (n = 11)	Individual and couple conversations (4) with parents; semi-structured doll play with children	Explorative analysis of attachment relationships in the context of exile	Barriers: Narrating life stories reminded participants of interviews in asylum procedure and touched on experiences of being a victim of coercive power. Fear of remembering painful memories. Facilitators: Same interpreters during the research. Dialogue to encourage spontaneous input, refraining from direct probing into traumatic life events, providing space for autonomy of expressing personal experience; providing emotional closeness when parents experienced distress during conversations, allowing prolonged moments of silence; establishing a climate of intimacy through building an empathic relationship. Establishing fragments of meaning from fragmented life stories was positively valued. Doll play elicited children's attachment narratives.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
De Haene et al. (2012)	Belgium	Accompanied Caucasian refugee child (N = 1, 11)	Review and case study	Reflecting on dialogical refugee therapy	Facilitators: Drawing, play therapy, joint choice to remain silent, not imposing expression, developing a collaborative encounter, finding respectful balance between remembering and forgetting, informing the child about therapist's inner speech and feelings.
Deveci (2012)	UK	Unaccompanied refugee adolescents	Describes the work of a practitioner working with separated children	Exploring holistic relationship approach to promoting well-being	Barriers: Difficulties trusting others, not wanting to talk about the past, inability of social workers to bear the pain of the child. Facilitators: Helping storytelling process by creating creative spaces for exploration, questioning, and expression without the use of language.
Due et al. (2014)	Australia	Accompanied refugee children (N = 7, 5-7)	Longitudinal design, participatory methodology, variety of visual methods	Researching educational experiences	Facilitators: Building rapport and establishing trust by spending time, playing, reading together, home visits. Using non-language based methods, allowing children to express themselves in their own terms, drawings about experiences, social circle drawings, photos taken by the child, placing smileys to experiences. Writing 'about me' descriptions for children who preferred this method rather than talking.
Farley & Tairc (2014)	Sudan	Accompanied refugee child (N = 1, 13)	Case study	Psychoanalytic reading of war drawings	Facilitators: Drawings were consistent with historical records of war events and offered stark and intense symbolisation of struggle. Factual and realistic questions about the drawing added details on the scene.
Hodes (2000)	UK	Accompanied and unaccompanied refugee children (N = 5, 11-16)	Review and case vignettes	Reflecting on several issues in mental health care	Barriers: Interviews/therapy reminds children of past experiences such as interrogation or even torture, reluctance to talk about past traumatic events, wish to look to the future. Facilitators: Respecting refugees' time orientation, establishing trust over time.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Jaffa (1996)	UK	Unaccompanied refugee (N = 1, 19)	Case study	Treatment of severely traumatised refugee	<u>Facilitator:</u> Time (several sessions) to build a bond of mutual trust.
Jones & Kafetsios (2002)	Bosnia	Accompanied refugee children (n = 40, 13-15, in de qualitative part; N = 337, 13-15 in quantitative part)	HSCL, HTQ, in-terviews with parents and children, life-lines, observations.	Comparing self-report symptom checklist with qualitative methods for assessing mental health	<u>Barriers:</u> Children were initially suspicions of anything connected with psychology. Admission of psychological difficulties was culturally stigmatised. <u>Facilitators:</u> Skilled translator from the community who was familiar with the project. Interviews during two or three sessions, wish for nondisclosure was respected, allowing children to frame their responses in their own terms, the lead came from the child. Lifeline to explore past and present sense of psychological well-being.
Katsounari (2014)	US	Unaccompanied Latino refugee (N = 1, 16)	Case study	Psychodynamic treatment	<u>Barriers:</u> Language difficulties, use of interpreter. <u>Facilitators:</u> Time to establish working relationship based on trust and a sense of safety, being attentive not to re-traumatise the child by delving prematurely into traumatic memories.
Keselman et al. (2010a)	Sweden	Russian speaking unaccompanied refugee adolescents (N = 26, 14-18)	Discourse analysis of 26 audio recorded asylum hearings	Exploring interpreter's influencing children's participation during hearings	<u>Barriers:</u> Mistranslations affected the fact-finding process, quality of information was negatively affected when interpreters ignored or 'improved' on the style and semantic choices of the minors. Focused questions elicited less accurate information and limited the freely recall of experiences, motives and standpoints. <u>Facilitators:</u> Asylum-seeking adolescents were eager to disclose information that they understand was important to sustain their asylum claim, proving alternative explanations. Information was most accurate when answering open questions.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Kohli (2006b)	UK	Unaccompanied asylum-seeking / refugee children (n = 34)	Interviews with social workers (n = 29)	Exploring responses of social workers to 'silent' children	<u>Barriers:</u> Reluctance to talk about the past, too shocked to talk, instructions of those that sent the children; not concerned with looking backwards, fear about the future, silence helps managing distress. <u>Facilitators:</u> Taking time, wait till child is prepared, understanding the meaning of loss, showing interest in the child not as an asylum seeker, sympathetic understanding, capacity to look beyond the given story, making children feel welcome, offering reliable, enduring companionship.
Kohli & Mather (2003)	UK	Unaccompanied refugee adolescents in service proving project	Description of experiences in individual and group social work	Reflections on vulnerability and resilience	<u>Barriers:</u> Inability to talk in details about experiences until a 'safe' stage of settlement is reached – silence is functional, not ready to talk about traumatic experiences. <u>Facilitators:</u> Simple questions about aspects of the children's lives at home worked as catalyst to talk in depth about more painful experiences; waiting until children chose to disclose asylum stories.
Majumder et al. (2015)	UK	Unaccompanied refugee adolescents (N = 15, 15-18)	Semi-structured Interviews	Collecting views on Mental health services	<u>Barriers:</u> Feeling different, fundamental distrust of health services, feeling 'not safe'; services 'do not provide help', distrust of mental health professionals in the home country, fear for re-traumatisation.
Miles (2000)	SE-Asia	Unaccompanied child soldiers (N = 60, 9-16)	Drawing, speaking about drawings	Research on militarized children's hopes for future	<u>Facilitators:</u> Drawings about themselves in de past, present and future and about the living context. Children were individually asked to explain what they had drawn, art proved to be useful to opening up communication.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Ní Raghallaigh (2014)	Ireland	Unaccompanied refugee adolescents (N = 32, 14-19)	In depth qualitative interviews	Exploring reasons for mistrust	Barriers: Causes for mistrust: past experiences, being accused to mistrust, being mistrusted by others, not knowing people well, concerns about truth telling. Facilitators: Respecting what children are willing to disclose, attempting building trust over time.
Oh (2012)	Thailand	Unaccompanied Burmese refugee children (N = 65, 10-17)	Visual ethnography to generate narratives	Research on refugee children's feelings and memories	Facilitators: Pictures taken by the children and talking about these proved to be good technique to obtain information about children's everyday life and could bring up memories of the past, providing insight to the researchers about the children's experiences. Rapport, trust and respect needed to be established before the children felt comfortable, researchers were mentors too before the research programme started. Children had a say in the scheduling of research sessions.
Onyut et al. (2005)	Uganda	Unaccompanied and accompanied Somali refugee children (N = 6, 12-17)	Measurement of PTSD symptoms severity (PDS, Hopkins, CID1)	Evaluation of KIDNET therapy	Facilitators: Life line/rope, drawing, role play to help the children reconstructing their memories.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Rodríguez Jiméñez & Gifford (2010).	Australia	Afghan refugee adolescents (N = 16, 14-18)	Participatory media approach to narrate refugees experiences	Refugee's reflections on belonging, becoming and identity	Barrier: Providing no structure in the beginning paralysed the participants. Facilitators: Own production of a film about the refugee's experiences and settlement gave them 'a voice'. Experiences were explored in role play, group games, storytelling, taking photographs of places where they felt comfortable and about their everyday life, interviewing; space was created for expression not completely dependent on language.
Rousseau et al. (2003)	Canada	Accompanied refugee children (n = 19, 6-7; n = 21, 11-12)	Creative workshops, qualitative analysis of drawings and stories	Using myths to facilitate story telling	Facilitators: Children were asked to tell a story about a character of their choice who experiences migration, children illustrated and told stories (also those heard from parents and grandparents) about the home land: use of myths facilitated disclosure of experiences.
Rousseau et al. (2013)	Canada	Accompanied refugee children (N = 3, 6-7)	Case studies	Explanation of collaborative care model	Barriers: Silence as effective coping strategy in family story. Facilitators: Drawings, art therapy, the caregiver understands that refugee stories are not perfectly coherent and consistent.
Ruf et al. (2010)	Germany	Accompanied refugee children (N = 26, 7-16)	Measurement of PTSD symptoms severity	Evaluation of KIDNET therapy	Facilitators: Lifeline with rope, stones and flowers, drawings were used to facilitate the production of language for the traumatic events.
Schauer et al. (2004)	Uganda	Accompanied Somali refugee child (N = 1, 13)	Case study	Description of KIDNET therapy sessions	Facilitator: Lifeline with rope, stones and flowers was used to unfold the life story.
Schweitzer et al. (2014)	Australia	Accompanied Liberian refugee (N = 1, 14)	Case Study	Description of Tree of Life programme	Facilitators: Narrative based expressive arts intervention enabled the refugee child to adopt a preferred self-narrative. Sessions based on metaphors of different aspects of the tree helped the child to share narratives.

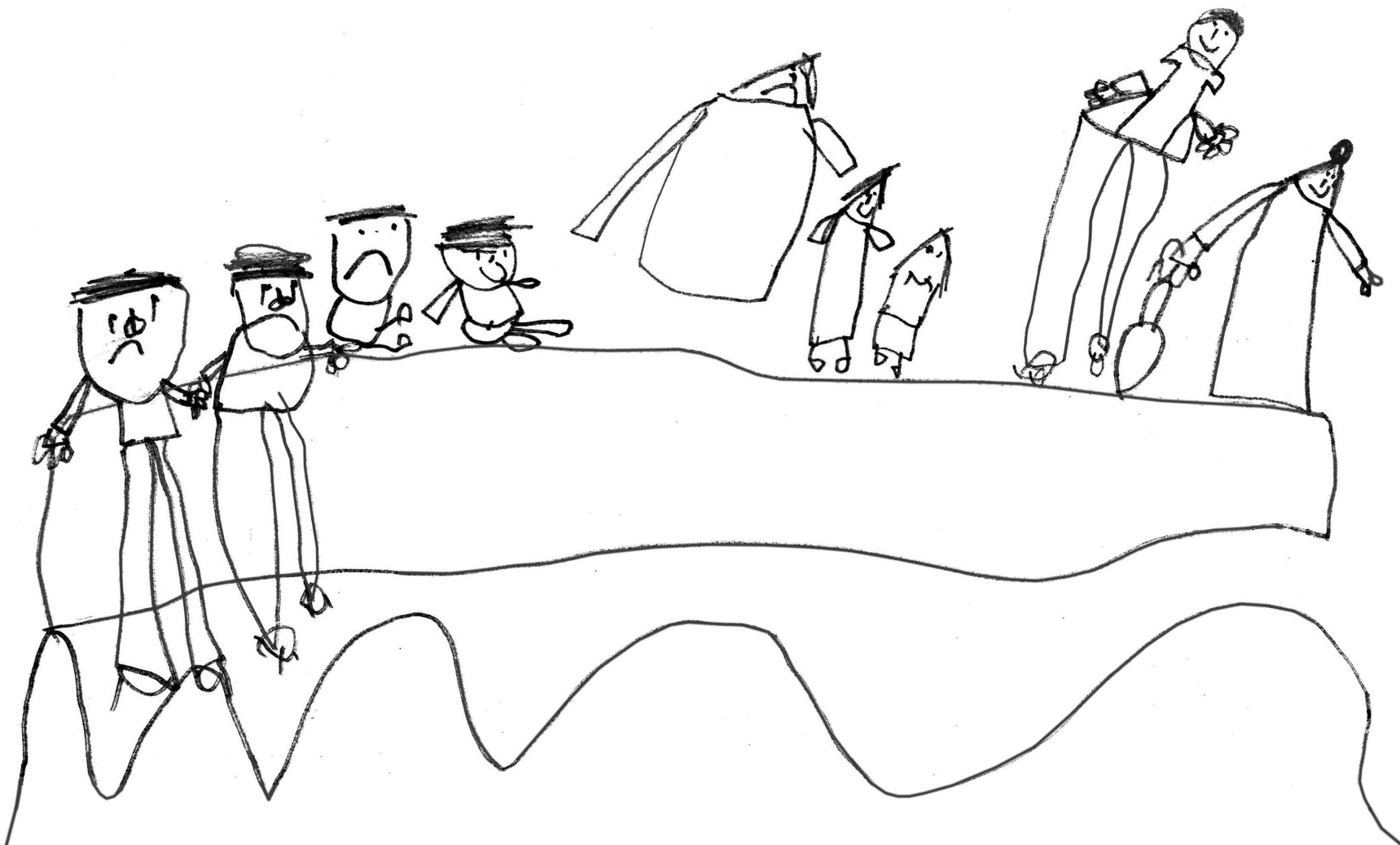
Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Servan-Schreiber et al. (1998)	India	Unaccompanied Tibetan refugee children (N = 61, 8-17)	Psychiatric interview to elicit DMS-IV criteria of PTSD and MDD	Assessing prevalence of PTSD and MDD	Barriers: 'Cold' interviews without spending time with children were not possible. Children were shy and reluctant to disclose negative emotions. Facilitator: Interviews had to be preceded by information sessions, introducing the researchers and discussing previous experiences the children had with foreigners.
Sirriyeh (2013)	UK	Unaccompanied refugee minors (n = 21,13-18) and foster carers (n = 23)	Interviews with carers and with children and focus groups with children (3)	Exploring challenges in hospitality in foster care families	Facilitators: Foster carers could accept and work with complexity in the children's narratives, chose not to focus on troubling specifics, took the children's side and found points of empathy with the overall story.
Sourander (1998)	Finland	Unaccompanied refugee children (N = 46, 6-17)	Analysing clinical and legal documents, CBCL	Researching traumatic events and behavioural symptoms	Barriers: Lack of trust: structured psychiatric interviews were impossible because of cultural and linguistic barriers and the children's insecure and distressing situation. Facilitator: Establishing warm empathic relation between interviewer and child.
St. Thomas & Johnson (2002)	USA	Accompanied refugee children (N = ?, ?)	Description of groups work method	Play and art activities with traumatised refugee children	Facilitators: after a period of building trust the children were helped to express their life stories by combining out door activities with art, drama, creative expression and story telling without pressure or directives, assuring the children that they were in control of the content of play and art.

Authors	Study site	Study population (number participants, age range)	Data collection methods	Research topics	Outcomes of the research question
Thomas et al. (2004)	UK	Unaccompanied refugee minors (quantitative part: n = 100, 12-18; qualitative part: n = 67, 12-18)	Retrospective social services case file, legal statement review and semi-structured interview	Research on pre-flight experiences	Barriers: Reluctance to talk in detail about pre-flight experiences (1/3 refused). Reasons mentioned: 'could not talk about experiences'; 'problems in country of origin'; 'had to keep experiences secret'; 'did not know why they had to leave'. Facilitator: Refugees could choose place and time for interviews, written notes were taken when refugee did not want the interview to be audio taped.
Vickers (2005)	UK	Unaccompanied African refugee (n = 1, 14), accompanied Balkan refugee (n = 1, 6)	Case studies	Review on cognitive therapy treatment PTSD	Barriers: Strategies to control threat: suppressing any thoughts about the traumata, avoiding talking about past and keeping emotional distance from people. Facilitator: Same interpreter during sessions.
Warr (2010)	UK	Counsellors (n = 3) and children support advisors (n = 3) for young refugees	Qualitative interviews	Exploring counselling approaches	Facilitators: Creative methods to facilitate expressions of life stories were helpful: lifelines, stories and toy animals, dance groups, games, drawing and painting.
White & Bushin (2011)	Ireland	Accompanied refugee children (n = ± 45, ?)	10 months weekly sessions using a variety of methods to gain access to children's experiences	Exploring child-centred participatory research methods	Barrier: Initially distrust with several children refusing to participate. Facilitators: Introduction of the researchers by staff the children knew, over time the children overcame their reluctance, relations of trust and distrust had to be (re)negotiated frequently, flexibility to allow children to engage with methods in different ways which could be chosen by them. Drawing exercises, life-journeys and life-line exercises, talk and play, map drawing, model making, photography, interviews and discussion.

CBCL = Child Behavior Checklist; CIDI = Composite International Diagnostic Interview; DSM-IV = Diagnostic and Statistical Manual of Mental Disorders IV; HSCL = Hopkins Symptom Checklist; HTQ = Harvard Trauma Questionnaire; KIDNET = Narrative Exposure Therapy for the treatment of traumatized children; PDS = Posttraumatic Diagnostic Scale; PTSD = Post Traumatic Stress Disorder.

Part II

Methodological Development



Chapter 4

Methodology for the Best Interests of the Child-Assessment
involving recently arrived refugee children

This chapter is based on:
Van Os, C., Zijlstra, E., Knorth, E. J., Post, W. & Kalverboer, M. (2018).
*Methodology for the assessment of the best interests of the child for
recently arrived unaccompanied refugee minors. In M. Sedmak, B. Sauer,
& B. Cornik, (Eds.), Unaccompanied children in European migration and
asylum practices: In whose best interests?* (pp. 59-85). Abingdon UK:
Routledge (ISBN 978-1-138-19256-0).

4.1 Introduction

This chapter aims to provide an insight into the development of an adjusted methodology for the Best Interests of the Child (BIC)-Assessment for recently arrived refugee children.⁶ These BIC-Assessments provide evidence and child rights based information to the migration authorities, which should be taken into account when the asylum decision is made. We describe why it is necessary to perform an assessment of the child's best interests in migration procedures and how the Study Centre for Children, Migration and Law (hereafter: Study Centre) performs these BIC-Assessments. The Study Centre has been practising BIC-Assessments involving refugee and migrant children, with various periods of residence and migration procedures for a long a time. This chapter describes the process how these BIC-Assessments were adjusted to the situation of recently arrived refugee children and how the adjusted BIC-Assessment was practised in the case of an unaccompanied refugee child from Eritrea.

Children who ask for asylum in a host country are entitled to an asylum decision that prioritises their best interests. This right is laid down in article 3 of the Convention on the Rights of the Child (CRC), implying that the best interests of the child should be a primary consideration whenever a decision is made that affects a child. The Committee on the Rights of the Child (hereafter: the Committee) states that the best interests principle, like all rights laid down in the CRC, has equal meaning for all children, irrespective of their nationality or residential status (UNCRC, 2005, para. 12). However, in the field of migration law it is often seen that decision-makers ignore the interests of refugee children (Beltman & Zijlstra, 2013).

The best interests of the child principle has been criticised for being not sufficiently concrete and therefore lacking practical importance for children (Beltman, Kalverboer, Zijlstra, Van Os, & Zevulun, 2016). Decision-makers and judges in migration law in the Netherlands seem to be reluctant to apply the best interests of the child principle because they think that migration law is not meant to protect this principle but to provide rules for regulation of migration (Van Os &

⁶ This study focuses on unaccompanied children as well as on children accompanied by their parents or caregivers who leave their home country and seek protection in another country. In most cases, these children ask for asylum and therefore can be defined as asylum seeking children in the legal sense. Legally, these children are called 'refugees' once their asylum claim has been accepted. We use the term 'refugee children' for children who seek protection in another country, whether on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1994).

Beltman, 2012, p. 735). Their counterparts in family law seem to feel much more comfortable with applying the concept (Prabhat & Hambly, 2017). For example, in child protection cases the best interests of the child are assessed by answering the question whether the child's safety is protected in the current living circumstances (Van Nijnatten, Boesveldt, Schilperoord, & Mass, 2001).

In response to the concerns raised about article 3 of the CRC, the Committee published *General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration* (hereafter: GC 14) (UNCRC, 2013). The Committee describes a non-exhaustive list of areas of concern that should be part of every best interests assessment: the child's views; the child's identity; the family environment and the child's relations; care, protection and safety of the child; the state of vulnerability; and the child's right to health and education (GC 14, para. 53-79). For each decision that affects a child, a best interests assessment should be undertaken (GC 14, para. 32) in accordance with well-established scientific methodologies (GC 14, para. 95).

In this chapter we describe how BIC-Assessments are performed by the Study Centre and how this methodology was adapted to the situation of recently arrived refugee children. With the case of Elsa we illustrate how the adapted methodology for recently arrived refugee children is practised. We conclude with some general observations and suggestions for further research.

4.2 BIC-Assessments in migration procedures

In this section we describe the theoretical framework and elements of the BIC-Assessment and how it has been practised involving refugee and migrant children with various, mainly long, periods of residence. BIC-Assessments are meant to influence decisions in migration procedures: from the first decision on the request for a residence permit till the final court case. The Study Centre developed a scientific methodology to assess the best interests of the child in decision-making processes, which is fully in line with the guidelines of the Committee (Kalverboer, 2014, p. 15). As it will be shown in the following sections, the BIC-Assessment is compiled from different elements, which are of great importance for migrant and refugee children.

The theoretical framework of the BIC-Assessment is based on a comprehensive international social science literature review compiled in the Best Interests of

the Child-Model (BIC-Model) which interprets the best interests of the child as the child's right to live in an environment that ensures his or her holistic development (UNCRC, 2013, para. 42; Zijlstra, 2012). The BIC-Model identifies which rearing environment best guarantees the development of the child (Kalverboer & Zijlstra, 2006; Zijlstra, 2012, p. 70) by taking into account the cumulative and interactive effects of stress factors on the child's development (Zijlstra, 2012, p. 53). BIC-Assessments have been practised in all stages of migration procedures, for example before a decision is taken or in the appeal phase in a court case in order to provide the decision-maker with information about the child's interests at stake, e.g. the protection needs, access to education and health care, family ties, and vulnerability of the child. Migrant and refugee children face an increased risk for internalising mental health problems due to stressful experiences before, during and after migration (Fazel, Reed, Panter-Brick, & Stein, 2012; Kalverboer, 2014, pp. 17-26). Therefore, the current stage of development, mental health, and other factors that may increase the vulnerability and resilience of the child are also part of the BIC-Assessment (Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013). The outcomes of the BIC-Assessment in migration procedures indicate which interests of the child should be considered when a decision about a future rearing environment is made and which decision in the migration procedure would serve best the interests of the child (Zijlstra, 2012, p. 71).

In accordance with the Committee's standpoints the Study Centre likewise aims to analyse the socio-cultural context of the child, taking into account the individual characteristics of the child (e.g. age, sex, level of maturity) as well as the social and cultural context surrounding the child (the quality of social and familial relationships, whether they are unaccompanied, environmental safety) (Kalverboer & Zijlstra, 2006; UNCRC, 2013; Zijlstra, 2012). Correspondingly, the BIC-Model comprises of fourteen conditions for the development of the child (Kalverboer & Zijlstra, 2006; Zijlstra, 2012), which reflect the quality of the environment the child is raised in and concern the family situation, as well as the conditions for development in society. All conditions of the BIC-Model are linked to children's rights and to various elements of General Comment No. 14 (Appendix I).

In general, BIC-Assessments performed at the Study Centre are requested by lawyers and occasionally also by guardians, social workers, or children themselves. The assessment builds upon the documents of the migration procedure, which are sent by the lawyer in agreement with the child as well as upon information gathered from external professionals working with the child like mental health

professionals, teachers or guardians. In addition to this, the assessors also collect information on the situation in the home country from human rights reports and country reports of the ministry of foreign affairs.

The child and the parents or guardian are always informed about the goals and the process of the assessment. They need to give written consent for the whole procedure to start as well as after receiving the draft report of the interests assessed. The BIC-Assessment is performed by two diagnosticians (hereafter: assessors or professionals): academically schooled experts in child development and child-rearing who are trained to assess the emotional, social and cognitive development of the child and psychosocial problems the child may have. The child and caregivers come to the Study Centre or the assessors visit the child 'at home', usually an asylum seekers centre. The semi-structured interview is based on a list of issues concerning the fourteen conditions for development. The child fills in various self-report measures.

The assessors follow the general guidelines for interviewing of vulnerable children (Saywitz, Lyon, & Goodman, 2011) and work on the basis of the best interests of the child principle. First they try to make contact and build trust with the child as much as possible, adapting the language to the development and age of the child. They are aware of cultural dilemmas and loyalty problems that may hamper the child from speaking freely. Nevertheless, they never put pressure on the child but repeatedly reassure the child that his or her story is 'good', compliment the child and show a positive and respectful attitude. External professionals like teachers, care professionals or mentors in the reception centre who know the child well are interviewed, in a semi-structured manner, about their observations on the development and mental health of the child (Zijlstra et al., 2013).

The assessors record their observations, analysis and conclusions on the best interests of the child in a diagnostic report of the BIC-Assessment (Zijlstra et al., 2013). Depending on the phase of the procedure, the lawyer sends the report to the migration authorities or to the administrative judge. The court assesses whether the migration decision is based on a sound reasoning and shows a proportional balancing of interests.

Based on the BIC-Model, researchers at the Study Centre have developed the Best Interests of the Child-Questionnaire (BIC-Q) (Zijlstra et al., 2013). The BIC-Q consists of 24 questions that provide guidance for a diagnostician when identifying the fourteen conditions for child's development within the family and society

(Zijlstra et al., 2013). By comparing the BIC-Q scores for different outcomes of a decision (for example, prolonged stay in the host country or return to the home country) the assessors can discern which decision serves the child's best interests (Kalverboer, 2014, p. 13). The BIC-Q is a reliable and valid instrument to assess and predict concerns on the development, mental health and well-being of a child (Zijlstra, 2012) and has been evaluated as a culturally sensitive measure in a study with returnees in Kosovo and Albania (Zevulun, Kalverboer, Zijlstra, Post, & Knorth, 2015).

In order to assess the vulnerability and resilience of the child the assessors use the Strengths and Difficulties Questionnaire (SDQ) within the BIC-Assessment. The SDQ is a behavioural screening questionnaire with 25 questions, giving an indication of the pro-social strength of the child and the presence of internalising and externalising problems (Goodman, 1997). The reliability and validity of the SDQ is sufficient in different versions and languages (Achenbach et al., 2008). The child and the parents or guardian complete the SDQ. Depending on the description of the child's development and current difficulties, other instruments may be added to the assessment, as the Teacher's Report Form (TRF) and the Child Behaviour Checklist (CBCL).

So far, BIC-Assessments have been employed mainly for migrant and refugee children facing deportation after having resided in the Netherlands for many years. Therefore, these BIC-Assessments focus on the development of the child during their stay in the Netherlands, the level of child integration in Dutch society and the expectations about the development of the child after return to the home country of the parents. Generally, these BIC-Assessments conclude that the child's development is endangered if the child were to be deported after a residence period of more than five years (Kalverboer, Zijlstra, & Knorth, 2009). The lawyers who request for a BIC-Assessment use the diagnostic report as a means of last resort when asylum or other procedures have failed. The migration authorities do not perform a BIC-Assessment before the first asylum decision is made (Beltman & Zijlstra, 2013). To fill this gap, we began new research on the necessary adjustments of the BIC-Assessment for recently arrived refugee children, which can be used in the first phase of the asylum procedure in 2014.

4.3 BIC-Assessment adjusted for recently arrived refugee children

This study investigates which adjustments of the BIC-Assessment are necessary when it is applied to recently arrived refugee children, unaccompanied or accompanied by family members. These children differ in certain aspects from asylum-seeking children who have resided in the host country for a long period. The recently arrived children fled war or other forms of violence just a couple of months before. Most of them feared for their lives during the journey, walked vast distances or used fragile boats to cross a sea. The recently arrived children are often confused about the roles of the different persons involved in the procedures, like migration authorities, lawyers, guardians, and social workers. They do not speak the Dutch language. They experience instability in their lives (Van Os, Kalverboer, Zijlstra, Post, & Knorth, 2016). Instead of focusing on the development of the child in the Netherlands, the diagnostic questions in the BIC-Assessments focus on the extent of vulnerability of the child, as well as the degree the child's development was protected or endangered in their country of origin. This section describes the development process of the adjustments of the BIC-Assessment and the results of the different stages in this process.

4.3.1 Methodological outline of the research on the adjusted BIC-Assessment

This process of adjustment of the BIC-Assessment to the situation of recently arrived refugee children went through three phases: 1) exploration and theoretical research; 2) consultation with mental health professionals and lawyers; and 3) pilot of the adjusted BIC-Assessments for ten recently arrived refugee children. This section describes the research methods practised during these phases.

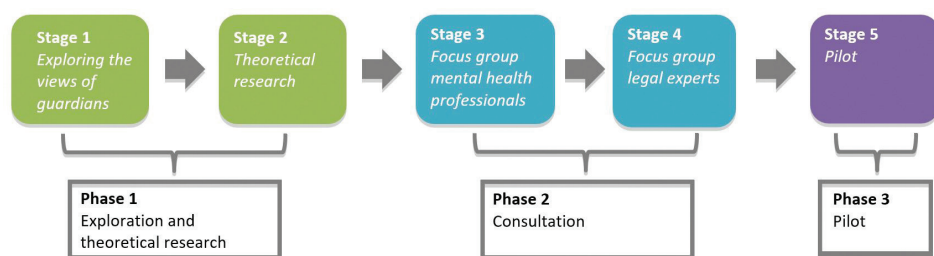


Figure 4.1
Stages in the study on adjustments of the BIC-Assessment

The first phase included explorative interviews with guardians working with recently arrived unaccompanied children and two systematic reviews. Firstly, we interviewed the guardians at reception centres where unaccompanied refugee children spend the first weeks of their asylum procedure. We choose to focus on guardians because of their special appointment to defend the best interests of the unaccompanied child. During open interviews based on a topic list we explored the guardian's views on the task to defend the best interests of the child in relation to the children and the asylum procedure (Verhoeven, 2015, p. 142). The interviews took one hour on average. At the moment of information gathering (February to April 2015) three such centers existed in the Netherlands, all of which were visited for one day. Eleven guardians of unaccompanied refugee children were interviewed, representing 55 per cent of the guardians working at these locations at that moment. We also asked four guardians for permission to be a 'fly on the wall' during their meetings with recently arrived refugee children to observe the interactions between the guardian and the refugee child.

The exploration and theoretical research involved two systematic reviews (Petticrew & Roberts, 2006). The first review analysed existing social science knowledge concerning the mental health and development of recently arrived refugee children (Van Os et al., 2016). There is a vast amount of literature about the mental health of refugee children who have resided for several years in the host country (Kalverboer et al., 2009; Montgomery, 1998; Vervliet, Lammertyn, Broekaert, & Derluyn, 2014a). However, the knowledge about refugee children who recently arrived in a host country is rather limited. This review aimed to provide relevant substantial elements for the assessment of the best interests of this specific group of refugee children.

Many refugee children experience a deeply rooted distrust of authorities, including social workers and other professionals (De Haene, Grietens, & Verschueren, 2010). Therefore, they often keep silent when professionals inquire about their lives and opinions (Kohli, 2006a, 2006b, 2011). However, for the BIC-Assessment, it is indispensable to hear the views of the children concerning their desire for protection, as well as their views of the effect on their lives of return to the home country or prolonged stay in the host country (Kalverboer, 2014, p. 21; UNCRC, 2013, para. 53-54). For this reason, the second review within the explorative and theoretical research was aimed at gaining insights about the elements that support or hamper refugee children in sharing their life stories with the interviewer. This research provided the procedural guidelines for implementing diagnostic interviews within the BIC-Assessment (Van Os, Zijlstra, Post, Knorth, & Kalverboer, 2018b).

Based on the explorative and theoretical stages, a diagnostic BIC-Assessment was drafted. The draft included relevant aspects of the previously existing BIC-Assessment, which we found applicable to recently arrived refugee children too, in addition to new aspects on *what* should be assessed, as well as on *how* the assessment should be performed. The BIC-Assessment draft was discussed and consulted upon in focus groups with mental health professionals ($n = 10$) in the third stage of the research and with legal experts ($n = 15$) in the fourth stage. The selection of the participants was purposively sampled, seeking a balance of expertise in the participants' backgrounds (Verhoeven, 2015, p. 186).⁷

Based on the exploration and theoretical research, and the consultation with professionals, a revised design for the individual BIC-Assessment was evaluated in a pilot study. The main research question for the pilot study was: Is the adjusted BIC-Assessment complete, feasible and achievable for the cases of recently arrived refugee children? Furthermore, we asked the children to evaluate the interviews using a short questionnaire about the way the interview was conducted and the different methods employed.

The cases for the pilot study were selected via snowball sampling through the lawyers and guardians who participated in the first two phases of the research and lawyers that worked with the Study Centre before (Verhoeven, 2015, p. 186). They were asked to bring cases of recently arrived refugee children awaiting the first

⁷ The meetings lasted four hours each and were audio taped with permission of the participants. The tapes were transcribed. The transcriptions were structured and analysed by the first author according to main issues raised during the expert meetings.

decision on their asylum claims. Ten children from nine 'cases' were brought by the intermediaries and were admitted to the pilot study. The cases were analysed according to the research questions of the pilot study with the aim being to find out whether the assessments provided answers to the diagnostic questions.

4.3.2 Results of the adjustment process for the BIC-Assessment

This section presents the main results of the different phases of the development of the adjusted BIC-Assessment to the situation of recently arrived refugee children. It focuses on (1) the main conclusions from the interviews with the guardians and the theoretical research, (2) on the results from the focus groups with professionals, and (3) on the results of the pilot study.

Results of phase 1: Exploration and theoretical research

The first part of the preliminary research showed that the guardians believe their views on the best interests of the child do not have significant meaning in the asylum procedure, especially because the migration authorities focus on asylum related arguments and on the consistency and credibility of the asylum story. Therefore, the guardians do not make regularly an explicit BIC-Assessment to be used by the migration authorities. As it can be concluded from their experiences, the guardians are often confronted with non-communicative children that face difficulties in sharing details of their past and seem to mistrust all people in their environment, including the guardians. The guardians indicate that for a lot of the children under their care, talking about their previous family environment is a 'no go area'. They suppose that children think they have to be persistent in the story they tell to the authorities upon their arrival and therefore hesitate to give more or different details later in the procedure. Overall the guardians underlined the need for a tool to perform a systematic BIC-Assessment for unaccompanied refugee children. Moreover, the obtained results confirmed the importance of the focus in the research design on methods that could support refugee children in disclosing their life stories.

The second part of the preliminary research (systematic review of social science knowledge) showed that children who have recently arrived in the host country have been exposed to a disproportionately high number of stressful life events. Experiences mentioned most concerned exposure to violence and war, persecution, loss of family members, hardship and experiencing fear of life during their flight (Van Os et al., 2016). A considerable percentage of the recently arrived

children have mental health problems; most prevalent are anxiety disorders, ranging from 30 per cent (Jensen, Fjermestad, Granly, & Wilhelmsen, 2015) to 67 per cent (Montgomery, 1998), traumatic stress and Post Traumatic Stress Disorder (PTSD) ranging from 18 per cent (Almqvist & Brandell-Forsberg, 1997) to 57 per cent (Rothe et al., 2002) and depression, ranging from 9,4 per cent (Jakobsen, Demott, & Heir, 2015) to 57 per cent (Rothe et al., 2002). Significant risk factors for the mental health of these children are the number, intensity and duration of the stressful life events (Abdalla & Elklit, 2001, Jensen et al., 2015; Vervliet et al., 2014b); exposure to violence (Geltman, Augustyn, Barnett, Klass, & Groves, 2000; Montgomery, 1998); loss of a close family member (Geltman et al., 2000; Montgomery, 1998); duration of the journey (Abdalla & Elklit, 2001) and experiencing fear of life during the flight (Rothe et al., 2002). The results of this review were combined with the material elements from General Comment no. 14 and the BIC-Model. These elements should be considered for the assessment of the best interests of recently arrived refugee children (Van Os et al., 2016) (Table 2.2, p. 43).

Based on this first systematic literature review, two instruments were added to the existing BIC-Assessment with an aim to screen the traumatic stress of recently arrived refugee children: the Stressful Life Events (SLE) and the Reactions of Adolescents on Traumatic Stress (RATS) questionnaires (Bean, 2006). The SLE and RATS are short self-report instruments with good validity and reliability (Bean et al., 2004a, 2004b). The instruments are culturally sensitive and available in the main languages of refugees. Together, these instruments give an indication of the level of traumatic stress the refugee adolescent experiences and whether the refugee may suffer from PTSD (Bean, 2006, p. 110).

The second part of theoretical review focused on the barriers and facilitators of refugee children's disclosure of their life stories and provided deeper insight into the reasons why refugee children often experience mistrust (see for an overview: Ní Raghallaigh, 2014). The main facilitators that can support the children in sharing their life stories are related to interviewer's positive and respectful attitude, for example, by providing emotional closeness (Sourander, 1998) and respecting the wish of the child for non-disclosure (De Haene, Rober, Adriaenssens, & Verschuere, 2012). The interviewers need to take time to build trust with the child (Hodes, 2000; Katsounari, 2014; Sourander, 1998), for example, by eating or playing together (Adams, 2009; Due, Riggs, & Augoustinos, 2014), meeting the child on more than one occasion (Chase, 2010; Jaffa, 1996) and by introducing themselves to the child (Servan-Schreiber, Le Lin, & Birmaher, 1998). Children should be provided agency

during the interview. This can be done by giving the children a say in the logistics of the interview (Oh, 2012; Thomas, Thomas, Nafees, & Bhugra, 2004) and by giving children the lead in choosing subjects that can be talked about in more depth, as well as those subjects that should only be touched upon briefly or even ignored (Chase, 2010; Kohli & Mather, 2003). Non-verbal methods of communication are useful to facilitate the interview, for example, through drama, art, free drawing and drawing lifelines and social circles to identify the supportive network of the child (Schauer et al., 2004; St. Thomas & Johnson, 2002; Warr, 2010). Involving trained interpreters is a facilitator to promote the refugee children's speaking about difficult experiences (Keselman, Cederborg, Lamb, & Dahlström, 2010a; Vickers, 2005).

The required positive and respectful attitude was already a matter of course in the existing BIC-Assessment, so too the encouragement of children to make drawings to explain or sustain their story. However, we considered more time is needed for the interviews with recently arrived refugee children than with their longer residing counterparts. For this reason the interview was extended from two to four hours, including breaks. During the breaks, the interviewers and the child may go for a walk or eat together. If necessary, the assessment is divided over two meetings. In the beginning of the interview, extra time is taken to build trust by speaking about informal or less delicate subjects and by letting the assessors introduce themselves, for example, by drawing their own houses and explaining a bit about their private lives. Furthermore, the children are given agency about the interview, for example, by letting them decide where and during which part of the day the interview should take place and who should be present during the interview. Finally, drawing lifelines and social circles were added to the non-verbal methods of communication.

Results of phase 2: Consultation with professionals

A draft design of the diagnostic assessment aiming to provide an individual BIC-Assessment in the asylum procedure was presented to professionals during two focus group discussions. The main diagnostic question for the assessment was formulated as follows: is the development of the child endangered in the country of origin? Two sub questions were formulated as: (1) is the child especially vulnerable due to traumatic experiences? and (2) are the conditions for development sufficiently fulfilled in the country of origin? The theoretical framework of the BIC-Model and instruments (BIC-Q, SDQ, SLE and RATS) has

been explained to the participants of the focus groups. The discussion revolved mostly around the proposed procedures with emphasis on the facilitators for the children's disclosure of their life stories.

The results of the first focus group showed that the mental health professionals generally supported the design for the diagnostic assessment. However, they advised adjusting the terminology of the diagnostic questions to conform practice in child protection law, like in cases where it has to be decided if the child's development is endangered in the current living circumstances. Furthermore, the professionals recommended adding an assessment of protective factors in the question about vulnerability. The experts advised waiting to conduct the diagnostic assessment until the child is stabilised as much as possible. They thought an acclimation period of at least four weeks after arrival is necessary before children are able to talk about their experiences. Finally, the experts highlighted the importance of diagnostician's awareness about the intercultural differences in communication, memory and the interpretation of events in collective or individual terms.

After the first focus group with mental health professionals, it was decided to rephrase the diagnostic questions in the individual assessments as follows: (1) to what extent is the child particularly vulnerable and what protective factors are present?; (2) to what extent were the conditions for development within the family and society in the country of origin fulfilled before departure?; and (3) what is expected on the fulfilment of the conditions for development in the country of origin upon their return? Furthermore, we decided not to perform the BIC-Assessments earlier than four weeks after the arrival of the refugee child in the Netherlands.

The result of the second focus group with legal experts revealed that in their opinion an additional diagnostic assessment is hardly possible in the current formal asylum process given that the procedure starts after just a few days of rest after arrival and takes only eight days. These days are fully booked with appointments with the migration authorities and the lawyer. However, because of the high influx of asylum seekers in 2015, the waiting period before the start of the procedure is extended about six to eight months. Therefore, due to these extraordinary circumstances there is sufficient time for the diagnostic assessment before the asylum procedure starts. Furthermore, the legal experts thought that the most important contributions of the diagnostic report to the asylum procedure are the diagnosis of psychological complaints and statements on the children's ability to

tell their asylum story in a coherent, consistent and chronological way. However, they doubted whether considerations on the development of the child would be seen as relevant by the migration authorities. Finally, the experts emphasised that it is important to distinguish the child's specific position due to individual circumstances from the general situation of all children in the country of origin. Based on the main findings of the focus group researchers recognised the need for guidelines for lawyers on how the diagnostic report about the BIC-Assessment could be translated in legal terms that make sense in the current asylum system (see Beltman, Van Os, Zijlstra, 2017).

Results of phase 3: Pilot to test the revised design for the BIC-Assessment

The adjusted BIC-Assessment for recently arrived refugee children was evaluated in a pilot study, which involved implementing the adjusted BIC-Assessments. In this section we will expound the results along the research questions of the pilot study, while the whole procedure of the diagnostic assessment will be described in the next section about Elsa, one of the participants in the pilot study.

Five participants were unaccompanied children and five children from four families came with their parents to the Netherlands. The unaccompanied children (four male and one female) came from Afghanistan, Benin, Eritrea, Iraq, and Mauritania, and were 16 to 17 years old. At the time of the assessments, they had been in the Netherlands between 4 and 23 weeks. The accompanied children (one male and four female) came from Afghanistan, Ukraine, and Pakistan. One child was born in the Netherlands after her mother had fled from Gambia. The accompanied children were 1 to 5 years old, and resided between 8 and 60 weeks in the Netherlands.

Firstly, it was concluded that the revised design for the BIC-Assessment provides an answer to the diagnostic questions. The assessors were able to formulate a conclusion about whether the development of the child was endangered in the home country before departure. In two of the five assessments with unaccompanied children, the assessors stated that more diagnostic study and time is needed to formulate conclusions as to whether the family environment could be expected to protect the development of the child after return. The diagnostic interview appeared to be the most informative element of the assessment for answering the diagnostic questions. The BIC-Q provided a thorough and systematic analysis of the rearing conditions and the development

opportunities and risks, while the SDQ, SLE and RATS proved to be useful to confirm the observations on the vulnerability and resilience of the child.

Secondly, we assessed whether the methods to promote the children's disclosure of their life stories worked sufficiently. The unaccompanied children told the assessors that they felt supported sufficiently to communicate what they thought was important and that they liked the fact they did not feel pressured. During the pilot period, two unaccompanied refugee children shared fewer details of their life stories than the other three. This might be attributed to the fact that with the latter the assessors took more time to build trust and provided them with more agency. The use of drawings, lifelines and social circles seemed to be useful methods to facilitate the interviews. Some children used drawings to explain certain situations in more detail. Others just used the pencils to put dots on a piece of paper as a means of concentration and focus. The assessors noticed that for some unaccompanied refugee children it was difficult to provide a detailed picture of the family life before departure. However, the main risks for development could be explained sufficiently for the professionals to assess the overall quality of the rearing conditions in the country of origin. The assessment of the current resilience and vulnerability of the child can be done satisfactorily. The adjusted BIC-Assessment is expected to provide sufficient information to make an assessment of the developmental risks.

Thirdly, we assessed whether the adjusted BIC-Assessment is feasible and achievable within the planned four hours. The assessments took three hours on average. However, through the pilot period the later assessments took more time because the professionals increased the time that was spent on building trust. Therefore, four hours planning seems to be necessary. With one unaccompanied participant the assessment was divided over two days in advance as advised by the guardian. With another unaccompanied participant this was decided during the first meeting because his attention span was short. The other assessments could be performed in one meeting because the children and the parents of accompanied children felt well enough to continue the interview in one session while providing enough information to enable the assessors to answer the diagnostic questions. The results of the pilot study show, that in cases where the guardian foresees an unaccompanied child will face extraordinary difficulties with trusting the assessors or when the assessors notice the child is losing concentration, it seems to be necessary to divide the assessment over two meetings.

Fourthly, we assessed whether it is feasible to give the children a level of agency in the logistic aspects of the interview. Overall it was possible to offer the unaccompanied children and the parents of accompanied children different options for places, dates and times for the interview. Providing a completely free choice was not possible due to the agenda of the interpreters and the availability of the locations where the interviews took place. The unaccompanied children nevertheless indicated that they enjoyed having a say in how the interview was conducted.

Fifthly, we asked the unaccompanied children and the parents of accompanied children how they evaluated the interviews. Overall, the refugees expressed positive views about the assessment. However, it was difficult to determine if these answers were more than just assumptions of what was socially desirable. In their opinion, everything was 'just fine'. Two unaccompanied children were more specific in explaining that drawing helped them to tell their story. They said this method was useful, for example, in explaining the division of rooms in the family house or indicating the position of people involved in stressful events.

The results of the pilot study show that the adjusted BIC-Assessment is a complete, feasible and achievable tool to provide answers to the diagnostic questions that are relevant when an asylum decision had to be made. No further adjustments were made.

4.4 The case of Elsa

In this section, the case of Elsa⁸ illustrates how the adjusted BIC-Assessment for recently arrived refugee children is performed. We describe the process of the BIC-assessment as well as the content; the results on various instruments: the BIC-Q, SDQ, SLE and RATS. We focus the description of the diagnostic interview with Elsa on the procedural methods the assessors practised to support Elsa in sharing important details about what happened to her. In the final part we show how the results of the BIC-Assessment were described in the assessment report.

Registration at the Study Centre

Elsa is an unaccompanied Eritrean asylum seeker who came to the Netherlands at the age of 16. She failed to tell the reason for her leaving Eritrea in a coherent and consistent way. Therefore, the migration authorities did not believe she came from Eritrea and took a draft rejecting decision upon her asylum request. On behalf of Elsa, her lawyer had to present her views on the draft decision. At that moment, Elsa's guardian asked the Study Centre to conduct a diagnostic assessment to find out what happened to her, and why she was not able to tell about her life in Eritrea. The report could be sent to the IND as a professional analysis of the best interests of Elsa to sustain the views of the lawyer on the draft rejecting decision. The lawyer asked the IND to delay their final decision and wait for the diagnostic research report, to which they agreed. The assessors obtained the transcripts of the asylum hearings and the draft rejecting decision of the IND and written information from the guardian about Elsa, which will be summarised below.

Like all refugees, Elsa was checked by a health professional to determine whether she was able to join the IND hearings. The health professional declared that Elsa could join the hearings with the IND but she would need a break every 20 to 30 minutes due to her concentration problems. The first interview about her identity and travel route took from 9 a.m. till 4 p.m. After a few hours, it became obvious Elsa started to get nervous about the detailed questions about the landscape and school buildings in Eritrea, which she had difficulties in answering. She complained about a headache and told the interviewer from the IND she was confused and did not feel well.

During the second interview with the IND, which concerns the motivation for an asylum claim, again, most of the questioning was spent on discerning details about her neighbourhood, and school buildings. The part of the hearing questioning her reasons for fleeing Eritrea is relatively short. In summary, Elsa tells the interviewer that she fled Eritrea because she had a difficult life and she feared to be forced to join the army. During a first attempt to leave the country, she was arrested and brought to a prison where she was severely physically abused.

In the draft rejecting decision, the IND wrote that Elsa could not prove her identity and Eritrean nationality. Because she did not provide any documents that could prove her identity, the IND had to rely on the details given by Elsa about her home country in order to find out whether she was telling the truth about her Eritrean nationality. With satellite photos, the IND showed that Elsa was not accurate in her description of the school buildings and the landscape. Since the

⁸ To protect the privacy of the child, Elsa is not her real name. Personally identifiable details in her life story are not included.

IND did not believe Elsa has the Eritrean nationality, they did not consider the motivations for asylum. About the stress complaints, the IND stated that Elsa only received headache painkillers and was not referred for medical treatment. Consequently, according to the IND, there is no reason to suggest that she is traumatised in a degree that could explain the incorrect details she provided in the hearings.

The guardian wrote in her reports that she feels very worried about Elsa, noting that Elsa was sad, had sleeping problems, cried a lot and generally gave the impression that she was stressed. The guardian believed that Elsa might have had more traumatic experiences than she had talked about. Elsa told the guardian that was difficult for her to remember things that happened before she fled.

After reading the file, one of the assessors called the guardian to guide her in preparing Elsa for the diagnostic interview. Considering the concentration problems and the difficulties Elsa faces in talking about her past, it was decided in advance to divide the interview over two meetings of maximum two hours each. The assessor asked the guardian to speak with Elsa about how the interview setting could be as comfortable as possible, what was the best time for her to speak, what location she preferred and whether she thought it would be supportive for her to take someone she trusts with her to the interview. Elsa chose to come to the Study Centre at the University and bring her best friend with her because she was the only person 'who knows everything'. The friend accompanied her during a part of the migration journey. Elsa was very precise in indicating what she expected from the guardian during the interview. She asked her to travel together to and from the University, to be around, not to be present at the interview, 'just being available'. It was decided that during the interview, the guardian would wait in the diagnostician's workspace, located in the same building.

The assessors spend the first session almost completely on building trust with Elsa. By way of introducing themselves, the assessors made drawings of their houses and the people who live there. During the first meeting, the assessors concentrated on the current situation of Elsa and the happy period in her life – before the age of twelve. Elsa told the assessors about the people who lived in her neighbourhood, the games she played with her friends, the tradition of storytelling within the family, and the bonds she felt with her family members. Elsa seemed to leave the first session quite relaxed. Afterwards, the guardian confirmed that Elsa on the way back home told her, 'You have brought me to a good place'. The second meeting, one week after the first, Elsa stated at the beginning that she had been

thinking a lot about the previous session and that she felt it would be important for her to talk about more difficult things, too. Two traumatic experiences, about which she could not talk before, became the central themes of the session. Both happened during the flight. Elsa could tell the assessors the smallest details about these events.

During the first meeting Elsa had told the assessors she misses her mother a lot. She could reach her mother by phone only occasionally. The interviewers asked Elsa if she thought it was a good idea to try to call her mother during the second meeting. She agreed to this plan. Calling Elsa's mother together seemed a way for Elsa to become closer with the assessors. She shared her fear of having to cry when she would speak with her mother. She refused the offer to provide her privacy during a part of the phone call and wanted the assessors to speak with her mother, too.

As far as necessary to assess her best interests, Elsa could share her life story with the assessors. Being asked why that was not possible for her at the asylum hearings, Elsa said:

"They only asked me 13 things and I had 27 things to tell them. When I did not remember things well and replied with 'might so' or 'maybe' they said they needed clear answers. They wanted exact dates all the time. Every time I started to tell something I had to stop because they wanted more details. Then I forgot all the things I wanted to say. It was really hard, I could not do anything well."

Elsa explained who the important persons in her life were at various moments: in the receptions centre, in the Netherlands and in Eritrea. This was useful in being able to analyse whether the crucial persons in her life were and are able to guarantee her safety and development. Elsa drew her own house in Eritrea roughly. She took more time to draw the hill besides the house and stated – without being asked for explanation – that this was an important place for her where she went whenever she had to think about something or felt sad. During the two meetings, the hill remained an important reference point. Whenever difficult topics were touched upon, Elsa went back to the hill in her thoughts, pointed at the hill and could tell what she thought while she was sitting there.

Elsa made schematic drawings of the two scenes that represent the central traumas she experienced during her migration journey. She used the drawings

to point out who was standing where at the crucial moments. While talking about these stressful moments in her life, it seemed to help her to look at the drawing and point to the persons involved in the happenings. The assessors drew a lifeline together with Elsa, marking the crucial points in the story she told. They decided whether the crucial moments and periods were 'happy' or 'sad' by adding 'emoticons'. While working on the lifeline, Elsa decided that she needed to talk more about the period she was detained. She gave detailed information about the ill-treatment and the general living circumstances in the prison.

After the two sessions with Elsa, and with her agreement, the assessors held an interview by phone with three professionals working with Elsa. Elsa's guardian described her as being insecure and shy, while sometimes being enthusiastic and amicable. The guardian thinks Elsa has difficulty expressing her feelings. When the guardian tries to speak about emotions, Elsa's thoughts seem to drift away. According to the guardian, Elsa experiences a lot of stress due to the uncertainty about the outcome of the asylum procedure. Elsa looks beautiful and is happy when she gets compliments about her appearance. She is popular within her living group at the receptions centre and gets along with everyone well. The teacher described Elsa as often enthusiastic and alert at school. She has the impression that Elsa wants to look happy but that she hides her true feelings. The teacher expressed a strong feeling that Elsa is affected by traumatic experiences but did not want to speak with her about them. The teacher thinks Elsa is intelligent; her school results are good despite the fact that she faces difficulties with her concentration. Her work tempo is extremely low; sometimes she falls asleep during the lessons or does not attend the lessons at all. The mentor believes Elsa prefers to keep people she does not know at a distance. If she knows someone, Elsa becomes more open. The mentor observed that Elsa seems to feel sad often. She was heavily disturbed when her group mates had to move to another receptions centre. It was difficult for her to say farewell. The mentor is worried about the fact that Elsa withdraws from the group and thinks a lot on her own. She does not want to talk at these moments. However, at other times, she can be social and helpful.

Outcomes of the instruments

Elsa reported having experienced eight stressful life events (SLE). The average stressful life events unaccompanied refugee children report is 6.5. This high number of stressful events and the intensity of the traumatic experiences put Elsa at risk for developing psychological problems. Elsa had a 'very high' score on the

RATS total scale, as well as on the three subscales: intrusion, avoiding and hyper-arousal. Elsa has nightmares very often. She feels very upset and sad when she has to think about her traumatic memories. Although she tries to avoid thinking about the experiences, Elsa does not succeed in doing so. She is hyper-aroused and jumps at loud or unexpected noises. She has intensive problems with her concentration. Elsa feels desperate about the future. The outcomes on the SLE and RATS taken together indicate that Elsa might suffer from PTSD.

Elsa filled in the self-report version of the SDQ. She had a 'very high' total score and the subscale on emotional symptoms, a 'slightly higher' score on attention/hyper-activity problems, a 'high score' on social problems and a 'near average' score on conduct problems and pro-social behaviour. The emotional and attention problems highlighted by the SDQ confirm the information found during the interview and other instruments. The social problems give a more ambiguous picture. Elsa feels insecure about what other children think about her despite being well-liked, according to others.

According to the scores on the BIC-Q, it was concluded that due to societal circumstances, Elsa's environment in Eritrea could not ensure her safety and development prior to her departure and the situation is expected to be the same or worse if she would be forced to return to Eritrea. Table 4.1 shows the scores on the BIC-Q.

Diagnostic report

In order to provide an insight into how the BIC-Assessment was described in Elsa's case, we include below some fragments of the concluding answers to the diagnostic questions as they were formulated in the report.

Elsa is extremely vulnerable due to a number of factors (UNCRC, 2013, para 75-77). She has experienced a disproportionately high number of stressful life events and has mental health problems that are likely associated with PTSD. Elsa's reactions to the traumatic stress show she is struggling to cope with her experiences. This makes it remarkably difficult for Elsa to think about her flight and time in Eritrea and to tell others her story about this period. It is important that time and energy is spent on winning her confidence before she will be able to share details of her life story.

Elsa has always been a reserved child, not willing to share her feelings with others. The traumatic experiences reinforced this personality trait and made it

Table 4.1
Scores on the Best Interests of the Child-Questionnaire for Elsa

Quality of the child-rearing environment	Before departure from Eritrea	Expected after return to Eritrea
<i>Family</i>		
1. Adequate physical care	Satisfactory	Satisfactory
2. Safe direct physical environment	Satisfactory	Satisfactory
3. Affective atmosphere	Good	Good
4. Supportive, flexible child-rearing structure	Satisfactory	Satisfactory
5. Adequate example set by parents	Unknown	Unknown
6. Interest	Unknown	Unknown
7. Continuity in the upbringing conditions, future perspective	Unsatisfactory	Unsatisfactory
<i>Society</i>		
8. Safe wider environment	Unsatisfactory	Unsatisfactory
9. Respect	Unsatisfactory	Unsatisfactory
10. Social network	Satisfactory	Unsatisfactory
11. Education	Unsatisfactory	Unsatisfactory
12. Contact with peers	Satisfactory	Moderate
13. Adequate example set in society	Unsatisfactory	Unsatisfactory
14. Stability in life circumstances, future perspective	Unsatisfactory	Unsatisfactory

even more difficult for her to speak openly. Research with traumatised children confirms it is difficult for them to tell a story coherently, consistently and chronologically (Christianson, 1992). For Elsa, this is especially true. In general, traumatised children are known to be able to tell in detail on key events surrounding the trauma, but all details and events before and after the trauma may be difficult to retrieve or even lost. A focus on details, time and spatial concepts may disturb the child's ability to unlock a story (Saywitz et al., 2011). The assessors observed this confusing effect of talking about details not related to the central traumas with Elsa. Elsa's social behaviour is a factor that promotes her resilience. She has one very good friend who she fully trusts. Children at the reception centre and at school like her to join activities. She is quite popular and even admired a bit.

Elsa's parents offered her an affective atmosphere at home and could fulfil the basic conditions for development. However, her parents could not protect Elsa against the risks in Eritrean society, threatening her development. She experienced fear she would have to join the army. She was ill-treated in prison. Elsa's story about her experiences in prison is supported by various sources. The inhumane treatment of prisoners, the torture during interrogations and the underground prisons are a known phenomenon in Eritrea. The prisons are notorious for the ill-treatment of detainees (UN Human Rights Council, 2014, p. 11). Elsa had no stability in her life and no future prospects in Eritrea. The conditions for development in the society were insufficiently fulfilled (UNCRC, 2013, para. 71-73).

Elsa fears for her life if she has to return to Eritrea because she has fled the country twice (UNCRC, 2013, para. 53-54). This fear is realistic given the current situation in Eritrea. There is a high risk of being detained again and to be forced to enter the military (European Asylum Support Office, 2015, p. 42). The army in Eritrea is known to be particularly unsafe for women. They are regularly exposed to rape and sexual abuse (UN Human Rights Council, 2014, p. 13). Political and social conditions in Eritrean society do not guarantee the safety and development of Elsa. Due to these circumstances, Elsa's family is not able to provide security and Elsa will not experience continuity and stability in living circumstances. The conditions for development will be insufficiently fulfilled if she has to return (UNCRC, 2013, para. 74). For Elsa's development, it is important that she is able to envision a future for herself, that she feels safe in her environment, and that she can build a life without life-threatening risks. Given the current situation in Eritrea, the expectation is that she will not be able to experience this in her country of origin (UNCRC, 2013, para. 82).

Elsa's lawyer sent the report of the BIC-Assessment together with her views on the draft rejecting decision to the migration authorities. The IND withdrew the draft rejecting decision and took a favourable decision instead. Elsa was offered protection as a refugee in the Netherlands.

4.5 Conclusions

The aim of this chapter was to determine which adjustments to the BIC-Assessment were necessary to meet the specific needs of recently arrived refugee

children and to achieve the specific objective of providing a BIC-Assessment to migration authorities who ultimately decide on the child's asylum claim. More attention is given to the mental health problems of the newly arrived refugee children and to various methods to support the children sharing their life stories. The development procedure of the adjustments of the BIC-Assessment went through three phases: exploration and theoretical research, consultation and a pilot study.

Our findings show that the adjusted BIC-Assessment is a useful tool assessing the best interests of recently arrived refugee children. The assessment provides migration authorities with scientifically and clinically based information that should be taken into account when a decision about an asylum claim is made. The process described in this study focuses on providing information that has to be taken into account with the asylum decision. We think this assessment could facilitate other decisions concerning refugee children, for example about which reception facility is the most suitable for them (Kalverboer, Zijlstra, Van Os, Zevulun, Ten Brummelaar, & Beltman, 2016). Moreover, the BIC-Assessment could be used to facilitate decisions in the return process. The results on the BIC-Q provide guardians and migration authorities with valuable information about which conditions in the rearing environment need to be improved in the country of origin to guarantee the good development of the child (Zevulun, 2017; Zevulun et al., 2017). Further research to tailor the BIC-Assessment to those kinds of decisions is recommended.

Two limitations of the process to adjust the BIC-Assessment to the situation of recently arrived refugee children should be explained. Firstly, although during the development process significant attention is paid to how to facilitate refugee children in sharing their life stories, it is not possible to prove any causal relationship between the practised methods and the extent of the disclosure of life stories. The small number of participants in the pilot study and the young age of the accompanied children is one reason for this limitation, but also with high numbers of cases and more older children it will always be difficult to know whether the child would have told the assessors less when the methods to promote the disclosure of life stories would not have been practised. Secondly, because the migration authorities could not share information on whether the diagnostic reports had supported them in the asylum decisions, it is not possible to measure the impact of the BIC-Assessment on the decision.

The theoretical framework of the BIC-Assessment is based on scientific knowledge on what *all* children need for their good development (Kalverboer & Zijlstra, 2006). Those conditions for development, comprising the BIC-Model, do not differ for refugee children. The process of adjustments in the details of the assessment we made for the group of refugee children who are recently arrived in the host country could be undertaken for other vulnerable groups of children, too. The development procedure took about 18 months and all stages served the researchers with an increased knowledge about the material and procedural elements that should be taken into account. Reflecting on the procedure we think no elements could have been missed. The BIC-Methodology developed at the Study Centre is tailored to facilitate decisions on which rearing environment serves the interests of the child best.

The case of the Eritrean refugee Elsa illustrated how the adjusted BIC-Assessment was applied in her asylum procedure. We chose the case of Elsa because it demonstrates how different approaches in interviewing refugee children between migration authorities and professionals with expert knowledge on child development may provide different information on the child. Taking time to build trust, a positive attitude, providing agency and the use of non-verbal methods of communication seemed to be helpful tools to facilitate Elsa in telling her life story during the diagnostic interview. Migration authorities could practice those methods as well, in order to build asylum decisions on more differentiated and reliable information that better conform to the guidelines provided by the UN Committee on the Rights of the Child (2013). Likewise, guardians and social workers at the reception centres could profit from the results of the review on how refugee children could be supported to share information they think is important (Van Os et al., 2018b).

The results of the interviews with guardians of unaccompanied refugee children showed that the guardians feel there is no room in the asylum procedure to present their assessment of the interests of the child. The legal experts in the focus group stated it is difficult for them to translate pedagogical information on the development of the child into the legal terms of the asylum procedure. However, the BIC-Assessment is in line the guidelines of the UN Committee on the Rights of the Child (Kalverboer, 2014, p. 15). Therefore, we think it is necessary to implement the best interests principle in the asylum procedure as an independent source of international protection (Pobjoy, 2015, 2017).

Chapter 5

Dealing with uncertainties:
The validity and reliability of the child's account in
forensic mental health assessments

5.1 Introduction

The Convention on the Rights of the Child (CRC) requires that the best interests of the child are assessed before a decision is made that has impact on the child (UN, 1989, art. 3). At the Study Centre for Children, Migration and Law of the University of Groningen, a methodology for Best Interests of the Child (BIC)-Assessments has been developed and practised for the purpose of decision-making procedures within migration law (Kalverboer & Zijlstra, 2006; Kalverboer, Beltman, Van Os, & Zijlstra, 2017; Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013). This methodology has been adjusted to the situation of *recently arrived* refugee children⁹ in order to provide migration authorities with pedagogically based information about the best interests of the child that should be taken into account before an asylum decision is made (Van Os, Kalverboer, Zijlstra, Post, & Knorth, 2016; Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018a).

Assessing the best interests of a recently arrived refugee child in a legal context is complex and might have some specific validity and reliability issues due to the insecure and unstable living situation and mental health status of these children (Chase, 2010; Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; Kohli, 2006b; Majumder, O'Reilly, Karim, & Vostanis, 2015; Vervliet et al., 2014b).

A BIC-Assessment in migration law can be considered a specific form of *forensic mental health assessment*, a type of assessment that is quite common in other fields of law like family law, child protection law, and juvenile justice or criminal law. Forensic mental health assessments differ from regular clinical assessments, the latter focusing on diagnostics and treatment. The first category of assessments is intended to be primarily helpful for the decision-maker; the second category of assessments is primarily aimed at serving the client (Budd, Connell, & Clark, 2011, p. 168; Kuehnle, Sparta, Kirkpatrick, & Epstein, 2013). Decision-makers use the outcomes of a forensic mental health assessment to make life-changing decisions in a legal procedure. The outcomes may lead, for example, to the decision that a child be placed in a foster family, be adopted, lose one or

⁹ The term 'refugee children' refers, in this study, to minors who apply for asylum. Legally, these children are called refugees once their asylum claim has been accepted. We use the term refugee children for children who seek protection in another country, whether on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1994). Those minors might be unaccompanied or accompanied by their parents upon arrival in the host country.

both parent's custody, is held accountable for a crime, is competent to stand trial, or is sent to an adult criminal court (Conroy, 2012, p. 227; Galatzer-Levy, Gould, & Martindale, 2009; Hoge, 2012, p. 157; Koocher, 2006, p. 46; Morin, Cruise, Hinz, Holloway, & Chapman, 2015; Pillay, 2006; Pillay & Willows, 2015). Forensic mental health assessments involving children in criminal law may also concern adult suspects in case the child is involved as a witness or victim (Goodman & Melinder, 2007; Klemfuss & Ceci, 2012). The forensic mental health professional's recommendations on the best interests of the child are often influential in the decision-making process (Bala & Duvall-Antonacopoulos, 2006, p. 218, 224; Schryver, Afros, Mian, Spafford, & Lingard, 2009).

5.1.1 Validity and reliability of children's accounts in forensic mental health assessments

In line with the guidelines of the United Nations Committee on the Rights of the Child (2013), forensic mental health assessments involving children in all fields of law mostly use a *diagnostic interview*, which reflects the child's account, as the main instrument. However, the validity and reliability of a child's *account* in a forensic mental health assessment is subject to discussion (Westcott, 2006, p. 204). The validity and reliability of the child's account refer to the accuracy, completeness, and consistency of the account (Candel, Merkelbach, & Wessel, 2002, p. 418) (see Table 5.1). When the child's account is not accurate, complete, or consistent, the forensic mental health *assessment* probably also lacks validity and reliability. In terms of research methodology, "accuracy refers to the difference between what an instrument (i.e., the child's account) says is true and what is known to be true" (Shaughnessy, Zechmeister, E., & Zechmeister, J., 2009, p. 37). Instruments may also have different levels of precision. Instruments need to be both accurate and precise (i.e., complete and consistent) in order to create valid and reliable measurements (i.e., the assessments) (Shaughnessy et al., 2009, p. 39). The terms concerning the validity and reliability of the child's account in forensic mental health assessments and the validity and reliability of the assessment itself should be distinguished. In Table 5.1, the definitions used in this study are delineated, as well as the synonyms we came across and the choices we made in their application.

Table 5.1
Definitions used in this study

Concept	Definition	Synonyms in literature*
Forensic mental health assessment	Psychological evaluation of individuals and their environment for use within the legal system.	Forensic assessment, forensic evaluation, forensic psychological/pedagogical assessment.
Forensic mental health professional	The person who performs a forensic mental health assessment.	Assessor*, evaluator, examiner, expert, interviewer, professional*.
CHILD'S ACCOUNT		
Validity	The extent of alignment with the facts.	Accuracy*, credibility*, reliability, truth.
Reliability	The completeness and consistency of the child's account.	Accuracy, credibility.
Completeness	The extent to which all relevant information is included and no omissions occur.	
Consistency	The accordance between different (parts of the) child's accounts.	Credibility, reliability.
FORENSIC MENTAL HEALTH ASSESSMENT		
Validity	The extent to which the assessment measures what is intended to measure.	
Reliability	The extent to which the assessment is stable, trustworthy, and consistent.	

* Synonym used in this study.

Sources: Candel et al., 2002, pp. 418-420; Galatzer-Levy et al., 2009, p. 5; Klemfuss & Ceci, 2012; Shaughnessy et al., 2009, pp. 37-39; Sparta & Koocher, 2006, p. 3.

5.1.2 Aim of the study

This chapter aims to provide insight in scientific knowledge on the factors, which have an impact on the validity and reliability of the child's account and by consequence on the validity and reliability of forensic mental health assessments, within family law, child protection law, and juvenile justice or criminal law. A sufficiently valid and reliable forensic mental health assessment of a child is important in order to facilitate the decision-making process and to ensure an outcome that is based on the child's rights (Bala & Duvall-Antonacopoulos, 2006, p. 224). Like in forensic mental health assessments in other fields of law, the BIC-Assessment practised in migration law includes a child's account. The results of

this review will enable us to check whether factors that enlarge the validity and reliability of the child's account are sufficiently safeguarded in the methodology of the BIC-Assessment. Therefore, the findings will be discussed in the context of the BIC-Assessment for recently arrived refugee children within migration law.

5.2 Method

A literature review was performed to answer the following research question: Which factors influence the validity and reliability of a child's account in a forensic mental health assessment? (Booth, Papaioannou, & Sutton, 2012, p. 26). The study started by exploring handbooks on the intersection of law and psychology to learn more about the themes and terminology and by selecting chapters that contributed to an answer to the research question. Literature in the context of child protection law, family law, and juvenile justice or criminal law was included. Thereafter, an additional search strategy was applied using the EBSCO database to include relevant articles in peer-reviewed journals published between 1990 and 2017. The search terms were based on (synonyms of) forensic mental health assessment, children, accuracy, validity, reliability, family law, child protection law, and juvenile justice or criminal law.

The relevant factors that influence the accuracy and reliability of the child's account that were found in the literature could be analysed along three main themes: factors concerning the child, the professional conducting the assessment, and the context of the assessment (Booth, et al., 2012, p. 149).

5.3 Results

This section provides a thematic overview of factors, which have an impact on the validity and reliability of the child's account as part of a forensic mental health assessment, looking at the level of the child, the professional, and the context, respectively. The analysis enabled us to distinguish a number of subthemes that will be used as the structure for the presentation of our results (Figure 5.1).

5.3.1 Child factors

Child factors that have an impact on the accuracy and reliability of the child's account in forensic mental health assessments are: age, language ability, suggestibility, psychological profile, experiences, and memories. A child may also perceive it is in their own interest to influence the outcomes of the assessment. These issues are discussed in this section.

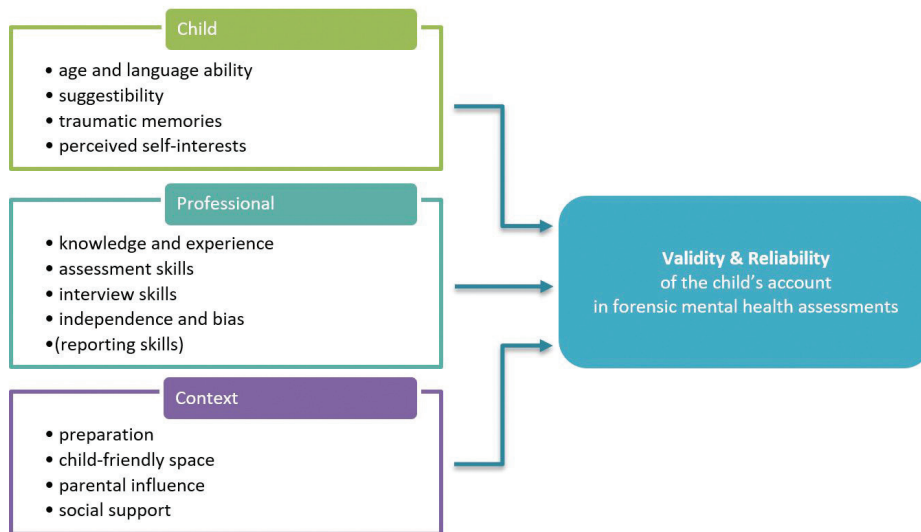


Figure 5.1
Summary of factors that influence the validity and reliability of a child's account in forensic mental health assessments with children.

Age and language ability

There is no scientific agreement about fixed age ranges from which a child has the capacity to provide accurate information in a forensic mental health assessment (Gudas & Sattler, 2006, p. 117). However, children often face difficulties with abstract reasoning and having a language proficiency lower than the assessor. These factors may influence the accuracy of child's account (Rassin & Van Koppen, 2002, p. 513).

Research demonstrates that even pre-school children are able to provide accurate information about their family life and custodial wishes (Bruck & Ceci, 1999; McAuliff, Kovera, & Gilstrap, 2009, p. 128). Infant children can also provide information, for example, through their interactions with parents (Gudas & Sattler, 2006, p. 117).

Suggestibility

Suggestibility refers to the extent to which a child is sensitive to misleading information that might cause inaccurate information to be provided by the child (Klemfuss & Ceci, 2012). The misleading information can be given before or after an event and may influence the child's memory or report about that event (Goodman & Melinder, 2007). Young children are more suggestible than adolescents and adults (Klemfuss & Ceci, 2012; Rassin & Van Koppen, 2002, p. 512). Pre-schoolers are the most vulnerable to suggestion (Bruck & Ceci, 2009, p. 160-161). Children incorporate false information in their memories more easily than adults (Rassin & Candel, 2002, p. 476; Westcott, 2006, p. 210). Children with better developed language skills are more able to recognise suggestion (Klemfuss & Ceci, 2012). The association with intelligence seems to be ambiguous, although some studies have found relationships between higher IQ scores, less suggestibility, and higher accuracy (McAuliff et al., 2009, p. 130). Higher self-confidence and self-esteem correlate with less suggestibility and children with avoidant attachment are more suggestible (McAuliff et al., 2009, p. 131). Children who are more psychologically disturbed are more open to misleading information (Eisen & Goodman, 1998). The stronger the child's memories about an event, the less suggestible the child is (Klemfuss & Ceci, 2012). Traumatized children are not more or less suggestible than non-traumatized children (Eisen & Goodman, 1998).

The higher suggestibility of children compared to adults is attributed to their higher sensitivity to authority (Rassin & Van Koppen, p. 511). The child's suggestibility is particularly relevant with children focused on pleasing the assessor or avoiding disapproval from their parents (Galatzer-Levy et al., 2009, p. 5). In general, most people feel a need to appease others in conversation, a phenomenon which is called 'compliance' (Rassin & Candel, 2002, p. 466). Children's suggestibility is often socially motivated, incorrect answers may then reflect compliance (Bruck & Ceci, 1999, 2009, p. 163). Compliance might also refer to the child's earlier accounts. Distortions are often not intended but a result of selectively perceiving and recalling events in a way that fits previous views (Martindale & Sheresky, 2009, p. 7, 59). Over time, the child might think the suggested event actually happened. At this point, inaccurate information is no longer a result of compliance because the child thinks the event really happened (Bruck & Ceci, 2009, p. 163).

Traumatic memories

Accounts of victims or witnesses that are based on traumatic memories have some risk of validity and reliability issues that are relevant for the involved mental health professionals to know. Mistakes in traumatic memories concern accuracy, completeness, and consistency (Candel et al., 2002, p. 418).

At a very young age, children are able to remember central details of traumatic experiences, however their ability to *provide* information about stressful events might be hampered (McAuliff et al., 2009, p. 129). Central elements of traumatic events are relatively well maintained in children's memory because the narrowing of attention under high stress (Eisen & Goodman, 1998). However, retrieving those elements might be hampered through processes of dissociation or repression (Eisen & Goodman, 1998). Peripheral details of traumatic events are often difficult to retain (Candel et al., 2002, p. 427). The same counts for events that happened shortly before or after the traumatic event (Candel et al., 2002, p. 428). The ability to retrieve and report memories is associated with the child's development and language ability (Eisen & Goodman, 1998). Over time, the accuracy of traumatic memories and the accuracy of reporting increase (Eisen & Goodman, 1998; Klemfuss & Ceci, 2012).

Consistency in the reports of traumatic memories has a limited diagnostic value for establishing accuracy. Consistent reports could be completely inaccurate. Inconsistent details prove, at best, that one of the details is true (Candel et al., 2002, p. 420). Inconsistencies are often related to inconsistent interview techniques (McAuliff et al., 2009, p. 128; Westcott, 2006, p. 209). In general, inconsistencies during a forensic interview may be an indication that a child is responding to social cues (Westcott, 2006, p. 205).

Traumatic memories might get amplified in successive interviews. When the victim or eyewitness has Post-Traumatic Stress Syndrome (PTTS), this effect is stronger (Candel et al., 2002, p. 425). Research also indicates that children's *memory* of events improves after repeatedly being interviewed (Eisen & Goodman, 1998). At the same time, repetitive interviews can have a negative impact on the *accuracy of the information* (Bruck & Ceci, 2009, p. 151; Goodman & Melinder, 2007). The same applies to long delays between the event and the interview (Westcott, 2006, p. 204).

Children who benefit from the support of a trusted adult at the time of the traumatic event produce more accurate reports about the event and are less suggestible (Eisen & Goodman, 1998). Maltreated children often lack this support.

Combined with feelings of guilt, shame, and denial, this may negatively affect the accuracy of shared memories in forensic interviews (Eisen & Goodman, 1998; Westcott, 2006, p. 206).

Perceived self-interests

In forensic mental health assessments, children, adolescents in particular, will have a perception of their best interests. Assessors should be aware that most subjects do have an interest in convincing the professional of their own ideas, leading to accounts that are not always completely accurate (Galatzer-Levy et al., 2009, p. 5). This is often seen in cases of custody because of the sensitive interests at stake – parents who lose or regain custody over their child – might influence the child (Connell, 2008). What children tell assessors in family law cases can often be directed by the child's feelings of guilt, loyalty, fear (Bala & Duvall-Antonacopoulos, 2006, p. 223), or anger towards the parents (Coolbear, 1992). Coping with such feelings could have an impact on the accuracy of the child's account. Children may also remain silent. In a forensic mental health assessment, the child has the right to refuse answering questions (Koocher, 2006, p. 51).

Accuracy might also be an issue in assessing mental health problems when complaints are heightened. Koch, Nader, and Haring (2009, p. 271) define *malingering* as, "the intentional production of exaggerated mental health problems in order to obtain an identifiable external reward." They state there is 'no gold standard' to assess malingering and that there is no specific research on this topic besides surveys in samples of people who seek financial compensation, for example in insurance cases (Koch et al., 2009, p. 271). McCann (1998, p. 134) claims that malingering cannot be assessed on the basis of one interview. Additional records and informants have to be consulted to assess the credibility of the complaints (McCann, 1998, p. 136). Moreover, assessors should be aware that under-reporting or over-reporting complaints in self-reports could be manifestations of genuine psychological problems (McCann, 1998, p. 124).

5.3.2 Professional factors

How does the professional who performs a forensic mental health assessment influence the accuracy and reliability of the child's account and what are indicators for the reliability of the assessment procedure and report? These factors are described in this section. The factors concerning the report are not necessarily directly related to the accuracy and reliability of the child's account. However,

these aspects could indirectly influence the perceived reliability – referred to as credibility – of the child's account during the forensic mental health assessment.

Knowledge and experience

Forensic mental health professionals in law cases should have appropriate education, experience (Bala & Duvall-Antonacopoulos, 2006, p. 238), and a proven background in a relevant scientific field (Conroy, 2012, p. 235), demonstrated through, for example, publication of their work in peer-reviewed journals (Rassin, 2002, p. 339). Knowledge on interviewing children should also include knowledge on cognitive development, memory and language abilities (Coolbear, 1992), child and adolescent development (Hoge, 2012, p. 164), and on parent-child attachment relationships (Budd et al., 2011, p. 85).

Assessment skills

In recent decades, there has been a shift in the acknowledgement of the expert opinions in forensic assessments from acceptance on the basis of the authority of the mental health professionals towards a method-based view (Shuman, 2002). Now, decision-makers evaluate professionals' recommendations in a forensic mental health assessment report on the extent to which the recommendations are based on scientific assessment methods (Connell, 2008; Galatzer-Levy et al., 2009, p. 2; Martindale & Sheresky, 2009, p. 66). Multiple hypotheses should be considered during the assessment (Kuehnle et al., 2013). Adequate and standardised protocols based on professional guidelines should be practised in the assessments (Connell, 2008).

Recording interviews is mentioned as a method that enlarges the reliability of the forensic mental health assessment (Rassin & Van Koppen, 2002, p. 514-516). Some authors state that taking notes alone is proven not to be a reliable method to collect children's data from interviews (Kuehnle et al., 2013). However, initial notes can be used to compare with the final assessment report to check if information has been lost during the assessment process (Galatzer-Levy et al., 2009, p. 34).

Searching for collateral sources of independent data is essential for a valid and reliable forensic mental health assessment (Caudill, 2006, p. 82; Kuehnle et al., 2013). Collateral sources might be oral or written information, instruments, and methods. For example, in family law, the mental health professional should make sure that the parents, eventually new partners of parents, and children

are all involved in the assessment, as well as professionals (for example, family doctors and teachers) who have worked with the family members (Bala & Duvall-Antonacopoulos, 2006, p. 223; Budd et al., 2011, p. 84). Parents should be interviewed about their understanding of the child's personality and needs (Bala & Duvall-Antonacopoulos, 2006, p. 222) and about the developmental, medical, and family history (Gudas & Sattler, 2006, p. 119). Collecting information from external parties is a necessary element of the assessment and distinguishes the forensic assessment from a clinical assessment (Gudas & Sattler, 2006, p. 118). Significant reports about the children and parents should be reviewed in forensic mental health assessments (Bala & Duvall-Antonacopoulos, 2006, p. 212; Morgen-D'Atrio, 2012, pp. 188-191).

Interviews should be combined with observations of parent-child and parent-parent interactions in family law cases (Bala & Duvall-Antonacopoulos, 2006, p. 221). In forensic mental health assessments with juveniles, observations are also an important part of the assessment process (Morgan-D'Atrio, 2012, pp. 190-191). If indicated, the observations should be done in different settings (Gudas & Sattler, 2006, p. 120).

The interviews and observations should be sustained with the use of valid and reliable psychological instruments (Bala & Duvall-Antonacopoulos, 2006, p. 222; Caudill, 2006, p. 82; Gudas & Sattler, 2006, p. 121; Hoge, 2012, p. 166). It is important that the instruments are valid concerning the assessed aspects of the child's development (O'Donohue, Beitz, & Tolle, 2009, p. 295). In other words: the instruments should be relevant and reliable in the particular context of the assessment (Kuehnle et al. 2013; Shuman, 2002). Moreover, psychological test results should always be interpreted in the context of other elements of the assessment, like interviews and observations (Kuehnle et al., 2013). There is often a lack of empirical evidence to link the test results to future outcomes, for example, on parenting in family law cases (Bala & Duvall-Antonacopoulos, 2006, p. 222; O'Donohue et al., 2009, p. 302; Shuman, 2002).

The validity of the mental health assessment is dependent of the accuracy of information provided by the child. However, assessors should be aware of the fact that forensic mental health professionals do not have any extra capacities to identify inaccurate information compared with non-experts (Klemfuss & Ceci, 2012; Martindale & Sheresky, 2009, p. 59). There is no such thing as the ultimate Pinocchio-test to determine the accuracy of a child's account (Goodman & Melinder, 2007). In fact, assessors' opinions in custody cases, for example, seem to

be considered more credible when the assessor does not claim to know whether the statement of a child is accurate (Clemente, Paddila-Racero, Gandoy-Creco, Reig-Botella, & Gonzalez-Ridroguez, 2015). This is also seen in legal proceedings on sexual abuse: the assessors are supposed to describe the characteristics and behaviour of the child. Statements by the forensic mental health professionals on whether the abuse did occur are often not regarded as credible (Sagatun, 1991).

Interview skills

The impact of the interview techniques employed during the forensic mental health assessment on the accuracy of information provided by the child is beyond doubt. Interviewing the child in a supportive, nonthreatening, neutral, and patient manner and in a positive atmosphere has been recognised as enhancing the accuracy of the child's account (Anderson, G., Anderson, J., Gilgun, 2014; Ceci & Bruck, 1993; Coolbear, 1992; Gudas & Sattler, 2006, pp. 119-121; McAuliff et al., 2009, pp. 141-146; Rassin & Van Koppen, pp. 515-516, 522; Westcott, 2006, p. 211). Taking time to build rapport and reassure the child that answers cannot be wrong, that questions are asked because the answer is not known, and the child's help is needed to make an informed decision, increases the accuracy of the provided information (Ceci & Bruck, 1993; McAuliff et al., 2009, pp. 139-141). During an interview, the accuracy of information decreases towards the end (Candel et al., 2002, p. 419).

Research in a criminal law context has shown that when assessors put pressure on a person to provide an answer, the number of mistakes increases (Candel et al., 2002, p. 419), as does the impact of suggestive information (Rassin & Candel, 2002, p. 476). This effect is also seen in forensic interviews with abused children (Eisen & Goodman, 1998). Forcing a child to report memories could lead to inaccurate information because the child wants to give an answer while the memories are not retrievable or are unspeakable (Bruck & Ceci, 2009, p. 151; Eisen & Goodman, 1998). The assessor's need for disclosure may lead to using pressure and, by consequence, to inaccurate information (Coolbear, 1992; Goodman & Melinder, 2007).

The forensic mental health professional should adapt the language to the developmental age and needs of the child to promote accuracy. The use of formal jargon can in some cases be evaluated as an abuse of power (Westcott, 2006, p. 209). Open-ended questions and narrative practice result in more accurate information (Anderson et al., 2014; Goodman & Melinder, 2007; McAuliff et al., 2009, pp. 146-148, 153). Option-posing questions decrease the accuracy of a child's

report (Westcott, 2006, p. 205). Spontaneous statements and free call answers generally lead to more accurate information but are not necessarily accurate, especially when children speak about confusing or ambiguous events (Bruck & Ceci, 2009, p. 162). Repeating the same questions during the same interview has a suggestive, negative effect on the accuracy of the child's answers because the child might think the previous answer is perceived as 'wrong' (Bruck & Ceci, 2009, p. 151; Ceci & Bruck, 1993; McAuliff et al., 2009, p. 152; Rassin & Candel, 2002, p. 475).

A non-suggestive way of interviewing improves the accuracy of information (Eisen & Goodman, 1998; Goodman & Melinder, 2007). Assessors can suggestively lead children's answers by judging a person who is involved in the case, asking the child to think again about something, or by (non-verbal) positive or negative commenting the child's answers (Rassin & Van Koppen, 2002, p. 518). The child may, for example, attach meaning to the assessor's facial expression or the avoiding of eye contact (Gudas & Sattler, 2006, p. 122). The use of threats and peer-pressure, rewarding the child for a 'right' answer, and guided imagery are also suggestive techniques (Bruck & Ceci, 2009, p. 151). Children experience more problems in separating memories of real events from events than adults (Rassin & Van Koppen, 2002, p. 511). When a suggested, misleading event is discussed during an interview in a realistic way by a person who has some authority, supported by other persons or by non-verbal behaviour, the chance for inaccurate information increases (Rassin & Candel, 2002, pp. 472-475). The use of props – like dolls or human images – to elicit memories can also work as a misleading suggestion and elicit inaccurate information (Bruck & Ceci, 2009, p. 151; Kuehnle et al., 2013; Morgen-D'Atrio, 2012, p. 196; Sagatun, 1991). Moreover, the assessor may be biased through the use of props because they influence the assessor's perception of the child's account (Goodman & Melinder, 2007). Assessors who use a combination of suggestive techniques increase the chance to elicit inaccurate statements (Bruck & Ceci, 2009, p. 151).

Independence and bias

For the sake of the validity of the forensic mental health assessment, it is important that the roles of clinical and forensic mental health professionals never be mixed (Caudill, 2006, p. 82; Rassin, 2002, p. 345; Saywitz & Camparo, 2009, p. 114). Moreover, the assessor should not have any other connection with the child beyond the performance of the required forensic mental health assessment (Connell, 2008; Rassin, 2002, p. 339). Mental health professionals involved with

the best interests of the child in family law cases should also not be linked to one of the parties in the dispute (Bala & Duvall-Antonacopoulos, 2006, p. 219, 235).

Independence also has an inner component: *confirmatory bias*. The assessor can be susceptible to select, interpret, and present data in a way that sustains a favoured hypothesis (Coolbear, 1992; Galatzer-Levy et al., 2009, p. 25; Martindale & Sheresky, 2009, p. 61). Galatzer-Levy et al. (2009) state that bias is a common problem in any assessment or decision-making process. If the forensic mental health professional is working from earlier existing knowledge or a priori beliefs, there is a risk of bias that influences the accuracy of the child's information and, therefore, the validity of the assessment (Bruck & Ceci, 2009, p. 150; Ceci & Bruck, 1993; Gudas & Sattler, 2006, p. 116). The assessor bias is often combined with a confirmation bias, which leads to questions focused on obtaining the 'desired' information (Rassin & Van Koppen, 2002, p. 516) and ignoring alternative explanations (Bruck & Ceci, 2009, p. 150). In the most extreme variant, it is the assessor who provides 'the' answer, just asking the child for confirmation (Rassin & Van Koppen, 2002, p. 516).

Sources of this confirmatory bias are personal values and belief systems, sticking to previous attained knowledge without scientific embedding, the popularity of new theories in science, certain memorable cases, recent experiences, and a priori beliefs about what might have happened (Bruck & Ceci, 2009, p. 150; Ceci & Bruck, 1993; Galatzer-Levy et al., 2009, pp. 26-27; Goodman & Melinder, 2007). Consultation with other experts who are not involved in the case could help the assessor to stay alert of subjectivity (Connell, 2008). Recording interviews, comparing contemporaneous notes with the advisory report, the availability of all documents that have been collected – also those that have not been used in the report – and above all providing clarity on the limitations of interpretations are ways to address bias (Galatzer-Levy et al., 2009, pp. 33-34).

Reporting skills

The factor 'reporting skills' of the professional does not directly influence the validity or reliability of the child's account. Those skills influence the *perception* of the validity or reliability of the forensic mental health assessments by decision-makers and, therefore, might influence the *perception* of the validity or reliability of the child's account as well. All other factors have a direct impact on the validity or reliability of the child's account (that is why this factor is put between brackets in Figure 5.1).

The report should be written in vocabulary that is understandable for the decision-makers (Budd et al., 2011, p. 171; Morin et al., 2015; Schryver et al., 2009). Psycho-legal constructs should be used (e.g., parental abilities, co-parenting relationship) instead of pure legal constructs (e.g., custody, visitation) in the report (Zelechowski, Fuhrmann, Zibbel, & Cabellero, 2012).

Assessment reports should be transparent about the limitations of the assessment in general (Grisso & Vincent, 2005; O'Donohue et al., 2009, p. 303) and above all about the limitations of interpretation (Koocher, 2006, p. 57). In particular, transparency is needed about the limitations of predicting the future and avoiding far-reaching conclusions (Bala & Duvall-Antonacopoulos, 2006, p. 241; Budd et al., 2011, p. 149; Conroy, 2012, p. 235; Rassin, 2009, p. 354). It is important that the outcomes of the assessment are presented as expectations or probabilities and not as facts (Rassin, 2002, p. 350). Final custody decisions, for example, are based on a prediction on the parent's future abilities to take care of the child's wellbeing and child's future psychological adjustment to the new custody situation, which could potentially be based on inaccurate, unscientific predictions made by the forensic mental health professionals (Krauss & Sales, 2000). Some authors in family law cases state that professionals should limit their reporting task to the current family relations rather than to predict the family's future (Krauss & Sales, 2000; Shuman, 2002).

The way data are collected and analysed and how data relate to the conclusions or recommendations must be presented transparently to the decision-maker (Caudill, 2006, p. 82; Connell, 2008; Galatzer-Levy et al., 2009, p. 2; Gudas & Sattler, 2006, p. 120). Recommendations should be based on facts, accurate sources, and supported by scientific research, which is adequately referred to in the report (Bala & Duvall-Antonacopoulos, 2006, p. 238; Budd et al., 2011, p. 166).

5.3.3 Context factors

Context factors that influence the validity and reliability of a forensic mental health assessment involving children have a wide range: from small material details in the interview room to relationships within the family. This section mentions the main factors briefly.

Preparing the child for the assessment by explaining the child's role and the role of others and the legal terms improves the accuracy of the provided information (McAuliff et al., 2009, p. 135). Furthermore, it is important to invest

in a *child friendly environment* where the assessment takes place (Rassin & Van Koppen, 2002, pp. 514-516).

Parental influence

Assessors should be aware of possible parental pressures on the child (Bala & Duvall-Antonacopoulos, 2006, p. 223). Children are not always aware or able to talk about the attempts of parents to influence the assessment (Koocher, 2006, p. 57). Parents can give direct instructions to the child about facts that should be mentioned or withheld. Moreover, they are able to influence the child's memory of events by giving certain evaluations of an event. This is difficult to determine. However, sometimes parental coaching can be detected by simply asking the child about it (McAuliff et al., 2009, pp. 131-134).

Parents may do their best to put themselves in a good light with the assessor, even by creating their own facts (Bala & Duvall-Antonacopoulos, 2006, p. 223). The child may feel hesitation or even fear in revealing negative behaviour on the part of their parents (Bala & Duvall-Antonacopoulos, 2006, p. 223).

Social support

Children who receive social support from a trusted adult may feel more at ease during an assessment. However, the findings about the consequences for the accuracy of the information are diffuse (McAuliff et al., 2009, pp. 137-138; Koocher, 2006, p. 57).

5.4 Discussion and conclusion

The literature review presented in this chapter provides an overview of factors that influence the validity and reliability of the child's account in forensic mental health assessments. The child's account has been considered in this study as an instrument that might influence the validity and reliability of the measurement, i.e., the assessment. Three levels were distinguished: factors concerning the child, the professional, and the context. This overview is aimed at gaining knowledge on validity and reliability issues of forensic mental health assessments in family, child protection, and juvenile justice or criminal law with the goal of learning lessons for the BIC-Assessment in migration law.

5.4.1 Main validity and reliability issues in forensic mental health assessments involving children

Three issues concerning the validity and reliability of children's accounts in forensic mental health assessments – perceived self-interests to convince the assessor of desired outcomes, the impact of stressful events and traumatisation, and having to make retrospective and future assessments about the rearing environment of the child – emerged from this literature review in the context of family law, child protection law, and juvenile justice or criminal law. These issues will be discussed below and related to the context of forensic mental health assessments in migration law.

Perceived self-interests

In all fields of law, it has been recognised that children sometimes have their own perception of which outcomes of the forensic mental health assessment would benefit them or their family and will try (perhaps unconsciously) to convince the assessor to take the same position (e.g., Connell, 2008; Galatzer-Levy et al., 2009, p. 5). This striving towards the protection of perceived self-interests is often a way of coping with unpleasant or threatening feelings and might have a negative impact on the accuracy of the child's account (Bala & Duvall-Antonacopoulos, 2006, p. 223; Coolbear, 1992).

The perceived self-interests of the child that might have a negative impact on the accuracy of the child's account in forensic mental health assessments are also relevant in the context of migration law. Having to cope with feelings of loyalty, anger, or anxiety towards parents might also be present in assessments of refugee children (Adams, 2009; Chase, 2010; Kohli, 2006a). Moreover, before departure, the child or the family members already have assessed the child's interests prior to the decision to leave or stay (Bhabha, 2014, p. 204; Vervliet, Vanobbergen, Broeckaert, & Derluyn, 2014c). Professionals have to deal with the fact that the child's account is shaped by the interests of finding protection in another country (Adams, 2009). Children who apply for asylum have a strong wish to receive protection. It is known from literature that this may have an impact on the accuracy of the refugee child's account (Adams, 2009).

Traumatic memories

When children have traumatic memories, the accuracy, completeness, and consistency of their account might be impaired during a forensic mental

health assessment (Candel et al., 2002, p. 418). Although central elements of a traumatising event might be restored well, retrieving details might be difficult (Eisen & Goodman, 1998; McAuliff et al., 2009, p. 129). Peripheral details of a traumatic event are often impossible to retrieve for children (Candel et al., 2002, pp. 427-428).

The influence of traumatic memories on the accuracy of the child's account is highly relevant in the context of assessments for refugee children in migration law (Van Os et al., 2016). Refugee children who arrive in a host country have experienced stressful life events and some have been traumatised by those events (Van Os et al., 2016). This might have a negative impact on the extent to which the child is able to provide accurate, complete, and consistent information (Van Os, Zijlstra, Post, Knorth, & Kalverboer, 2018b).

The methodology for the BIC-Assessment involving recently arrived refugee children (see Introduction) pays attention to the impact of traumatic experiences on mental health (Van Os et al., 2016) and on facilitators that support the children's disclosure of traumatic memories, which are relevant in the migration context (Van Os et al., 2018a). However, research has indicated that refugee children do often mistrust authorities – including mental health professionals and researchers – and this might cause hesitation to share their memories (Chase, 2010; Colucci et al., 2015). For refugee children, it might be difficult to distinguish the roles of the forensic mental health professionals who perform the Best Interests of the Child-Assessments and other professionals involved in the migration procedure, like lawyers and migration authorities (Majumder et al., 2015). This may have a negative impact on the accuracy and consistency of the child's account.

Retrospective and prospective assessments

Forensic mental health professionals should be transparent about the limitations of certainty in assessing a child-rearing situation in the past or to predict the quality of this situation in the future (Budd et al., 2011, p. 149; Conroy, 2012, p. 235; Rassin, 2009, p. 354). These retrospective and predictive assessments are often necessary in a forensic mental health assessment involving children in the context of family, child protection, and juvenile justice or criminal law (e.g., Bala & Duvall-Antonopoulos, 2006, p. 241).

Assessing the best interests of a child who asks for protection in another country means that the assessor has to find out whether the child's development was protected in the country of origin and what can be expected about the

guarantees for the child's development if the child returns to the country of origin (UNCRC, 2013; Van Os, 2016; Van Os et al., 2018a).¹⁰ This requires a retrospective and future assessment of interests, which is more complicated than assessing a current situation in diagnostic assessments (Bala & Duvall-Antonopoulos, 2006, p. 241). The child's account of the situation before leaving the home country forms a major source of information for the professional in assessing retrospectively whether the child's conditions for development were fulfilled in the home country (Van Os et al., 2018a). This retrospective judgment, in turn, is also one of the main sources of information to assess the prospective child-rearing environment after return. Sometimes a lack of information of the situation in the home country complicates the assessment of both the retrospective and the prospective rearing situation even more.

5.4.2 Professional requirements

To facilitate the practical implications of the results of this literature review, the factors which enhance the validity and reliability of the child's account and, by consequence, the validity and reliability of forensic mental health assessment involving children have been translated into *guidelines for professionals* (Appendix 5.1). An interesting point of reflection is what requirements professionals should comply with to be able to realise an adequate assessment of the child's best interests.

The UN Committee on the Rights of the Child (2013) has described in General Comment No. 14 guidelines about how to assess the best interests of the child: what information the decision-makers should gather and how they should acquire this knowledge (UNCRC, 2013). Furthermore, the Committee states that the best interests of the child should be assessed by professionals who have expertise and are trained in matters related to child and adolescent development (UNCRC, 2013, para. 94).

The BIC-Assessment for refugee children, as we developed its methodology at the Groningen Study Centre for Children, Migration and Law, is in line with those guidelines of the UN Committee on the Rights of the Child (Kalverboer, 2014). The professionals who perform these BIC-Assessments have at least a master's degree in orthopedagogy or child psychology. The guidelines that follow from

¹⁰ The concept of the best interests of the child is closely related to the right to development (UNCRC, 2013, para 42). This interdependency of the best interests and development of the child is reflected in the methodology of the Best Interests of the Child-Assessment in migration law (Kalverboer & Zijlstra, 2006).

our literature review (Appendix 5.1) form an integral part of their education (e.g., Ruijsenaars, Van den Bergh, & Schoorl, 2008; Van Nijnatten, Mildenberg, & De Groot, 2006). The professionals concerned have a forensic assessment role and are not involved in clinical diagnostics or interventions with the children (Caudill, 2006, p. 82; Rassin, 2002, p. 345; Saywitz & Camparo, 2009, p. 114).

In forensic mental health assessments involving refugee and migrant children, special attention should be paid to culturally sensitive communication to enable the assessors, for example, to understand culturally based parenting practices (Ibanez, Borrego, Pemberton, & Terao, 2006; Mederos & Woldegiorgis, 2003). Although we could not find literature on a direct relation with the validity and reliability of children's accounts in forensic mental health assessments, we suppose knowledge on culturally sensitive communication will have a positive impact on the validity and reliability of the child's account. Moreover, culturally sensitive communication can be considered as part of the interview skills in general which are identified as import factor in this context.

Professional requirements mostly do not exist in isolation because these are embedded in an organisational structure. Effective and accessible management in organisations can also influence the fulfilment of professional requirements of forensic mental health assessors positively (Helm, 2016). Mismanagement in organisations can cause difficulties for professionals, for example, in context of child protection, to meet the professional standards (Hunt, Goddard, Cooper, Littlechild, & Wild, 2016; Stevenson, 2012). Therefore, we consider a good professional context as a prerequisite to reach the required professionals standards for a valid and reliable forensic mental health assessment.

5.4.3 Conclusion

The main validity and reliability problems that exist with forensic mental health assessments in other areas of law do also play a role in the BIC-Assessment in migration procedures: the perceived self-interests of the child that might be leading to a wish to convince the professional of the desired outcomes, the impact of traumatic memories, and the uncertainties concerning statements in retrospective and future expectations

Mental health professionals often have to deal with *uncertainties* in decision-making procedures (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Helm, 2016; Swets, 1992). Van den Bergh (1991), for instance, studied decision-making procedures of professionals working in residential youth care who have to decide

whether a child should be placed in their institution. He concluded that those professionals have to deal with many uncertainties that might have a negative impact on the accuracy of the decision procedure. Nevertheless, those decisions have a huge impact on the child's life and have to be made despite the fact that information on the child's situation is often lacking or inaccurate (Van den Bergh, 1991).

Just as in other areas of law, professionals who perform Best Interests of the Child-Assessments in migration procedures have to deal with various sources of uncertainty while serving the decision-making process to the best of their scientific knowledge and professional expertise.

Appendix 5.1

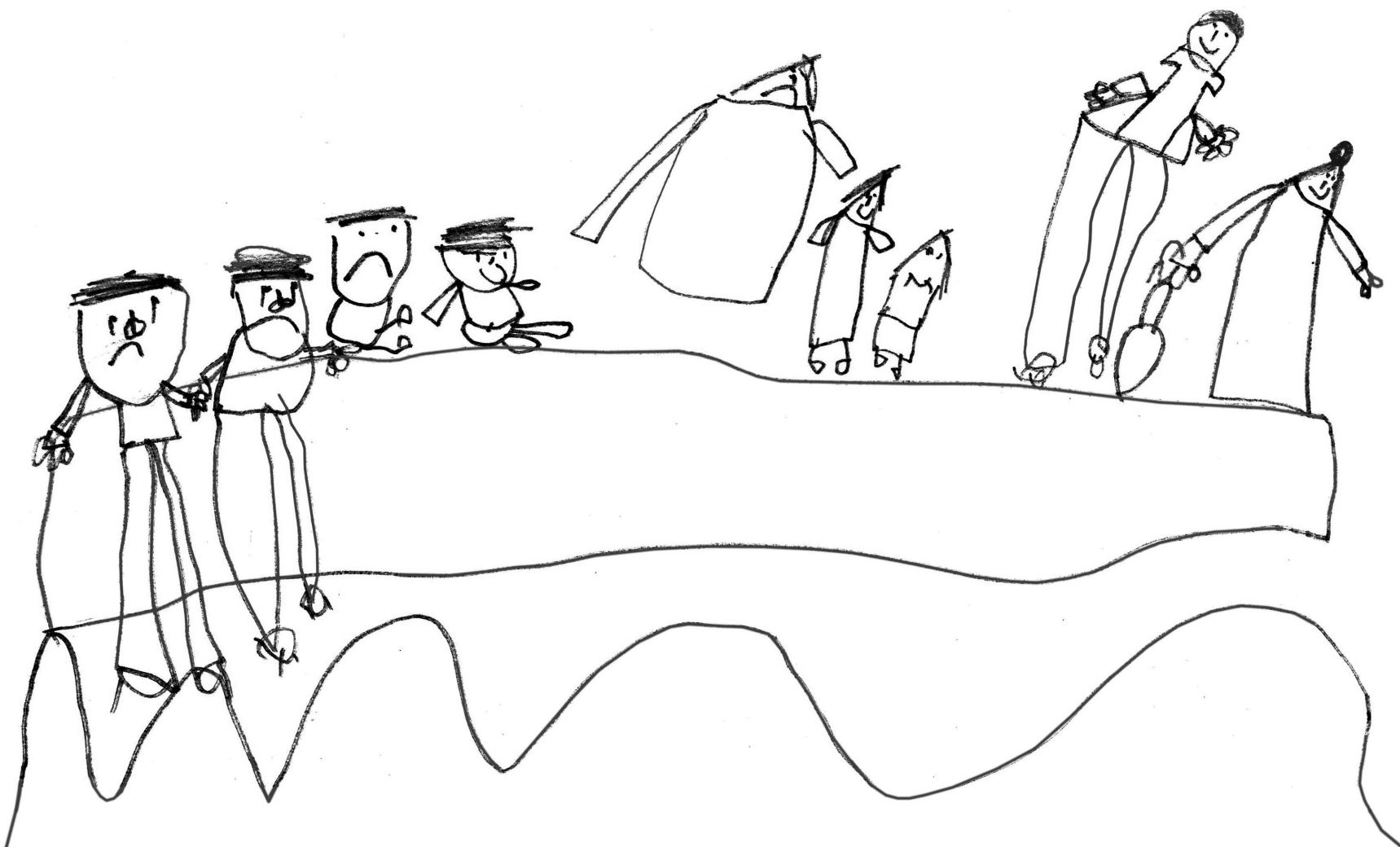
Factors that impact, and guidelines that enhance, the validity and reliability of a child's account in forensic mental health assessments.

Factor	Guidelines
CHILD	
Age and language	Adapt interview and interpretations according to the child's age and language ability. Have knowledge of child development.
Suggestibility	Take into account the use of non-suggestive language by professionals, children's low self-esteem, and their tendency to comply with authorities.
Traumatic memories	Take into account that peripheral details of a traumatic event are difficult to retrieve. Consistency has a limited diagnostic value. The timespan between the event and the interview has a diffuse impact. Support of a trusted adult at the time of the trauma can be helpful for memory report.
Perceived self-interests	Take into account the child's interest in convincing the assessor and potential feelings of anger, loyalty, and fear towards parents. Pay attention to signs of malingering.
PROFESSIONAL	
Knowledge and experience	Professionals should have adequate education, up-to-date scientific knowledge, and experience in interviewing children.
Assessment skills	Use methods, protocols, and instruments that are valid and reliable. Record interviews. Use collateral sources of independent data. Combine interviews with observations. Be aware of the limitations in assessing the accuracy of information.
Interview skills	Create a positive atmosphere. Take time to build rapport. Use open-ended questions as often as possible. Avoid repeating questions. Avoid being suggestive. Do not put pressure on the child.
Independence and bias	Do not mix clinical and forensic roles. Be aware of a possible confirmatory bias. Consult other experts.

Reporting skills	Use easily understandable language. Be transparent about limitations, expectations, and probabilities. Relate data to conclusions. Use and refer to accurate scientific sources.
CONTEXT	
Preparation	Explain the role of the child, professionals, and others, as well as the procedure and goal of the assessment.
Child-friendly environment	As much as possible, make sure the child feels at ease in the assessment room.
Parental pressure	Be aware of possible parental pressure; try to assess the influence of parents on the child's story.
Social support	Check whether social support would be helpful for the child during the assessment.

Part III

Practical Outcomes



Chapter 6

Recently arrived refugee children:
The quality and outcomes of Best Interests
of the Child-Assessments

This chapter is based on:
Van Os, E. C. C., Zijlstra, A. E., Post, W.J., Knorth, E. J., & Kalverboer, M. E. (2018).
Recently arrived refugee children: The quality and outcomes of Best Interests
of the Child-Assessments. *International Journal of Law and Psychiatry*
(in press).

Abstract

Best Interests of the Child (BIC)-Assessments provide migration authorities with behavioural information on which interests of the child could be considered in decision-making migration procedures. This study provides insight into the quality and outcomes of BIC-Assessments for refugee children who recently arrived in a host country and asked for asylum ($N = 27$). The results suggest that the BIC-Assessments provide relevant information to enable the assessors to determine the best interests of recently arrived refugee children. The inter-rater reliability of the BIC-Questionnaire, an instrument which evaluates the child-rearing environment and which is one of the components of the BIC-Assessment, was fairly good. The children in the sample experienced a high number of stressful life events and a majority reported trauma related stress symptoms or other emotional problems. The quality of the child-rearing environment in the country of origine had protected their development insufficiently in the past and would not protect their development sufficiently in the future. The results show that forced return to the country of origin can put the child's development at risk.

6.1 Introduction

The Convention on the Rights of the Child (CRC, art. 3) provides asylum seeking children the right to an asylum decision that gives due weight to their best interests (UN 1989; UNCRC, 2013). All countries, except the United States, have accepted this right by ratifying the CRC. Although not being a State Party to the CRC, the United States has implemented the best interests of the child principle in their welfare systems as well (Gouty, 2015).

The Study Centre for Children, Migration and Law at the University of Groningen has developed a method for a behavioural Best Interests of the Child (BIC)-Assessment in migration law (Kalverboer, Beltman, Van Os, & Zijlstra, 2017; Kalverboer & Zijlstra, 2006; Zijlstra, 2012). These BIC-Assessments provide evidence and child rights based information to the migration authorities, which should be taken into account when the migration decision on a residence permit is made. The BIC-Assessments consist of various components such as a diagnostic interview and several instruments concerning children's mental health and development, which will be explained in the method section. The methodology for the BIC-Assessments has been adjusted to the situation of *recently arrived refugee children*¹¹ (Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018a).

The adjustments concern the content and the procedure. Based on knowledge about the situation of refugee children who recently arrived in a host country, special attention was paid to stressful life events and trauma-related stress complaints by adding relevant instruments to the BIC-Assessment (Van Os, Kalverboer, Zijlstra, Post, & Knorth, 2016). Based on a systematic review of barriers to and facilitators for refugee children's disclosure of their life stories, more non-verbal techniques are employed, more time is taken to build trust, and the assessors provide the refugee children with as much agency as possible during the BIC-Assessment (Van Os, Zijlstra, Post, Knorth, & Kalverboer, 2018b).

Due to the insecure and unstable situation of recently arrived refugee children, some specific validity and reliability issues may complicate the assessment of

¹¹. This study focuses on unaccompanied children as well as on children accompanied by their parents or caregivers who seek protection in another country. In most cases, these children ask for asylum and therefore can be defined as asylum seeking children in the legal sense. Legally, these children are called 'refugees' once their asylum claim has been accepted. We use the term 'refugee children' for children who seek protection in another country, whether on the grounds of being a refugee in the sense of the 1951 Refugee Convention or other forms of perceived danger in the home country (UN, 1951; UNHCR, 1994).

the children's best interests. Firstly, refugee children often have experienced a relatively high number of stressful life events, which might cause trauma-related stress for some of those children (Abdalla & Elklit, 2001; Goldin, Levin, Persson, & Hägglof, 2001; Jensen, Fjermestad, Granly, & Wilhelmsen, 2015; Van Os et al., 2016; Vervliet et al., 2014b). In general, traumatic memories and stress may hamper a valid and reliable forensic mental health assessment involving children (Bruck & Ceci, 2009; Eisen & Goodman, 1998; Klemfuss & Ceci, 2012). This is highly relevant in the context of evaluating the situation of refugee children. During the asylum procedure, refugee children have to provide a valid and reliable account of their (traumatic) memories to facilitate the decision-making process on the eligibility for refugee protection (UNHCR, 2014, p. 146).

Secondly, refugee children might feel hesitation to share details of their life stories due to previous experiences, mistrust towards authorities, or perceived self-interests to increase their chances of receiving refugee protection (Chase, 2013; Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; Kohli, 2011; Ní Raghallaigh, 2014; Van Os et al., 2018b). This potentially complicates the validity of the BIC-Assessment because if relevant parts of the refugee children's life story remain unknown, it is difficult to assess their best interests.

Thirdly, like in any forensic mental health assessment involving children or parents, it is difficult to assess a past child-rearing situation or to predict that situation in the future (Bala & Duvall-Antonacopoulos, 2006, p. 241). In a BIC-Assessment for recently arrived refugee children, it is essential to assess the child-rearing environment in the home country as it was before the child or the parents decided to flee and to give an estimate of what can be expected in case the child returns to that situation (UNCRC, 2013; Van Os, 2016; Van Os et al., 2018a).

To assess the quality of the child-rearing environment the Best Interests of the Child-Questionnaire (BIC-Q) is used as part of the BIC-Assessment. The BIC-Q has good psychometric properties for evaluating the *current* rearing environment of asylum seeking families (Zijlstra, 2012, p. 63, 66; Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013). The BIC-Assessment for *recently* arrived refugee children, however, is focused on a *retrospective* and *prospective* assessment of the child-rearing environment in the country of origin and has a specific target group. Therefore, the reliability of the BIC-Q needs to be reassessed.

This study aims to provide insight into the quality, as well as the content, of the information that could be drawn from BIC-Assessments involving recently arrived refugee children. The following research questions will be addressed: (1) to what

extent does the BIC-Assessment provide sufficient information to enable assessors to determine the best interests of the child?; (2) what is the inter-rater reliability of the BIC-Questionnaire for recently arrived refugee children?; and (3) what are the outcomes of the BIC-Assessments concerning the mental health and the quality of the child-rearing environment of recently arrived children?

6.2 Method

This study has an observational, cross-sectional design. The data were collected between May 2016 and April 2017.

6.2.1 Sample

The BIC-Assessments were performed involving 46 children who came to the Netherlands; 16 were unaccompanied upon arrival and 31 children from 11 families were accompanied by one or two parents. One child per family was selected randomly to be included in the research, resulting in a sample of 16 unaccompanied and 11 accompanied children ($N = 27$). The random selection of one child per family was chosen in order to ensure the independency of observations on the quality of the child-rearing environment.

Inclusion criteria

The inclusion criteria for the sample were the following. 1) The child (unaccompanied or accompanied) has arrived in the Netherlands between 1 and 18 months prior to the assessment. 2) The child or the parents have not yet received a decision on the asylum request. The goal of a BIC-Assessment is to provide decision-makers with information that can be taken into account *before* a decision is made. 3) The child does not come from Syria or Eritrea. Almost all children from these two countries of origin received a temporary residence permit in the Netherlands during the period the data were collected. Therefore, the costs and benefits of the assessment would not outweigh each other for the child. The assessment would be too burdensome for these children to justify it ethically (Hugman, Pittaway, & Bartolomei, 2011). 4) The child is not claimed by the Dutch authorities to be returned to another, i.e., the first country of arrival to process the asylum procedure based on the Dublin regulation (EU, 2013b). This group has been excluded because the BIC-Assessment for recently arrived refugee children

is focused on the decision whether the child is entitled to protection, not on the decision in which country the procedure should take place.

Selection procedure

For the selection of the sample, we approached two national intermediary organisations: the Dutch guardianship organisation (the NIDOS Foundation) for the unaccompanied children and the Dutch Council for Refugees for the accompanied children. We worked with a regional office of both intermediary organisations. The first author informed the guardians of unaccompanied children of the research. The guardians then checked their caseload for refugee children matching the inclusion criteria. The guardians were the first persons to ask the unaccompanied minors whether they were interested in participating in the research. Three unaccompanied minors, who were approached by their guardians, decided not to participate because they thought the process would be too difficult or they did not see the benefit in retelling their experiences in the country of origin. All other children matching the inclusion criteria consented to participate.

The same procedure was followed with coordinators of the Dutch Council for Refugees. For the accompanied children, the first author organised an information meeting with the refugee families. All families that were approached and fulfilled the inclusion criteria on the day of the information meeting agreed to participate in the research. Three families had received a decision on their asylum request in the period between the sending of the invitation and the information meeting. These families were not included in the study, as they no longer met the inclusion criteria.

Characteristics of the sample

The children came from eight different countries of origin. Nearly half (44%) of the sample came from Afghanistan. About two-thirds were boys (63%) and about one-third were girls (37%). At the time the assessment was performed, the children had been in the Netherlands for 3 to 18 months – 44 weeks on average (Table 6.1).

6.2.2 Measures

The first research question, on the extent to which the BIC-Assessment provided enough information to determine the best interests of the child, was answered by mapping whether or not sufficient information could be gathered about specific conditions for child development. Furthermore, we analysed statements made

Table 6.1
Sample characteristics (N = 27).

	UAM (n = 16)	Fam. (n = 11)	Total (N = 27)
<i>Gender</i>			
Male	14 (88%)	3 (27%)	17 (63%)
Female	2 (13%)	8 (72%)	10 (37%)
<i>Age (years)</i>	<i>M</i> = 16.7; <i>Mdn</i> = 16.5 <i>SD</i> = 0.8 Range = 15-18	<i>M</i> = 9.6; <i>Mdn</i> = 8.9 <i>SD</i> = 3.8 Range = 4-16	<i>M</i> = 13.8; <i>Mdn</i> = 15.9 <i>SD</i> = 4.3 Range = 4-18
<i>In host country (weeks)</i>	<i>M</i> = 34.3; <i>Mdn</i> = 33.0 <i>SD</i> = 16.6 Range = 12-78	<i>M</i> = 57.2; <i>Mdn</i> = 59.0 <i>SD</i> = 9.0 Range = 42-69	<i>M</i> = 43.6; <i>Mdn</i> = 42.0 <i>SD</i> = 18.0 Range = 12-78
<i>Country of origin</i>			
Afghanistan	9	3	12
Iraq	1	5	6
Iran	0	3	3
Ethiopia	2	0	2
Other*	4	0	4

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

* Somalia, Senegal, Morocco, and Benin.

by the assessors on the evaluation forms about whether it was possible to draw up an opinion on the child's best interests.

To answer the second research question, we considered the inter-rater reliability of the BIC-Q in the retrospective (before departure) and prospective (after return) child-rearing situation.

To answer the third research question, on the outcomes of the BIC-Assessments, the quality of the child-rearing environment, stressful life experiences, trauma-related stress symptoms, and other social-emotional problems were assessed.

6.2.3 Instruments

The BIC-Assessment comprises various procedures and instruments, which are explained in this section.

File information record

Before a BIC-Assessment is scheduled, the lawyer or the guardian sends the legal file of the child or the family to the professionals of the Study Centre who will perform the BIC-Assessment. This file contains the reports of the interviews with

the Immigration and Naturalisation Service (IND) and – if available – medical or educational reports. For the unaccompanied children, the guardians provide a pedagogical journal with their own notes made after meetings with the child and reports from professionals who work with the child, like mentors in a reception centre or teachers. Furthermore, human rights reports about the country of origin from the United Nations, non-governmental organisations, or the Dutch Ministry of Foreign Affairs are extracted for relevant information. The file information is used to prepare the assessors for the diagnostic interview and to collect information necessary to complete the BIC-Q.

Diagnostic interview and observation with child and families

Two professionals from the Study Centre conduct a semi-structured interview with the child, and with the parents of accompanied children, based on a topic-list of the 14 conditions for the child's development derived from the Best Interests of the Child (BIC)-Model (Kalverboer & Zijlstra, 2006) (see also BIC-Q). Furthermore, the interview focuses on the factors that influence the vulnerability and resilience of the child and on the child's views concerning the potential consequences of the decision-making by the authorities (Sleijpen, Boeije, Kleber, & Mooren, 2016; Rutter, 1987; UNCRC, 2013, para. 75-76; 89-90; Zijlstra, 2012, pp. 52-53; Zijlstra et al., 2013). The professionals are independent from the child and his or her family and lawyer. Observations are made on the child's behaviour, non-verbal communication, and interactions with the other people present at the interview. When parents are present, they, too, are observed in the same manner, with a particular focus on their interactions with the child (Zijlstra et al., 2013).

Interviews with professionals

After the diagnostic interview, external professionals who work with the refugee children are interviewed about their observations on the child's development and well-being (UNCRC, 2013, para. 92; Van Os et al., 2018a, p. 64; Zijlstra et al., 2013). These professionals are mostly teachers and, in the case of the unaccompanied children, guardians, and mentors who work with the children at a reception centre. The information gathered during these interviews is used to complete the BIC-Q and to assess the vulnerability and resilience of the child.

BIC-Q

The Best Interests of the Child - Questionnaire (BIC-Q) evaluates the child-rearing environment. It is based on the BIC-Model (Kalverboer & Zijlstra, 2006; Zijlstra, 2012). The model consists of 14 conditions for the child's development which represent together the child-rearing environment: (1) adequate physical care, (2) safe direct physical environment, (3) affective atmosphere, (4) supportive, flexible child-rearing structure, (5) adequate examples by parents or caretakers, (6) interest, (7) continuity in upbringing conditions, (8) safe wider physical environment, (9) respect, (10) social network, (11) education, (12) contact with peers, (13) adequate examples in society, and (14) stability in life circumstances. The first seven conditions are related to the family context, the last seven to the societal context (Kalverboer & Zijlstra, 2006). The BIC-Q includes 24 questions on those 14 conditions for development (Appendix II). To qualify these conditions, the following answer categories are used: unsatisfactory (0), moderate (1), satisfactory (2), and good (3). The minimum total score on the BIC-Q = 14 (14 x 0) and the maximum total score = 42 (14 x 3) for each situation that has to be assessed. For recently arrived refugee children this is the situation before departure and the expected situation after return. The assessor gives a score of 'unknown' if insufficient information is available regarding the extent to which a condition for development is fulfilled. The assessors complete the BIC-Q after studying the written file information and the interviews with the child, parents, and external professionals.

In previous research on the psychometric properties of the BIC-Q, the construct validity (i.e. the internal scale structure) of the BIC-Q proved to be good (Zevulun, 2017; Zijlstra, 2012). The construct validity was examined by calculation of correlations among the pedagogical conditions for development and by analysing whether the conditions satisfy the assumptions of a non-parametric Item Response Theory (IRT) model, the Mokken model (Zevulun, 2017, p. 71; Zijlstra, 2012, p. 62). The BIC-Q can be considered as a single scale composed of the 14 conditions for the child's development (Mokken scale, $H = 0.55$; $Rho = .94$ in Zijlstra, 2012, p. 63-64; $H = .73$; $Rho = .96$ in Zevulun, 2017, p. 75). The criterion-oriented validity of the BIC-Q is moderate to good. This was previously tested by calculation of the correlations between the conditions for development derived from the BIC-Model and the internalizing and externalizing problems scales of the Social and Pedagogical Situation Questionnaire (Scholte & Douma, 1999). There is a significant correlation between internationalizing problems and the conditions for development in the BIC-Model (Zijlstra, 2012, pp. 76-77). In the studies of Zijlstra

(2012) and Zevulun (2017), the psychometric properties of the BIC-Q were tested for the assessment of the actual child-rearing environment. In our study, we used the BIC-Q to measure the child-rearing environment before departure from the home country and the expected child-rearing environment upon return. The Cronbach's alpha coefficient of the BIC-Q in our study was .78, which indicates that the internal consistency of the scale is sufficient. The inter- and intra-rater reliability of the BIC-Q are fair to good ($\kappa = .65$ and $.75$, respectively) (Zijlstra et al., 2012, p. 63). The BIC-Q has been evaluated as a culturally sensitive measure (Zevulun, 2017, p. 55; Zevulun, Kalverboer, Zijlstra, Post, & Knorth, 2015).

SDQ

The Strengths and Difficulties Questionnaire (SDQ) is a behavioural screening questionnaire with 25 questions that provides an indication of the pro-social strength of the child and the presence of social-emotional problems. The SDQ is divided into the following scales: total problems, emotional problems, conduct problems, hyperactivity, peer problems and pro-social behavior. The answer categories of the questions are: 'not true' (0), 'somewhat true' (1), and 'certainly true' (2). The maximum total score is 40, the sum of the four problem subscales. The outcomes of the SDQ scales are presented in four categories: 'on average', 'slightly raised', 'high', and 'very high' – with cut-off points based on research with UK children (Mullick & Goodman, 2001). For the total problems, a score of 15-17 is 'slightly raised', a score 18-19 is 'high', and a score > 19 is 'very high'. For emotional problems, a score of 5 is 'slightly raised', a score > 5 is 'high', and a score > 6 is 'very high'. For conduct problems, a score of 4 is 'slightly raised', a score of 5 is 'high', and a score > 5 is 'very high'. For hyperactivity, a score of 6 is 'slightly raised', a score of 7 is 'high', and a score > 7 is 'very high'. For peer problems, a score of 3 is 'slightly raised', a score of 4 is 'high', and a score > 5 is 'very high'. The reliability and validity of the SDQ is satisfactory (Achenbach et al., 2008; Goodman, 1997; Goodman, Ford, Simmons, Gatward, & Meltzer, 2003). The SDQ is used in research with refugee children in various cultural settings (Cartwright, El-Khani, Subryan, & Calam, 2015; Dalgaard, Todd, Daniel, & Montgomery, 2016; Zwi et al., 2017).

The self-report version of the SDQ is used for 12 to 17-year-old children. Parents of accompanied children and guardians of unaccompanied children complete the parent version of the SDQ for children between 4 and 12 years old. The SDQ is available in 80 languages, including most languages the children in the sample speak. For our sample we used the following languages: Arabic, Dari, Farsi, and

Somali. For two Ethiopian children, one child from Senegal, and one child from Benin in the sample, no adequate written translation was available. For those children, an interpreter translated the questions during the interview. This was also done in cases where the child's or parent's reading skills were not sufficient to complete the SDQ.

SLE and RATS

The Stressful Life Events (SLE) is a checklist of 12 dichotomous (yes/no) questions about whether the refugee has experienced certain stressful life events, e.g., separations and losses within the family, experiencing or witnessing violence, and experiencing war or disasters, and one open option for stressful life events that are not mentioned in the list. The maximum score is 13, summing the events that the child has experienced. The average number of stressful life events unaccompanied refugee children report is 6.5 (Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004a).

The Reactions of Adolescent on Traumatic Stress (RATS) is a self-report questionnaire that includes 22 items on a 4-point scale ranging from 'not at all' (1) to 'very much' (4). The items are arranged along a total scale and three sub scales that reflect criteria for Post-Traumatic Stress Disorder (PTSD): intrusion, avoiding, and hyper-arousal. The minimum-maximum RATS total score = 22-88. A total score ≥ 38 is considered as high, and ≥ 45 as very high; an intrusion score ≥ 12 is considered as high, and ≥ 12 as very high; an avoiding score ≥ 15 is considered as high and ≥ 18 as very high; a hyperarousal score ≥ 14 is considered as high and ≥ 16 as very high (Dutch reference group). With an unaccompanied minors reference group the classifications are: a total score ≥ 50 is considered as high, and ≥ 52 as very high; an intrusion score ≥ 14 is considered as high, and ≥ 15.6 as very high; an avoiding score ≥ 20 is considered as high and ≥ 21.4 as very high; a hyperarousal score ≥ 15 is considered as high and ≥ 16 as very high (Bean, Eurelings-Bontekoe, Derluyn, & Spinhoven, 2004b).

The SLE and RATS are short self-report instruments for children above the age of 12 with good validity and reliability (Bean et al., 2004a, 2004b). For accompanied children below the age of 12, the professionals filled in the SLE based on the diagnostic interview with the parents. The instruments are culturally sensitive and available in the main languages of refugees. Together, the SLE and RATS give an indication of the level of traumatic stress refugee children have experienced (Bean, 2006, p. 110).

Evaluation form

The professionals who perform the BIC-Assessment fill in an *evaluation form*. A part of the form concerns questions for the child about how he or she has experienced the assessment. Furthermore questions are posed on how the assessment went according to the professionals and on whether all elements of the assessment are practiced or used. Lastly, the professionals are asked whether, according to their clinical experience and knowledge, they evaluate the gathered information on the quality of the child-rearing environment before departure and after return and on the child's vulnerability as sufficiently to assess whether the child's development was and will be protected in the country of origin. Only the last category of questions on the evaluation form is used for the current study.

6.2.4 Procedures

This section describes the procedure for the individual BIC-Assessments and the procedure for the measurement of the inter-rater reliability of the BIC-Q.

Procedure of the BIC-Assessments

The diagnostic interview was held at a place and time chosen by the child or the family to provide them with as much agency as possible in deciding the logistic details of the assessment. For the same reason, the unaccompanied children were offered the possibility to bring a person they trusted to the interview if they thought this would support them. Providing agency is known to be supportive in facilitating refugee children's disclosure of their life stories (Adams, 2009; Chase, 2010; Van Os et al., 2018b). Children and parents were interviewed together as well as separately. The interviews took three to four hours, including breaks. An interpreter was present. If the child or family thought it was necessary, a follow-up interview was arranged. The interview was audiotaped if the child or parents gave consent. For interviews that were recorded, a transcript was made. If no recording was made, notes were taken during the interview.

Procedure to assess the inter-rater reliability BIC-Q

Two professionals trained in the BIC-Assessment completed each a BIC-Q (see paragraph 6.2.3) independently for 18 cases in the sample. These cases were chosen on two criteria: (1) the availability of a transcript of the diagnostic interview, i.e., children or parents who gave permission to audiotape the interview and (2) the equal representation of unaccompanied ($n = 9$) and accompanied children

($n = 9$). The representativeness of the included sample compared to the total sample was checked and confirmed on the characteristics 'country of origin', 'age', and 'gender'. The professionals were not involved with the BIC-Assessments of the children in the sample, nor did they ever see the children or their families. The professionals received a copy of the files, which contained the legal and pedagogical information that was sent before the assessment took place, the transcript of the interview, a report on the observations of the assessors, and reports from interviews with external professionals held by the assessors. The professionals were asked to keep notes on the difficulties they faced during the scoring.

6.2.5 Data analysis

The gaps in the information that could be gathered (BIC-Q) and the outcomes of the evaluation form concerning the extent to which enough information could be gathered to determine the best interests of the child are presented with the use of descriptive statistics (research question 1).

Regarding the inter-rater reliability (research question 2), the BIC-Q total score is subjected to a Bland-Altman plot analysis between two assessors (Bland & Altman, 1986, 2010). For each case, the mean (M) of the two assessors' total scores on the BIC-Q is plotted in relation to the difference of the two total scores between the assessors. This is done for two situations: before the child left the country of origin and in case the child would return to the country of origin. The agreement is sufficient when the differences are smaller than the mean plus or minus two standard deviations ($M \pm 2SD$) (Bland & Altman, 1986, 2010). The notes of the assessors are consulted in cases where the difference between the total scores is large.

Descriptive statistics are further used to present the evaluation of the quality of the child-rearing environment (BIC-Q), stressful live events the children experienced (SLE), and mental health outcomes (RATS and SDQ). For the total score of the BIC-Q, the scores on the 14 conditions for development were summed together. In order to compare the BIC-Q for different outcomes for all persons we imputed missing scores with the mean score of the other conditions, thereby assuming that the scores on other items of a person are representative for the missing values of that person. Paired t -tests are used to compare the BIC scores before and after return. The t -test for unequal variances is used to compare the means of the total scores of the BIC-Q and SLE between unaccompanied and

accompanied children, with a 95% confidence interval. The normal distribution of the BIC-Q scores is visually inspected by plots. We assumed unaccompanied children to have a lower total score on the BIC-Q and SLE (research question 3).

6.2.6 Informed consent and ethical approval

At the information meeting prior to the BIC assessment, the research goal and procedures were explained. A consent form was signed on sending the legal and pedagogical file to the researchers. At the beginning of the assessment, the research goal and procedure were explained again and the minor and guardian or parents were asked for their consent to participate. They signed a consent form affirming their agreement with the following: (1) participating in the BIC-Assessment and sending the report to their lawyer; (2) audiotaping the interview; (3) on processing the data of the BIC-Assessment anonymously in the research database; and (4) allowing external professionals to be interviewed by the assessors. The children and their guardians or parents were assured they could withdraw from the assessment at any time. An assessment in a psychological context requires extra efforts to establish the informed consent of the child because of the potential impact on important decisions (Kuehnle, Sparta, Kirkpatrick, & Epstein, 2013). The Ethics Committee Pedagogical and Educational Sciences of the University of Groningen has approved this study.

6.3 Results

6.3.1 Information provided by BIC-Assessments

The results show that more often information was lacking in situations where the child has to return (21% 'unknown') than in the situation prior to the departure from the country of origin (1% 'unknown'). Except for continuity (condition 7), the conditions for development within the *family* (conditions 1-6) of *unaccompanied* children in expected situations after *return* were most frequently not possible to assess – on average, half of the cases (44-56%).

The 'unknown' scores on the BIC-Q are reflected in the statements on the evaluation forms (filled in after the assessment) about whether the assessors could gather enough information to determine the best interests of the child. For unaccompanied children, the assessors experienced more difficulties in determining the best interests of the child as compared with accompanied children

in both situations: before departure from, and return to, the country of origin. In just over half of the cases (56%), the assessors thought sufficient information was gathered to provide advice on the best interests of the unaccompanied child on whether the child's development would be protected in the family context after return. The information on the conditions for development within society prior to departure, as well as the current vulnerability of the child, was considered as sufficient for all children except for one unaccompanied child (Table 6.2).

Table 6.2

The number of cases in which sufficient information was gathered to determine the best interests of the child ($N = 27$) for unaccompanied children ($n = 16$) and accompanied children ($n = 11$).

	Before departure			After return		
	UAM $n = 16$	Fam. $n = 11$	Total $N = 27$	UAM $n = 16$	Fam. $n = 11$	Total $N = 27$
Sufficient info. on the family conditions (BIC-Q, conditions 1-7)	14 (88%)	11 (100%)	25 (93%)	9 (56%)	11 (100%)	20 (94%)
Sufficient info. on the societal conditions (BIC-Q, conditions 8-14)	15 (94%)	11 (100%)	26 (96%)	12 (75%)	10 (91%)	22 (82%)
	Current situation					
Sufficient info. on the child's vulnerability	15 (94%)	11 (100%)	26 (96%)			

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

6.3.2 Reliability of retrospective and prospective assessments (BIC-Q)

The inter-rater reliability for the assessment with the BIC-Q of the situation before departure (retrospective) as well as the expected future situation (prospective) can be considered as 'fairly good'. The average difference of total scores on the BIC-Q between the two independent assessors was 2.3 in the situation before departure and -1.2 in the expected situation after return. For both situations, the differences between the total scores on the BIC-Q were randomly spread between two standard deviations ($2 \times SD = 9$ before departure, and $2 \times SD = 11.2$ after return). Only one case in the situation after return lies outside these limits of agreement (Figure 6.1).

From the notes of the two assessors in cases with high disagreement, it appears they focused on different aspects of the situation they were assessing. For example, in one case, one assessor found the abuse of a child by one parent was a leading factor in the overall assessment of the conditions for development within the family before departure. However, the other assessor found the abuse by one parent was compensated for by the other parent's ability to protect the child's development. In another case, one assessor took the violent social circumstances in the days before departure as a leading factor in the assessment, while the other assessor looked at the situation before the violence started. In the expected situation after return, the main differences in scores concerned a different assumption of the expected family composition the child would return to.

6.3.3 Outcomes of the BIC-Assessments

Quality child-rearing environment

The results show that the child-rearing environment is assessed on average as insufficiently fulfilling the child's conditions for development in both situations: before departure and after return. The total scores on the BIC-Q indicate that the quality of the child-rearing environment for the total sample in the situation before departure ($M = 15.5$, $SD = 5.8$) was significantly higher (M difference = 7.5, $p = <.0005$, 95% CI [5.6, 9.5]) than in the expected situation when the child would return to the country of origin ($M = 8.0$, $SD = 5.3$) (Table 6.3).

The quality of the child-rearing environment before migration for accompanied children ($M = 18.4$, $SD = 4.4$) was significantly higher (M difference = 4.6, $p = .02$, 95% CI [-8.9, -0.8]) than for unaccompanied children ($M = 13.5$, $SD = 5.9$). The same significant difference could be seen in the situation after return (M difference = -5.1, $p = <.0005$, 95% CI [-8.5, -1.7]). Accompanied children were expected to return to a rearing environment with a higher quality ($M = 11.0$, $SD = 2.7$) than unaccompanied children ($M = 5.9$, $SD = 5.8$) (Table 6.3).

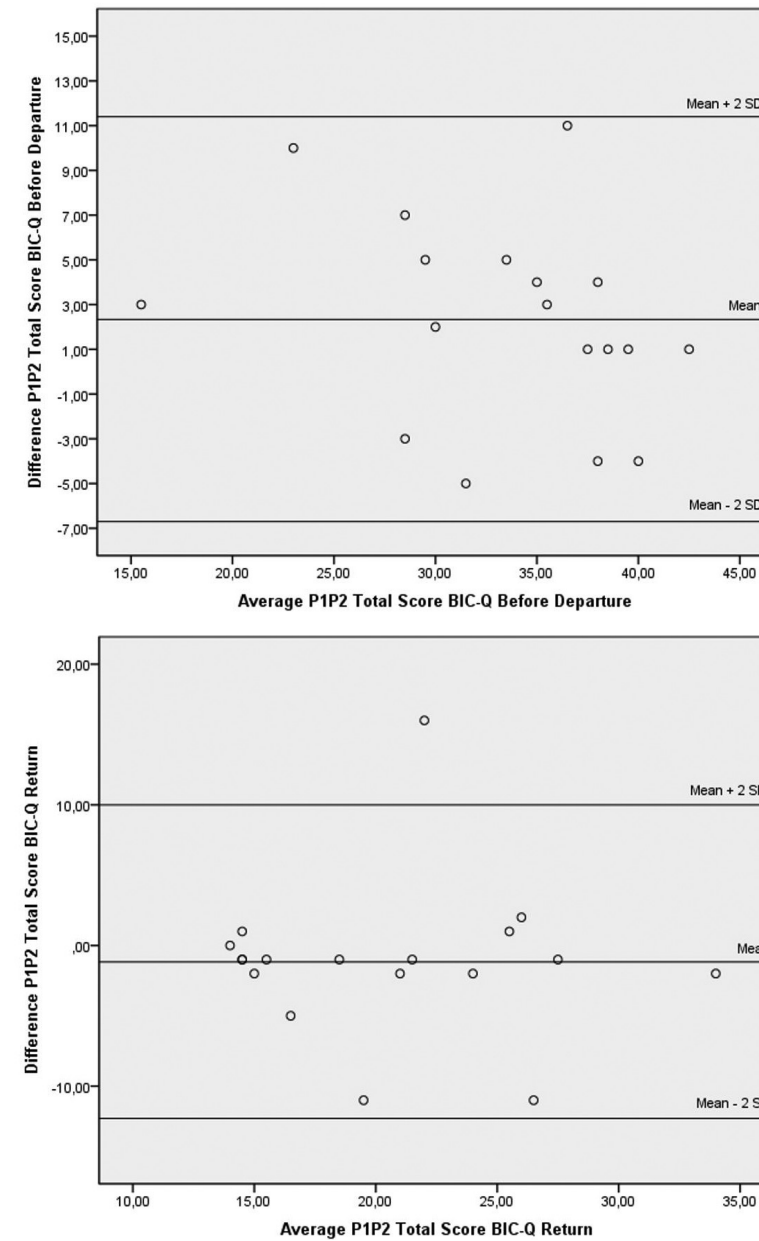


Figure 6.1 Agreement between two professionals (P1 and P2) on the retrospective assessment of the child-rearing environment before departure and the prospective assessment of the child-rearing environment in the situation after return.

Table 6.3

Outcomes on the quality of the child-rearing environment before departure and expected situation after return (N = 27) for unaccompanied children (n = 16) and accompanied children (n = 11).

	Before departure				After return				
	UAM (n = 16)	Fam. (n = 11)	Diff UAM - Fam	Total (N = 27)	UAM (n = 16)	Fam. (n = 11)	Diff UAM - Fam	Total (N = 27)	Diff. Before - After
BIC-Q total score									
Mean	13.5	18.4	-4.6*	15.5	5.9	11.0	-5.1*	8.0	7.5*
Median	14.0	18.0		15.0	4.1	10.7		9.0	
Range**	3-23	12-24		3-24	0-19	8-16		0-19	
Standard Deviation	5.9	4.4	2.0	5.8	5.8	2.7	1.7	5.3	4.9
95% Confidence Interval	10.4, 16.6	15.4, 21.3	-8.9, -0.8	13.3, 17.7	2.8, 9.0	9.2, 12.8	-8.5, -1.7	5.8, 10.1	5.6, 9.5

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

* p < .05

** The minimum-maximum BIC-Q total score = 0-42. A minimum BIC-Q total score of 28 indicates that the quality of the child-rearing environment is considered as satisfactory on average.

Single conditions for child development

Within the family (condition 7) and within the society (condition 14) continuity was the least often satisfactorily or well fulfilled. The conditions for development within the family (conditions 1-7) were, for unaccompanied children in both situations, less often fulfilled satisfactorily or well than for accompanied children. The child's conditions for development within the society (conditions 8-14) were overall assessed lower than the quality of the child-rearing environment in the family (conditions 1-7) for both groups (Table 6.4).

Mental health

Unaccompanied children (M = 7.1, SD = 2.0) experienced significantly more stressful life events (M difference = 3.0, p = < .0005, 95% CI [1.7, 4.4]) than accompanied children (M = 4.1, SD = 1.4). The stressful events most often reported by the children were: a drastic change in the family situation (82%); experiencing (56%) or witnessing (63%) physical abuse; experiencing war or armed conflict (63%); experiencing (82%) or witnessing (70%) any 'other' life threatening event (82%); and the death of a person the child loved (56%) (Table 6.5).

Table 6.4

Outcomes on the 14 conditions for the child's development (BIC-Q) before departure and in the expected situation after return (N = 27) for unaccompanied children (n = 16) and accompanied children (n = 11).

Child-rearing environment	Before departure			After return		
	UAM (n = 16)	Fam. (n = 11)	Total (N = 27)	UAM (n = 16)	Fam. (n = 11)	Total (N = 27)
	Number 'satisfactory' or 'good' (%)	Mean (n)	Number 'satisfactory' or 'good' (%)	Mean (n)	Mean (n)	
1. Adequate physical care	10 (63%)	11 (100%)	2.3 (n = 27)	5 (31%)	5 (46%)	1.5 (n = 19)
2. Safe direct physical environment	8 (50%)	8 (73%)	1.6 (n = 27)	3 (19%)	7 (64%)	1.4 (n = 18)
3. Affective atmosphere	11 (69%)	10 (91%)	2.1 (n = 27)	4 (25%)	4 (36%)	1.4 (n = 18)
4. Supportive, flexible child-rearing structure	5 (31%)	9 (82%)	1.7 (n = 27)	1 (6%)	2 (18%)	0.9 (n = 18)
5. Adequate example by Parents	9 (56%)	8 (73%)	1.8 (n = 26)	3 (19%)	1 (9%)	1.1 (n = 18)
6. Interest	5 (31%)	9 (82%)	1.6 (n = 26)	1 (6%)	0 (0%)	0.9 (n = 17)
7. Continuity in upbringing conditions	1 (6%)	1 (9%)	0.2 (n = 27)	0 (0%)	1 (9%)	0.1 (n = 26)
8. Safe wider physical environment	2 (13%)	0 (0%)	0.3 (n = 27)	2 (13%)	0 (0%)	0.3 (n = 25)
9. Respect	1 (6%)	1 (9%)	0.5 (n = 27)	1 (6%)	0 (0%)	0.5 (n = 27)
10. Social network	1 (6%)	7 (64%)	1.0 (n = 26)	0 (0%)	2 (18%)	0.5 (n = 24)
11. Education	4 (25%)	6 (55%)	0.9 (n = 27)	0 (0%)	3 (27%)	0.3 (n = 22)
12. Contact with peers	6 (38%)	3 (27%)	1.1 (n = 27)	1 (6%)	1 (9%)	0.6 (n = 19)
13. Adequate examples in Society	1 (6%)	0 (0%)	0.3 (n = 27)	1 (6%)	0 (0%)	0.2 (n = 24)
14. Stability in life circumstances	1 (6%)	0 (0%)	0.1 (n = 26)	0 (0%)	0 (0%)	0.0 (N = 27)

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

Number 'satisfactory' (score 2) or 'good' (score 3) = the number of cases in which the condition for development was scored as such. The minimum-maximum score for single conditions = 0-3.

Table 6.5
Number of unaccompanied children (n = 16) and accompanied children (n = 11) reporting experienced events on the Stressful Life Events (SLE) (N = 27).

Stressful Life Events	UAM n (%)	Fam. n (%)	Total N (%)
Drastic change in family situation	16 (100%)	6 (55%)	22 (82%)
Unwanted separation from the family	9 (56%)	1 (9%)	10 (37%)
Death of a loved one	13 (81%)	2 (18%)	15 (56%)
Life-threatening medical problem	5 (31%)	2 (18%)	7 (26%)
Involved in heavy accident	4 (25%)	1 (9%)	5 (19%)
Experienced natural disaster	2 (13%)	0 (0%)	2 (7%)
Experienced war of armed conflict	12 (75%)	5 (46%)	17 (63%)
Experienced physical abuse	11 (69%)	4 (36%)	15 (56%)
Witnessed physical abuse other person	13 (81%)	4 (36%)	17 (63%)
Experienced sexual abuse	5 (31%)	2 (18%)	7 (26%)
Experienced other life threatening event	12 (75%)	10 (91%)	22 (82%)
Witnessed other life threatening event	11 (69%)	8 (73%)	19 (70%)
Total score SLE (range)*	4-11 M = 7.1; Mdn = 7 SD = 2.0	2-7 M = 4.1; Mdn = 4 SD = 1.4	2-11 M = 5.9; Mdn = 5 SD = 2.3 M difference = 3.0 p < .0005 95% CI [1.7, 4.4]

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

* Minimum and maximum total score on the SLE (0-13).

The majority of the children (70% according to the guardians or parents) faced emotional problems. The children had far fewer other internalising and externalising problems according to the screening with the SDQ (Table 6.6).

The children in the sample who completed the RATS (n = 19) showed trauma-related stress reactions on a high level (M = 56.4, SD = 9.5). This means that the recently arrived refugee children often experienced intrusions, numbing or avoidance, and hyper-arousal (Table 6.6).

Table 6.6

Outcomes on mental health problems (Strengths and Difficulties Questionnaire, SDQ) and trauma related stress (Reactions of Adolescents on Traumatic Stress, RATS) (N = 27) of unaccompanied children (n = 16) and accompanied children (n = 11).

	UAM Mean (SD) minimum-maximum	Fam. Mean (SD) minimum-maximum	Total Mean (SD) minimum-maximum	UAM	Fam.	Total
SDQ						
Total problem score self-report*	16.9 (7.0) 6-30 12.4 (6.1) 5-25	8.0 (5.0) 3-15 16.2 (6.0) 7-25	15.5 (7.4) 3-30 14.0 (6.2) 5-25	57.3 (9.0) 43-75	51.3 (12.9) 42-66	56.4 (9.5) 42-75
Emotional problems parent/guardian	7.6 (2.1) 4-10 6.0 (1.9) 3-9	4.3 (3.5) 1-8 5.4 (2.3) 2-8	7.1 (2.5) 1-10 5.7 (2.0) 2-9	17.1 (3.2) 11-22	16.0 (5.2) 13-22	16.6 (3.4) 11-22
Hyperactivity self-report*	4.6 (2.8) 0-9 3.0 (2.6) 0-9	1.0 (1.0) 0-2 4.6 (2.9) 0-9	4.1 (2.9) 0-9 3.6 (2.8) 0-9	23.7 (4.3) 16-33	19.7 (2.1) 18-22	23.1 (4.2) 16-33
Peer problems self-report*	2.9 (2.6) 0-8 2.5 (1.9) 0-6	1.3 (.6) 1-2 3.5 (2.1) 0-6	2.7 (2.5) 0-8 2.9 (2.0) 0-6	17.1 (4.7) 8-24	15.7 (6.0) 10-22	16.9 (4.7) 8-24
Behavioral problems self-report*	1.7 (2.1) 0-7 .9 (1.1) 0-3	1.3 (1.5) 0-3 3.1 (2.3) 0-6	1.6 (1.6) 0-7 1.8 (2.0) 0-6			

UAM = Unaccompanied asylum seeking minor, Fam. = accompanied (by parents/family) minor asylum seeker.

*The self-report version of the SDQ and the RATS are only used for children above the age of 12. 16 unaccompanied children (100%) and 3 accompanied children (27%) in the sample were above twelve; the total sample for the self-report version of the SLE and the RATS was 19. The parent/guardian version of the SDQ is filled out for the full sample (N = 27). See for min-max scores and the norms the Method section.

6.4 Discussion

To the best of our knowledge, this is the first behavioural scientific study on how the best interests of recently arrived refugee children can be assessed following the guidelines of the UN Committee on the Rights of the Child (UNCRC, 2013) for the purpose of decision-making in asylum procedures. The results of this study are promising because the BIC-Assessment seemed to provide sufficient and relevant information. The inter-rater agreement of the BIC-Q, the instrument that is used to evaluate the child-rearing environment, is fairly good. The BIC-Q is able to address challenges in assessing the previous and future situation – issues which are known from other forensic mental health assessments (Bala & Duvall-Antonacopoulos, 2006, p. 241; Caudill, 2006; Kuehnle et al., 2013).

However, the assessment of the expected quality of the child-rearing environment *within the family of unaccompanied* children in case they would *return* to their country of origin proved to be a major point of concern. The assessors were often not able to gather enough information to assess, for instance, whether the child's family would be able to provide the child with adequate care, safety, and an affective atmosphere. These difficulties were caused by the fact that it was unsure whether the child's family was still available to take care of the child in the country of origin, due to, for example, security problems in war zones that forced the family to flee. There could also be specific problems within the family that were the reason for the child leaving in the first place, for example, a potential danger of being subjected to honour killing. This is a serious point of concern because, according to the UN Committee on the Rights of the Child, information on whether family members are able to provide a child with safety, (emotional) care, and protection cannot be missed in an assessment of the best interests of the child (UNCRC, 2013, para. 71-74). Furthermore, without a proper assessment of the availability and quality of the family environment it is not possible to guarantee a durable return for unaccompanied children who are not eligible for refugee protection (Kanics, 2018, pp. 53-54). Many unaccompanied children have concerns about their parent's ability to take care of them (Wright, 2014). In a study on the situation of forcibly returned Afghan unaccompanied children, the disappearance and weakening of family and other social networks proved to have a major impact on the well-being of the minors (Bowerman, 2017). For a sustainable return, the commitment of both the child and the (extended) family is necessary (Schippers,

2017, pp. 95-96). UNHCR describes various elements that constitute a sustainable return, for example: the provision of information and counselling on return options and circumstances in the countries of origin; the granting of reintegration assistance by support for vocational training and income-generating activities; and post-return monitoring (UNHCR, 2016, pp. 229, 235). In forensic mental health assessments in the context of child protection law, it is common practice that parents are interviewed about their ability to provide adequate care, protection, and guidance of their children (Bala & Duvall-Antonacopoulos, 2006, p. 222). In asylum hearings with refugee children, this information is not gathered because these hearings are focused on the grounds for refugee protection (UN, 1951). It might be questioned how this difference in family assessments between refugee and other children at risk is justified (Derluyn & Broekaert, 2008).

This study's results seem to implicate that the quality of recently arrived refugee children's rearing environment was of serious concern, both in the situation before the child left the country of origin as well as in the expected situation after return. The conditions for development within the family were more often fulfilled for the refugee children in this sample than conditions for development within society, both in the situation before departure and the expected situation upon return. This difference was expected because of the fact that the children come from countries where violence and human rights violations are predominantly present in society.

Continuity and stability in the family, as well as in society, seemed to be the most worrisome conditions in this sample of recently arrived refugee children. That is not surprising considering the fact that the children had to leave their familiar environment. Long residing children who still face deportation miss stability and continuity, too (Kalverboer, Zijlstra, & Knorth, 2009; Zijlstra, 2012, p. 65). Experiencing stability is an important protective factor for the social-emotional well-being of refugee children (Zwi et al., 2017), like it is for other vulnerable children, such as those in foster care (Brown & Sen, 2014) or families at risk (Ivanova & Israel, 2006). The results on the BIC-Q are predictive for the child's development, and can therefore support decisions in migration procedures that affect children (Zijlstra, et al., 2013; Zijlstra, Kalverboer, Post, Knorth, & Ten Brummelaar, 2012).

The fulfilment of unaccompanied children's conditions for development in the country of origin was assessed as less satisfactorily than for accompanied children. This result is in line with other studies, which indicate that unaccompanied children are more vulnerable and at greater risk for mental health problems than

accompanied refugee children (Barghadouch, Carlsson, & Norredam, 2016; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007a; Fazel, Reed, Panter-Brick, & Stein, 2012).

The number of stressful life events the refugee children in this study experienced is high and comparable with findings in other studies that used the SLE (Jensen et al., 2015; Vervliet et al., 2014b). The number, severity, and duration of the stressful life events are significant risk factors for refugee children's mental health (Almqvist & Brandell-Forsberg 1997; Jensen et al., 2015; Montgomery, 1998; Rothe et al., 2002; Van Os et al., 2016; Vervliet et al., 2014b). Mapping stressful life events can be used to assess the vulnerability of the child. The UN Committee on the Rights of the Child (2013) states in the guidelines for considering vulnerability as a part of an assessment of the child's best interests: 'an individualized assessment of each child's history from birth should be carried out' (UNCRC, 2013, para. 76). The vast majority of the refugee children in this sample showed traumatic stress-related symptoms or other emotional problems. Assessing mental health should be part of the BIC-Assessment for refugee children in the context of considering the child's vulnerability (UNCRC, 2013, para. 75). The mental health problems these children face are also important to take into consideration because they might hamper the child's ability to share a valid and reliable account of the reasons why they ask for international protection in a host country (Colucci et al., 2015; Steel, Frommer, & Silove, 2004; UNHCR, 2014, pp. 61-62).

6.4.1 Strengths and limitations

This study showed that BIC-Assessments for recently arrived refugee children can provide migration authorities with a scientifically-based analysis of the best interests of the child in order to enable them to make a migration decision that prioritizes those best interests (CRC, art. 3; UNCRC, 2013). Furthermore, this study provides insight into the previous and future child-rearing situations and mental health of refugee children; an example of information that can be gathered with these BIC-Assessments.

It was not possible to select a random sample from the national refugee population. Initially, the Dutch immigration authorities were asked to provide a random sample from the total population that fits the inclusion criteria. They sent approximately 60 letters about the research to guardians of unaccompanied children and parents of accompanied children. The response was close to zero. Working with the two intermediary organisations thereafter, we used the same

inclusion criteria, which were applied to their full caseload or client database. By involving those intermediary organisations, we did not reach a national coverage of reception centres housing refugee children. However, we do not believe this created a biased sample because asylum seekers are randomly assigned to the reception centres.

Although the sample size is rather small, we were able to find statistically significant and practically relevant differences between unaccompanied and accompanied children on the quality of the child-rearing environment. However, these differences should be interpreted with some caution because we imputed the scores 'unknown' with the mean score of the child on other conditions. We assumed that the scores on other outcomes are representative for the missing values. In the subsample of accompanied children there were only three children above twelve. The self-report instruments (SDQ and RATS) could only be used for children above twelve. Therefore, a comparison of the outcomes on mental health between accompanied and unaccompanied children was not meaningful. We could not compare the parent's version on the SDQ between accompanied and unaccompanied children because of the too diverting positions of parents and guardians in the lives of the refugee children. Furthermore, the outcomes on the SDQ should be interpreted with caution because predictive equivalence findings on translations in languages spoken by refugees show a higher sensitivity for identifying mental health problems (Stolk, Kaplan, & Szwarc, 2017). A larger study would give more information about different subgroups of children, for example, based on age, gender, family composition, or country of origin.

6.4.2 Implications for research and practice

Follow up research on the situation of recently arrived refugee children would benefit from using a larger sample to provide knowledge on multiple factors that might have an impact on the quality of the child-rearing environment, vulnerability, resilience, and mental health of this group of children. This knowledge is important for a better understanding and fair consideration of the best interests of refugee children in migration procedures on the one hand and for adequate reception and health care for those children during the procedure on the other hand (Derluyn & Broekaert, 2008).

The expected quality of the child-rearing environment in the country of origin in case the refugee child returns has been assessed *prospectively* in this study. In line with the research of Zevulun et al. (2015, 2017), assessments in the *actual*

return situation of children that participated in this study and whose refugee claim has been rejected would provide information on the accuracy of the initial prospective assessments of the quality of the child-rearing environment. Moreover, in general, further research on the situation of returned children is necessary in order to facilitate durable solutions for these children (Zevulun, 2017, pp. 171-172).

Currently, the BIC-Assessments have only been practised in Dutch migration law cases (Beltman, Kalverboer, Zijlstra, Van Os, & Zevulun, 2016; Kalverboer et al., 2009, 2017; Van Os et al., 2018a; Zijlstra, 2012; Zijlstra et al., 2012). It would be interesting to elaborate this research to include other EU countries in order to find out whether it is feasible to provide the Common European Asylum System (CEAS) with a universal method for implementing the best interests of the child principle in their migration procedures. If so, the BIC-Assessment could be offered to migration authorities who have the 'possibility to seek advice, whenever necessary, from experts on particular issues, such as medical, cultural, religious, *child-related* or gender issues' based on the EU directive on common procedures for granting and withdrawing international protection (EU, 2013a, art. 10, sec. 3d). The call for scientific input to enhance children's rights in migration procedures has long been voiced and seems to have grown louder lately (Arnold, 2018; Bhabha, 2014; Drywood, 2011; Pobjoy, 2015, 2017). The momentum to implement the best interests of refugee children in migration law is mounting.

Chapter 7

General discussion

7.1 Introduction

The main objectives of this dissertation were to study which diagnostic requirements have to be fulfilled to tailor the content and procedure of the Best Interests of the Child (BIC)-Assessment to the situation of *recently arrived* refugee children, to assess whether the quality of information provided by the adjusted BIC-Assessments is sufficient, and, if so, to gain insight into the outcomes of those assessments with regard to the child-rearing environment and mental health of these children.

The Study Centre for Children, Migration and Law at the University of Groningen (hereafter: Study Centre) has been performing BIC-Assessments for migrant and refugee children with various periods of residence and involved in different migration procedures in the Netherlands for more than a decade. These assessments are aimed at providing migration authorities and judges with a behavioural perspective on the best interests of the child, which should have a primary consideration in the migration decision (Kalverboer, Beltman, Van Os, & Zijlstra, 2017; UNCRC, 2013).

The characteristics of the specific target group of recently arrived refugee children, who have asked for asylum and are waiting for a decision on this request, offered a unique opportunity to examine how the best interests of these children can be assessed and put forward in the earliest possible stage of the decision-making process. This study was pioneering because BIC-Assessments are generally rarely seen in migration law (Arnold, Goeman, & Fournier, 2014; Kanics, 2018, pp. 43-44, 54-55; Ottosson & Lundberg, 2013), and because the sparse research on BIC-Assessments that does exist has so far focused on other groups of migrant and refugee children in various migration procedures (Zijlstra, 2012), and after repatriation (Zevulun, 2017).

Overall, it can be concluded that the adjusted BIC-Assessment for recently arrived refugee children provides sufficient, valid and reliable information on the best interests of these children for consideration in the decision-making process of the asylum procedure. In terms of outcomes, the results show that both the child-rearing environment in the countries of origin and the mental health of the children are of serious concern.

In section 7.2 we present the main findings on the research questions, which led to these general conclusions. Section 7.3 describes some reflections on the

study, followed by the study's strengths and limitations in section 7.4. We end this chapter with implications and recommendations for further research, practice and policy in section 7.5.

7.2 Main findings

This section follows the structure of this dissertation according to the three research phases. Part 1 considers the theoretical embedding of the adjustments of the BIC-Assessment by two systematic reviews regarding the content and the procedure of the assessments. Part 2 describes the further methodological development of the assessment by consultation, a pilot study and an additional literature review. Part 3 presents the practical outcomes of the BIC-Assessments involving a sample of recently arrived refugee children, concerning the quality of information provided by the BIC-Assessments and the outcomes of the assessments for the children.

Part I Theoretical Embedding

7.2.1 State of the art in social science concerning recently arrived refugee children

With a systematic review we answered the first research question: Based on existing knowledge in social science, which elements are relevant for the assessment of the best interests of recently arrived refugee children? With search terms derived from the Best Interests of the Child (BIC)-Model, and from General Comment 14 (GC 14) about the implementation of children's best interests in decision-making procedures (UNCRC, 2013), we included 12 empirical studies involving 2,585 unaccompanied and accompanied refugee children, who stayed for a maximum of one year in a host country.

It appeared that recently arrived refugee children are exposed to various, often traumatic, experiences before and during the migration. The number, duration and intensity of these stressful life events are risk factors for the mental health of these children. Specific risk factors based on stressful life events are the exposure to violence, the duration of separations from parents, the loss of close relatives, and the duration of the flight as well as the feeling of being in danger during

the flight. Apart from the specific experiences of refugee children during the journey, these stressful life events are known to be risk factors for the healthy development of children in general (Norman, De Byambaa, Butchart, Scott, & Vos, 2012; Serafini et al., 2015; Wagner, 1997). Moreover, the accumulation of risk factors is associated with an increased likelihood of children acquiring developmental problems (Caprara & Rutter, 1995; Rutter, 1979; Zijlstra, 2012, pp. 53-54).

The results of the review showed that refugee children often have mental health problems upon arrival, among which most commonly seen are: traumatic stress, depression, and anxiety disorders. We consider the knowledge resulting from this systematic review as a specific interpretation of the subject of 'vulnerability' in the BIC-Assessment (UNCRC, 2013, para. 75-76). We concluded that it is necessary to pay special attention in a BIC-Assessment for recently arrived refugee children to the stressful life events the children have experienced and to their mental health related to these events. Therefore, two instruments were added to the existing instruments of the BIC-Assessment: the 'Stressful Live Events questionnaire' (SLE) and the 'Reactions of Adolescents to Traumatic Stress' (RATS) for children above the age of 12. Both were developed and evaluated on their psychometric properties in the research of Bean (2006). For children below the age of 12, the 'Strengths and Difficulties Questionnaire' (SDQ) – which was already part of the BIC-Assessment – was considered to be useful for this specific target group too (Zevulun, 2017; Zijlstra 2012).

7.2.2 Barriers and facilitators to refugee children's disclosure of their life stories

With another systematic review we addressed the second research question: Which factors support or impede refugee children's disclosure of their life stories? The 39 studies included were reviewed to determine which factors supported or impeded the refugee children's disclosure of their life stories, views, and opinions.

We found that the main barrier that impedes refugee children's ability to disclose their experiences lies in the mistrust children feel towards authorities. Another barrier is the need that refugee children might feel to protect themselves against re-experiencing threatening events that happened in the past. Non-sharing gives them a sense of control and helps these children to cope with stress caused by these events. The last barrier we found is based on the disrespect some refugee children perceive in contacts with others in the host community.

The review results showed various facilitators that could be used by professionals to help refugee children to overcome these barriers to disclosing their life stories. First of all, a positive and respectful attitude, and taking time to build trust are essential. On the more practical level, non-verbal techniques are useful facilitators. Examples we found were, for instance, drawing about experiences, working with lifelines, symbolising social relations, and drawing self-portraits. Furthermore, providing refugee children with as much agency as possible helps them to disclose their life stories, for example regarding the logistics of an interview and by letting them choose the order of the topics including the extent to which topics are discussed in detail. A final facilitator, over which the interviewer may not have very much control, but which is nevertheless important to consider, is the presence of a skilled interpreter.

We considered the knowledge gained from this review, to be necessary for making the procedural adjustments to the BIC-Assessments involving recently arrived refugee children. Although a lot of refugee children experience difficulties in sharing their life stories (Kohli, 2006b, 2011; Majumder, O'Reilly, Karim, & Vostanis, 2015), their ability to do so highly influences the outcomes of their asylum procedure (Arnold, 2018, p. 174; UNHCR, 2014, pp. 146, 154). For BIC-Assessments for recently arrived refugee children – intended to inform the decision-makers in the asylum procedure – it is essential children are able to share relevant details of their life stories because without including the views of the child it is not possible to determine their best interests (UNCRC, 2013, para. 53-54).

The main findings of this systematic review concerning refugee children are in line with scientific knowledge of what supports the disclosure of adverse experiences in forensic interviews with other groups of vulnerable children, for example, minor victims of (sexual) abuse (Anderson, Anderson, & Gilgun, 2014; Leander, 2010; Mordock, 2001; Redlich, Silverman, Chen, & Steiner, 2004; Reitsema & Grietens, 2015; Saywitz, Lyon, & Goodman, 2011).

Most facilitators we found in our review, especially those concerning the assessor's professional attitude, were already a matter of course in the existing BIC-Assessments as these are currently performed with various groups of migrant and refugee children at the Study Centre (Van Os, Zijlstra, Knorth, Post, & Kalverboer, 2018a; Zijlstra & Bonhage-Talsma, 2017). Based on the knowledge gained from this review we decided to adjust the BIC-Assessment for recently arrived refugee children by extending the duration of the diagnostic interview and by offering the possibility to divide the assessment between two meetings. We implemented the

facilitator 'providing agency' in the BIC-Assessment, for example, by giving the children a say in the timing and place of the assessment, by making it possible for a trusted person to be present during the assessment, and by being as flexible as possible in the order and timing of the topics to be discussed. Drawing to enhance disclosure is commonly used in the BIC-Assessment. We added the use of drawing lifelines and social circles to the standard package of non-verbal methods of communication in the BIC-Assessment for recently arrived refugee children.

Part II Methodological Development

7.2.3 Consultation and pilot study

The results of the two systematic reviews discussed in the previous sections provided a preliminary answer to the first part of the central research question: Which diagnostic conditions must be fulfilled for a valid and reliable BIC-Assessment for recently arrived refugee children? We presented the proposed substantial and procedural adjustments of the BIC-Assessment to mental health professionals ($n = 10$) and legal experts ($n = 15$) in two focus group discussions. Overall, both expert panels supported the design for the BIC-Assessment involving recently arrived refugee children.

The results of the focus group with *mental health professionals* led to a slight rephrasing of the individual diagnostic questions in the BIC-Assessment in order to bring these in line with diagnostic questions in child protection cases, i.e. cases wherein a decision needs to be made on out-of-home placement when the child's development is at risk. Furthermore, the mental health professionals recommended respecting an acclimation period after the child's arrival in the host country prior to performing an assessment. They thought this was necessary before the refugee children are able to talk about adverse events. We included this advice in the procedural safeguards by deciding to wait with the BIC-Assessment at least four weeks after arrival.

We gained a mixed response from the presentation to the *legal experts* focus group, which comprised mainly lawyers. On the one hand, the lawyers stressed they were in need of the kind of support offered by the BIC-Assessment in putting the best interests of the child forward in the asylum procedure. On the other hand, they doubted whether the migration authorities would be able to consider the outcomes of the BIC-Assessments within the existing asylum policy.

The adjusted BIC-Assessment was evaluated in a pilot study involving five recently arrived unaccompanied refugee children and five accompanied refugee children from four families. The results indicated that the adjusted BIC-Assessment seemed to be complete, feasible and achievable for cases of recently arrived refugee children. The BIC-Assessment enabled the assessors to draw up an opinion on the best interests of the child to be taken into account in the asylum decision. Furthermore, the practised methods to promote the children's disclosure of relevant details of their life story worked sufficiently. Finally, the participating refugee children expressed positive views about the assessment. However, the assessors found it difficult to determine the extent to which these views were driven by the children's thoughts about what would be socially desirable answers in the evaluation.

7.2.4 Validity and reliability of children's accounts in forensic mental health assessments

With an additional literature review we addressed the third research question: Which factors influence the validity and reliability of a child's account in a forensic mental health assessment? We aimed to gain knowledge of how the validity and reliability of children's accounts are promoted in mental health assessments within child protection law, family law and juvenile justice or criminal law. This knowledge was necessary for a further fine-tuning of the procedural safeguards of the BIC-Assessments, in which – as in these other fields of law – the views of the child are considered as an important element. In the presentation of the results of this review we distinguished three levels of factors that have an impact on the validity and reliability of a child's account: child factors, professional factors and context factors.

At the level of the child factors we concluded that it is important to consider: the child's age and language ability; the extent to which a child is sensitive to suggestive, i.e. misleading information; the presence of traumatic memories; and the possibility that children tailor the account to the way they think their own or their parents' best interests are served optimally.

Professionals can have a positive impact on the validity and reliability of a child's account in forensic mental health assessment by: having a good education, training and up to date scientific knowledge; using scientifically based methods; searching for collateral sources of independent data; practicing supportive, nonthreatening, neutral, and patient interview styles; and being independent

and non-biased. Furthermore, the perception of the validity and reliability of the child's account by decision-makers is influenced by the professional's reporting skills, for example by being transparent about the limitations of the assessment in general, and the predictions concerning the future in particular.

Context factors we found that have an impact on the validity and reliability of the child's account are: the extent to which a child is prepared for the interview; a child-friendly interview room; the influence of parents; and the availability of social support for the child during the assessment.

We compared the results of this review with the procedural safeguards for BIC-Assessments involving recently arrived refugee children conducted within migration law. We concluded that at the professional level the requirements are incorporated in the education of assessors (Ruijsenaars, Van den Bergh, & Schoorl, 2008; Van Nijnatten, Mildenberg, & De Groot, 2006). Most importantly, we concluded that the main concerns regarding the validity and reliability of the child's account in forensic mental health assessments within child protection law, family law, and juvenile justice or criminal law are also relevant for BIC-Assessments conducted within the field of migration law. The child's perception of their own and parents' best interests, and the presence of traumatic memories might have a negative impact on the validity and reliability of the child's account. Furthermore, forensic mental health professionals in all fields of law have to deal with uncertainties concerning retrospective and prospective statements on the child-rearing environment. The knowledge gained from this review taught us that the BIC-Assessment for recently arrived refugee children meets the professional standards for forensic mental health assessments.

Part III Practical Outcomes

7.2.5 Quality of information provided by BIC-Assessments

We conducted an empirical study with an observational, cross-sectional design to address the fourth and the fifth research question. This section deals with the fourth research question: What is the quality of information provided by Best Interests of the Child-Assessments for recently arrived refugee children? This question was sub-divided in two research questions: (1) to what extent does the BIC-Assessment provide sufficient information to enable assessors to determine the best interests of the child?; and (2) what is the inter-rater reliability of the

BIC-Questionnaire for recently arrived refugee children? BIC-Assessments were performed with a sample of 16 unaccompanied and 11 accompanied children who recently came to the Netherlands and had asked for asylum.

Regarding the first question, we concluded that overall the BIC-Assessments provided the assessors with sufficient information to enable them to draw up an opinion regarding the best interests of the child. In particular, the information on the quality of the child-rearing environment prior to departure, as well as the current vulnerability of the child, was evaluated as highly informative. However, in over half of the cases of unaccompanied children the BIC-Assessments provided insufficient information to predict the quality of the child-rearing environment in the family context should the child return to the home country. This was caused by the fact that unaccompanied children were often unsure if their family was still available to take care of them when they would return. These worries are also reflected in other research (Wright, 2014). From studies in the context of social work it is known that many unaccompanied children hesitate to speak about their relatives back home (Kohli, 2001, 2006a; O'Toole Thommessen, Corcoran, & Todd, 2017). Moreover, a study involving forcibly returned unaccompanied children showed that the lack of a family and social network had a negative impact on their well-being (Bowerman, 2017). Putting it positively, the BIC-Assessments could, in almost half the cases, predict what the quality of the child-rearing environment would be if an unaccompanied child would return to the home country. That is a promising starting point since the assessment of the availability and quality of the family environment is needed to guarantee a safe and durable return for unaccompanied children (Kanics, 2018, pp. 53-54). Immigration authorities do not perform this assessment in the asylum procedure (Arnold, Goeman, & Fournier, 2014; Kanics, 2018, pp. 43-44, 54-55; Ottosson & Lundberg, 2013).

The second research question regarding the quality of information provided by the BIC-Assessments concerns the inter-reliability of the BIC-Q, the instrument that is used to evaluate the quality of the child-rearing environment (Appendix II). Based on the files of nine unaccompanied and nine accompanied children in the sample two assessors scored the BIC-Q with regard to the child-rearing environment before the child left the country of origin and with regard to the expected child-rearing environment should the child return to that situation. We concluded that the inter-rater agreement of the BIC-Q was fairly good for both situations. These results are in line with previous research on the reliability of the BIC-Q in which the current child-rearing environment of migrant and refugee

children in the Netherlands was assessed (Zijlstra, Kalverboer, Post, Knorth, & Ten Brummelaar, 2012). Furthermore, the results showed that with the BIC-Q some of the difficulties could be addressed that are known with regard to retrospective and prospective statements in forensic mental health assessments (Bala & Duvall-Antonacopoulos, 2006, p. 241; Caudill, 2006; Kuehnle, Sparta, Kirkpatrick, & Epstein, 2013).

7.2.6 Child-rearing environment and mental health of recently arrived refugee children

Within the same empirical study we addressed the fifth research question: What are the outcomes of Best Interests of the Child-Assessments for recently arrived refugee children?

We concluded that on average the quality of the child-rearing environment was 'unsatisfactory' to 'moderate' in the situation before the child left the country of origin as well as in the expected situation after return. The mean quality of the child-rearing environment in both situations was evaluated as lower, compared with the mean quality of the child-rearing environment of migrant and refugee children who stayed for more than five years in the Netherlands (Kalverboer, Zijlstra, & Knorth, 2009, Zijlstra, 2012, p. 111) and with the mean quality of the child-rearing environment of returned migrant children in Kosovo and Albania (Zevulun, 2017, p. 107; Zevulun, Post, Zijlstra, Kalverboer, & Knorth, 2017). The quality of the child-rearing environment was significantly higher in the situation before departure than in the expected situation should the children return to the country of origin.

For both situations (before departure and after return) the quality of the child-rearing environment was for accompanied refugee children significantly more positively evaluated than for unaccompanied refugee children. Previous research on the child-rearing environment indicates that negative outcomes on the BIC-Q are associated with negative mental health outcomes of refugee children (Zijlstra, Kalverboer, Post, Ten Brummelaar, & Knorth, 2013). There is a lot of research indicating that unaccompanied refugee children are more at risk of developing mental health problems than accompanied refugee children (Barghadouch, Carlsson, & Norredam, 2016; Bean, Derluyn, Eurelings-Bontekoe, Broekaert, & Spinhoven, 2007a; Fazel, Reed, Panter-Brick, & Stein, 2012). The study of Sheikh et al. (2016) involving internally displaced children in Nigeria who had been exposed to societal violence also suggests that accompanied children have

less trauma-related stress symptoms than unaccompanied children. The results of our study confirm these findings in other studies that unaccompanied refugee children are more vulnerable than accompanied refugee children.

For unaccompanied as well as for accompanied recently arrived refugee children, the *lack of continuity and stability* within the family and societal context is of great concern. This has been seen in research with refugee children who reside for a longer period in the host country as well (Kalverboer et al., 2009; Zijlstra, 2012, p. 65). Continuity in the upbringing conditions and stability in the life circumstances are important conditions for a child's healthy development in general (Kalverboer & Zijlstra, 2006, pp. 14-17; Zijlstra, 2012, pp. 31-33, 37-38), and are protective factors for the well-being of refugee children in particular (Zwi et al., 2017). The importance of stability as a protective factor is also recognised in studies with other groups of vulnerable children, for example, within foster care and families at risk (Brown & Sen, 2014; Ivanova & Israel, 2006). In assessments of children's best interests decision-makers should assess continuity and stability of the child's present as well in the future situation (UNCRC, 2013, para. 84). Considering the knowledge on the protective impact of continuity and stability for refugee children in particular, it seems to be necessary that this element is attributed much weight in the balancing of various interests (UNCRC, 2013, para. 49, 80-84).

This study shows that recently arrived refugee children experienced a high number of *stressful life events*, such as the loss of, or separation from close relatives, and the exposure to violence or witnessing violence. The type, number, intensity and duration of stressful life events are risk factors for the mental health of refugee children (Abdalla & Elklit, 2001; Jensen, Fjermestad, Granly, & Wilhelmsen, 2015; Vervliet et al. 2014b). In our sample the vast majority of the refugee children showed traumatic stress-related symptoms or other emotional problems. These results are in line with other studies on the mental health of recently arrived refugee children (Goldin, Levin, Persson, & Hägglof, 2001; Jakobsen, Demott, & Heir, 2014; Jensen et al. 2015; Vervliet et al. 2014b).

7.3 Reflections on the study

7.3.1 Impact of traumatising experiences

In all three parts of this study the impact of the high number of stressful life events refugee children experienced, causing for some refugee children trauma-related stress problems, was predominant. In the phase of theoretical embedding of the study, knowledge of the impact of adverse experiences led to both substantial and procedural adjustments of the BIC-Assessment for recently arrived refugee children. In the phase of the methodological development it appeared that traumatic memories might hamper the child's ability to provide a valid and reliable account in forensic mental health assessments. In the phase of assessing the practical outcomes of the BIC-Assessment for the children in the sample the results showed that a majority of recently arrived refugee children have to cope with trauma-related stress and other emotional problems.

Information on the presence of trauma-related stress is a substantial element of a BIC-Assessment because the child's vulnerability is an inherent part of every assessment of the child's best interests (Section 7.2.6). This is also important knowledge for migration authorities, who could consider this information in the procedural safeguards for interviewing children. To some degree, inconsistencies are inherent to stories of traumatised people in general (Hepp et al., 2006; Larsen et al., 2017). Therefore, it is worrisome that inconsistencies appear to be the most prevalent reason for rejecting children's requests for asylum (UNCRC, 2014, pp. 146, 154; Warren & York, 2014) while the impact of traumatising experiences might impede the refugee child's ability to produce a coherent and consistent story (Crawley, 2010; Spinhoven, Bean, & Eurelings-Bontekoe, 2006). Moreover, studies with adult refugees indicate that discrepancies in their stories about the reasons to ask for refugee protection often occur and do not have predicting relevance for the credibility of their asylum story (Herlihy, Scragg, & Turner, 2002; Herlihy & Turner, 2006; Steel, Frommer, & Silove, 2004).

7.3.2 Best interests of refugee children's parents?

The theoretical knowledge gained from this study focuses on the characteristics of recently arrived refugee children and on ways to facilitate the disclosure of their life stories. At the same time, the parents' ability to provide their child with a safe child-rearing environment that protects the healthy development of the child

forms an inevitable element of the BIC-Assessment (Kalverboer & Zijlstra, 2006, pp. 12-33; UNCRC, 2013, para. 71-74; Zijlstra, 2012, pp. 23-33).

In child and youth care it is more and more common practice for parents to be involved in the treatment of children. Parents are encouraged to resume their responsibility to safeguard the safe development of their child (Geurts, Noom, & Knorth, 2011). Likewise, a crucial issue in the assessment of the best interests of the child in the asylum procedure is the question whether the parents are able to protect their child's development in the home country (Van Os, 2016; Van Os et al., 2018a). If a child's development is at risk, State authorities have an obligation to intervene in order to safeguard the safety (CRC, art. 19) and development (CRC, art. 6, CRC) of the child (Arnold, 2018, p. 58).

Anna Freud – working as a psychologist at a nursery for refugee children in London during the Second World War – described in her study on the impact of war on children how the mothers' ability to control their own fears and to focus on protecting and distracting their children during bombings was a decisive factor for the well-being of war affected children (Freud & Burlingham, 1943). The results of a study of Yehuda, Halligan and Grossman (2001) indicated that the prevalence of parental PTSD was related with childhood trauma among the offspring of Holocaust survivors. Also recent research shows how refugee parents struggling with mental health problems face difficulties in safeguarding the development of their children (Kalverboer et al., 2009; McMichael, Gifford, & Correa-Velez, 2011; Zijlstra, 2012, pp. 111-116).

Altogether, this means that besides the disclosure of the child's life story, also the disclosure of the parents' stories should be encouraged in the BIC-Assessment to evaluate their parental capacities to safeguard the child's development. It is easier to do this with the present parents of accompanied children than for unaccompanied children who are separated from their parents. However, guardians and social workers could try to contact parents or other caregivers in the home country to get at least a picture of their parental capabilities (Kanics, 2018, pp. 53-54; Schippers, 2017, pp. 95-96).¹²

Including the views of parents on their ability to protect the child's development also has some complicating aspects. First of all, assessors should be aware that silence and denial of traumatic experiences are common within the relationship between refugee parents and their children (Almqvist & Broberg, 1997; Dalgaard

¹² Before contacting family members in the home country it should be assessed whether doing so will put these people in danger (UNHCR, 2009; para 68).

& Montgomery, 2015; Montgomery, 2004). This means that discrepancies between stories of parents and children may often occur. Second, children who are aware of the reasons the family had to flee their home country may feel they have to show loyalty by confirming their parents' stories in contact with migration authorities (Björnberg, 2011; Ottoson & Lundberg, 2013). Worries have also been expressed about parents using their children as a 'ticket for a residence permit' (Ottoson & Lundberg, 2013). Using, or even sacrificing, children's interests to benefit the interests of their parents, families and communities when the latter interests are considered to be more important, can be observed worldwide (Lancy, 2015, p. 27).

In the procedure of the BIC-Assessment involving accompanied refugee children, the assessors write a *family report* of the assessment, including individualised information on the development and best interests of all children within the family (Kalverboer, Beltman, Van Os, & Zijlstra, 2017; Zijlstra et al., 2012). The information about the parents' situation is summarised for all children together in the assessment report. Considering the abovementioned complications in separating the child's and parent' situations, it could be worthwhile to write an assessment report *for each child* of the family *individually*. Moreover, it is important that the reports focus on the individual child's views on his or her best interests that should be taken into account (Arnold, 2018, pp. 54-58; UNCRC, 2013, para. 53-54). This would enable the assessors to focus on the individual child's motives to leave the country of origin. After all, children could have performed their own assessment of their best interests, long before the assessors came to ask about it (Bhabha, 2014, p. 204; Vervliet, Vanobbergen, Broeckaert, & Derluyn, 2014c).

7.3.3 Establishing informed consent from recently arrived refugee children

In the procedural safeguards of the BIC-Assessment the establishment of the refugee children's *informed consent* to participate in the research had special attention and was complicated in various respects. In general, the involvement of children in forensic mental health assessments requires special efforts from the assessors to establish informed consent because of the potential influence of the assessment on decisions, which may have a major impact on the children's life (Kuehnle et al., 2013). The children who participated in this research expressed a strong wish to receive refugee protection. Although the assessors explained that the individual BIC-Assessment was meant to serve a collective, scientific goal regarding refugee children's best interests, it cannot be denied that the refugee

children at least hoped that their participation would also serve their individual goal of receiving a residence permit.

A second issue of concern was the question whether the recently arrived refugee children really understood what they were agreeing to on signing an informed consent form. This concern is also noticed in the context of forensic mental health assessments within family law by Koocher (2006, p. 48), who asks rhetorically whether parents and children have a deep understanding of who will be able to access the data and read the results of the assessment. It is known from research among refugee children that they often feel confused about the different roles professionals play in their life, e.g. lawyers, guardians, mentors, mental health professionals, migration authorities, and researchers (Chase, 2010; Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; Goeman & Van Os, 2013, pp. 19, 34; Majumder et al., 2015). In working with recently arrived refugee children, it can be expected that the lack of clarity about all these different roles is even more pronounced. From that point of view, it is also worrisome that it could be difficult for refugee children, if their asylum request is rejected, to separate their feelings relating to having been heard by migration authorities and by the researchers who performed the BIC-Assessment. While the first persons were probably clear about their task to assess the plausibility and credibility of the child's story, the latter persons claimed they work in the child's best interests, used various techniques to support the child in disclosing the life story, and assured the child that his or her story was good as it was. In a reflective review about child witness testimonies, Westcott (2006, p. 208) draws attention to the impact it has on children when they hear during court sessions that major parts of their story are challenged or when details that are important to them are overlooked. The same questions could be asked about involving refugee children in BIC-Assessments. In the process of establishing the informed consent of the child it is difficult, if not impossible, to explain the different approaches to the child's story from the perspectives of the behavioural assessors and migration authorities.

A last concern regarding the establishment of informed consent is the dependency of children on their parents or guardians. Some accompanied children who participated in this research were too young to expect them to understand and agree to participation. During the information meetings, which were held prior to the assessment, it became clear that parents felt relieved that 'finally' somebody was paying attention to their children's interests in the asylum procedure. This can be understood easily, since research shows that the motives

for parents to leave their country of origin are often influenced by their wish to provide their children with a safe environment and a better future perspective (Atwell, Gifford, & McDonald-Wilmsen, 2009; Critelli, 2015; Trentacosta, McLearn, Ziadni, Lumley, & Arfken, 2016). On the other hand, it was difficult to determine whether the parents' agreement to their children's participation in the research was based more on their own best interests than on the best interests of their children (see also Ottosson & Lundberg, 2013). For unaccompanied children who participated in this study, their guardians' opinion often seemed to be leading for the children when deciding whether to participate. As one child told the assessors: "My guardian thought it was a good idea to participate in this research and I trust her advice." The guardians also put a lot of effort into assisting the children in the establishment of informed consent. Some guardians requested a telephone call with the assessors to have the goals of the research explained to their unaccompanied ward in more detail. One of these conversations resulted in the child's informed decision not to participate in the research.

7.3.4 Answering unasked questions

The BIC-Assessment for refugee children can be characterised as a *forensic* assessment because it is used to support the legal decision-making in migration procedures. For recently arrived refugee children this is the asylum procedure. The BIC-Assessment is firstly aimed at migration authorities to facilitate their decision, and secondly at judges who deal with the appeal procedure if the authorities have rejected the asylum request (Van Os et al., 2018a, p. 60; Zijlstra, 2012, p. 71). In this respect the BIC-Assessment resembles forensic mental health assessments in child protection law, family law, and juvenile justice.

However, there is also an important difference between BIC-Assessments practised within migration law and forensic mental health assessments for children within other fields of law. Forensic mental health assessments provide an answer to decision-makers' questions, for example: is this child accountable for this criminal act? Is it in the best interests of the child to provide the parents with equally shared custody? Or is the child's safety and development guaranteed at home? (Fuhrmann & Zibbill, 2012, p. 24; O'Donohue, Beitz, Tolle, 2009). BIC-Assessments for recently arrived refugee children answer questions like whether the conditions for the child's development were or will be fulfilled in the home country and to what extent the child is extra vulnerable (Van Os et al., 2018a, p. 71). These questions are not asked by migration authorities, who primarily have

the task of finding an answer to the question whether the child is eligible for protection in the sense of, mainly, the 1951 Refugee Convention (EU, 2011, art. 4, 13). In that sense, the BIC-Assessment fills a gap in the assessment of the immigration authorities (Beltman, Kalverboer, Zijlstra, Van Os, & Zevulun, 2016). In the international context it is known that assessing the best interests of the child is not commonly practised within migration law (Arnold et al., 2014; Kanics, 2018, pp. 43-44, 54-55; Ottosson & Lundberg, 2013). In the Dutch national context the child's development is not considered as a relevant topic in migration law: "Migration law is not intended to provide development opportunities, even though no one would begrudge anyone these" (Ministry of Security and Justice, 2014, p. 2). However, the UN Committee on the Rights of the Child states that: "In the assessment and determination of the child's best interests, the State must ensure full respect for his or her inherent right to (...) development" (UNCRC, 2013, para. 42).

The fact that BIC-Assessments provide answers to questions, which are unasked by decision-makers in Dutch migration law, was raised as a matter of concern by guardians in the explorative phase of this study and by lawyers in the consultation phase (Van Os et al., 2018a, p. 68, 72). However, the UN Committee on the Rights of the Child also addresses migration authorities in their guidelines on the implementation of the best interests of the child in decision-making procedures (UNCRC, 2013, para. 30). In line with these guidelines, BIC-Assessments provide migration authorities with an opportunity to consider the best interests of these children before a decision on the asylum request is made (Kalverboer, 2014, p. 15). If the current asylum policy does not allow migration authorities to weigh the best interests of the child conform the CRC (UNCRC, 2013, para. 82), it could be necessary to consider reviewing the policy. This might bridge the gaps between BIC-Assessments within migration and forensic assessments within other fields of law, and has been supported by a legislative proposal, which incorporates the best interests of the child in the Dutch Aliens Act (Voortman & Kuiken, 2016). However, by the end of 2017 there was no majority for this legislative proposal in the Dutch Parliament (Herweijer, 2017).

7.3.5 Dealing with uncertainties

Forensic mental health assessments for children, within family law, child protection law and juvenile justice or criminal law, leave decision-makers with a margin of uncertainty, which should be clearly indicated in the assessment report (Grisso & Vincent, 2005; O'Donohue et al., 2009, p. 303). This applies particularly

to assessments of situations in the past and predictions about future situations (Bala & Duvall-Antonacopoulos, 2006, p. 241; Budd, Conell, & Clark, 2011, p. 149; Conroy, 2012, p. 235; Rassin, 2009, p. 354). The reality of having to deal with uncertainties is known in the field of child and youth care as well, for example, when professionals have to decide on a child's out-of-home placement (Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010; Helm, 2016; Swets, 1992; Van den Bergh, 1991). These uncertainties are also present in the BIC-assessments for recently arrived refugee children. It might be difficult, for example, to assess the quality of the future child-rearing environment should a child return to the home country, or assessors might have doubts regarding the extent to which a child feels the need to be loyal to the parents' stories about what happened in the country of origin (Björnberg, 2011; Ottoson & Lundberg, 2013). The results of our study show that despite these uncertainties, the BIC-Assessments enabled the assessors – like their counterparts in other fields of law – to give recommendation regarding the best interests of the child, which could be considered by decision-makers in the asylum procedure.

Migration authorities have to deal with uncertainties as well. Due to the fact that people who ask for asylum rarely have solid evidence to sustain their asylum claim, migration authorities have to assess the plausibility and credibility of the asylum seekers' narratives in an oral interview (EU, 2011, art. 4; Van Veldhuizen, Horselenberg, Landström, Granhag, & Van Koppen, 2017). The UN Refugee Agency, UNHCR, states that there will always be a lack of evidence for parts of the asylum seeker's statements and therefore, it will frequently be necessary to give the applicant the benefit of the doubt (UNHCR, 2011 para. 203). In cases involving children, the UNHCR calls for a 'liberal' application of the benefit of the doubt (UNHCR, 1994, p. 101, 2014, p. 142). It might be questioned whether the uncertainties the migration authorities have to deal with differ from those apparent in BIC-Assessments performed by behavioural professionals. Migration authorities could benefit from knowledge in the field of child psychology and child development considering dealing with uncertainties in their assessment of the credibility of the child's story (UNHCR, 2014, p. 168).

7.4 Strengths and limitations

7.4.1 Strengths of the study

This study of substantial and procedural diagnostic requirements that must be fulfilled to tailor the BIC-Assessment to the situation of recently arrived refugee children has a strong theoretical base. The theoretical embedding and methodological development of the BIC-Assessment form major parts of this study. The process of how to establish adjustments to an existing methodology for assessing the best interests of the child in migration law could be used for adjustments to forensic assessments of the best interest interests of the child in other fields of law, for example in child protection law, family law and juvenile justice.

Although refugee children, unaccompanied children in particular, often hesitate to share their life stories (Kohli, 2006b; Ní Raghallaigh, 2014) the results of this study show that refugee children are able to provide information if techniques to support the disclosure of their adverse life experiences are practised. Adams (2009, p. 168) stated in a study of the narratives of refugee children that they seemed to be interested participants "... for their own pressing reasons: to build potentially influential alliances, foster 'good' reputations for themselves and their families and to ensure the documentation of a particular sort of story." We experienced in our study as well that most children felt relieved and empowered to build their life story when being given the opportunity to share their experiences and views in a positive atmosphere, and by being provided with agency with regard to expressing, timing, silencing, elaborating and detailing.

As far as we are aware this is the first behavioural study that implements the Guidelines of the UN Committee on the Rights of the Child on the best interests of the child (UNCRC, 2013) into a methodology for BIC-Assessments involving recently arrived refugee children. The results show that these BIC-Assessments provide sufficiently valid and reliable information which could be used by decision-makers in asylum procedures to ensure that the best interests of the child are a primary consideration in asylum decisions, as the CRC stipulates (art. 3).

7.4.2 Limitations of the study

To ensure the practical relevance of this study, it would have been good to be able to interview migration authorities about whether they felt supported or not in

their decision-making process by the BIC-Assessments. In the working procedure we imagined prior to these interviews the migration authorities would have made first their draft decision on the child's asylum request, considered then the information of the BIC-Assessment and thereafter would change their decision if necessary in the best interests of the child. The starting point of such a way of cooperating would be a common shared perspective on which elements of the BIC-Assessment are the most important and therefore should be attributed the most weight (UNCRC, 2013, para 49, 80-84). This idea was incorporated in the original research design of the study. However, the migration authorities were not able to participate in this way.

The migration authorities were willing to support this study by providing a random sample of the full population of refugee children in the Netherlands that fulfilled the inclusion criteria. However, the letters they sent to guardians and parents of refugee children about the research were not responded to. Therefore, we needed to work with intermediary organisations to select the research sample. Although the same inclusion criteria were applied, this may have influenced the representativeness of the sample. First, it was necessary for pragmatic reasons on the side of the intermediaries to select regional offices to work with. Second, for the unaccompanied children, the guardians may have had practical or principal reasons not to approach children in their caseload that fulfilled the inclusion criteria.

As part of the informed consent procedure we needed to ask the children's lawyers to send the BIC-Assessment to the decision-makers. A few lawyers of accompanied children felt that the current migration policy offered no room for an assessment of the child's best interests. Therefore, they thought that the BIC-Assessment did not serve their client's interests sufficiently, and did not send the BIC-Assessment to the migration authorities. This had no impact on the representatives of the sample. However, it had an impact on the future possibility to assess the impact of the BIC-Assessment in the migration decision.

Although there were a lot of differences between the children with regard to outcomes related to specific elements of the BIC-Assessments performed in this study, in the end it was generally concluded that should the children return to the country of origin, there would be serious concerns about the quality of the child-rearing environment for them all. Considering also the vulnerability of the children in the sample, the assessors thought that return would put the children's development, and so the children's best interests, at risk. The far majority

of the children in the sample came from war torn countries (e.g., Afghanistan and Iraq) or countries with a deplorable reputation on human rights (e.g., Iran and Ethiopia), which can explain these outcomes. In the Netherlands, asylum requests by people coming from 'safe countries' are processed in a simplified asylum procedure, which takes about eight days within the first month after arrival.¹³ The procedural safeguards of the adjusted BIC-Assessment for recently arrived refugee children, did not allow us to perform the assessment with children who came from countries that are considered safe, due to the lack of time for the children to stabilise, and for the assessors and children to build trust. Including these children would have been interesting because this might have shed light on cases in which return is in the best interests of the child.

7.5 Implications and recommendations

7.5.1 Recommendations for further research

Conducting research on how children's best interests can be assessed in order to facilitate decision-making in migration law is a bit like picking your way through a minefield. The focus of behavioural professionals and the UN Committee on the Rights of the Child on how to promote the healthy development of the child is not self-evident in the world of migration law, which has a focus on regulating migration (Brennan, 2016; Gornik, Sedmak, & Sauer, 2018, p. 9). Further research on how these various points of view might be integrated seems to be a prerequisite for reaching other research goals.

EU law governs national asylum policies in EU Member States. The EU directive on common procedural standards for granting or withdrawing refugee protection provides migration authorities with the possibility to seek advice from experts on child-related issues (EU, 2013a, art. 10, sec. 3d). Elaborating this study with research on BIC-Assessments involving recently arrived refugee children in other EU Member States could feed the common asylum policy in the EU with a scientifically substantiated common method to provide migration authorities with expert knowledge on the best interests of the child.

As we explained in the section about the limits of this study, we would have preferred to examine and discuss with migration authorities the relevance of the

¹³ See for an explanation of the simplified asylum procedure: https://ind.nl/Documents/DVAP_Engels.pdf.

BIC-Assessments for their decision-making task. We still hope this research can be done in the near future.

To gain understanding of the legal impact of BIC-Assessments in migration law further research is needed in which decisions of migration authorities and judges are analysed based on how they deal with the information brought forward by the BIC-Assessments. This has been done previously on a limited scale (Beltman et al., 2016; Kalverboer et al., 2009). Broader research on the legal impact of BIC-Assessments could lead to further adjustments of the methodology for the BIC-Assessment, which could enhance the practical relevance of this study. In that context it would also be beneficial to include interviews with migration authorities on how they experience the usefulness of the BIC-Assessment in their decision-making processes. Furthermore, including the migration authorities' internal notes¹⁴ of positive asylum decisions would provide researchers with valuable information on the role of children's best interests in the decision-making process.

Zevulun (2017, p. 158) calls asylum children who returned to the country of origin an understudied and invisible group in academic research. Her dissertation on the child-rearing environment and well-being of migrant children after returning to Kosovo and Albania is a positive exemption to that observation (Zevulun, 2017). Research among returned children sheds a light on predictive factors for the well-being of returned children. With that knowledge children could be prepared for a more sustainable return if their asylum request is denied (Zevulun, Post, Zijlstra, Kalverboer, & Knorth, 2017). Our study could elicit a follow up study by monitoring children from the sample whose asylum request has been rejected and who returned to their countries of origin. Following these children in their return process would make it possible to compare the actual return situation with the predictions of the BIC-Assessment regarding the expected child-rearing situation after return. For Afghanistan in particular, there is growing public call for such research, based on the recent disturbing findings of researchers and nongovernmental organisations on the situation of young returnees in that country (Amnesty International, 2017b; Asylos, 2017; Bowerman, 2017; Higgins-Steele et al., 2017).

Also children whose asylum request has been accepted could be subjected to follow up research. This would provide information on predictive and risk factors for their development in the current child-rearing situation in the Netherlands.

¹⁴ Unlike rejecting decisions, accepting decisions are not motivated publicly in administrative law. Internal notes reflect the decision-making process.

Such research is performed on the integration of refugees and their children who came to the Netherlands in the 1990s (Maliepaard, Witkamp, & Jenissen, 2017). It would be interesting to compare the outcomes for these 'long-term resident' refugee children with those who recently arrived.

Further research on the BIC-Assessment for refugee children could benefit from the participation of professionals who came to the Netherlands as minor refugees and have gained knowledge of child psychology and child development. With the advantages of their cultural background and experiences these professionals could enhance the cultural sensibility of the BIC-Assessment (Arsenijević et al., 2017; Carrasco-Sanz, et al., 2017).

7.5.2 Implications and recommendations for practice and policy

Involving behavioural and child protection experts' knowledge

Migration authorities could consider the information provided in the BIC-Assessments in their decisions on the asylum request of children when these assessments are submitted by the children's lawyers. Moreover, migration authorities could take the initiative in asking behavioural experts to assess the best interests of asylum seeking children, conform the guidelines of the UN Committee on the Rights of the Child (UNCRC, 2013, para. 94-95) and EU law (EU, 2013a, art 10, sec. 3d).

Considering the specific expertise in forensic assessments for children, it would be advisable to examine whether behavioural experts working at child protection services could be involved to perform BIC-Assessments in migration law (Kalverboer & Beltman, 2014; Kalverboer et al., 2017). A recent joint General Comment of the UN Committee for the Protection of Migrant Workers and Members of their Families and the UN Committee on the Rights of the Child (2017) provides new inspiration for this point of view. The Committees encourage giving the authorities responsible for the protection of children's rights, the lead in decisions affecting children in the context of various migration procedures, including asylum:

“The Committees encourage States parties to ensure that the authorities responsible for children's rights have a leading role, with clear decision-making power, on policies, practices and decisions that affect the rights of children in the context of international migration.

Comprehensive child protection systems at the national and local levels should mainstream into their programs the situation of all children in the context of international migration, including in countries of origin, transit, destination and return (...)" (para. 14).

Addressing mental health problems

The knowledge of the refugee children's mental health upon arrival that is gathered with the BIC-Assessments is also relevant outside the context of migration law, for example for mental health professionals. Since it is known from literature that many refugee children still face mental health problems after spending more time in the host country, it is important that these problems are addressed in an early phase (Bean, Eurelings-Bontekoe, & Spinhoven, 2007b; Bronstein, Montgomery, & Dobrowolski, 2012; Jensen, Skårdalsmo, & Fjermestad, 2014; Montgomery, 2008, 2011; Oppedal & Idsoe, 2012; Seglem, Oppedal, & Raeder, 2011; Vervliet, Lammertyn, Broekaert, & Derluyn 2014a). On the other hand, also the *resilience* of refugee children – which is also described in the BIC-Assessment – should be taken into account when various options for the treatment of mental health problems are considered (Hodes, Jagdev, Chandra, & Cunniff, 2008; Hopkins & Hill, 2010; Montgomery, 2010; Pacione, Meashan, Rousseau, 2013; Sleijpen, Boeije, Kleber, & Mooren, 2016). Research indicates that refugees with traumatic experiences sometimes show a personal 'post-traumatic growth' which helps them not only to recover but even makes them stronger than they were before the adverse events happened (Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003).

Taking time to listen to refugee children

Guardians and mentors of unaccompanied children and lawyers of refugee children could provide children with time and support to become again the owners of their life narratives (Van Nijnatten & Van Doorn, 2007). Taking time to reveal the child's life story would require migration authorities to delay asylum hearings until the child and the professionals have assessed the child's views on his or her needs for protection. By providing the children time to feel safe and build trust, and by providing agency regarding the disclosure of their backgrounds and motives to leave the home country, we think that in the end migration authorities could benefit from more valid and reliable information provided by the children during the asylum procedure. This could lead to a more accurate assessment of the child's needs for protection or for a durable return to the country of origin.

Making room for the best interests of the child in migration law

In the international context as well as in the national Dutch context, BIC-Assessments lack fruitful soil in migration law.¹⁵ First, BIC-Assessments for recently arrived refugee children are rarely performed. Second, the best interests of the child are not commonly taken into account in the decision-making process (Arnold, et al., 2014; Kanics, 2018, pp. 43-44, 54-55; Ottosson & Lundberg, 2013). To support migration authorities in considering the best interests of asylum seeking children it seems to be necessary to create a children's rights based ground in national aliens acts for asylum seeking children who ask for international protection, who do not fulfil the requirements for being admitted as refugees, and who nevertheless need protection (Drywood, 2011; McAdam, 2006; Pobjoy, 2015, 2017). This has been proposed in the Netherlands (Herweijer, 2017; Voortman & Kuiken, 2016).

The implementation of the best interests of the child in migration policy could be strengthened with the third optional protocol to the CRC on a communications procedure that enables the UN Committee on the Rights of the Child to judge individual complaints on child rights violations (UN, 2011). The Protocol entered into force in April 2014 and by the end of 2017 it was ratified by 36 countries and signed by a further 23 countries, including all EU Member States, except the Netherlands, the UK, and Sweden.¹⁶ The first complaint handled by the CRC concerned an unaccompanied child who had applied for asylum in Spain (Kanics, 2018, pp. 37-58). Signing this Protocol provides refugee children with agency on defending their rights, also with regard to the consideration of their best interests in the asylum procedure. Previous experiences of children who went to the European Court¹⁷ of Human Rights for judgement proved to be a successful road to strengthening children's human rights and promoting children's agency in defending their rights (Van Emmerik, 1989).

¹⁵ The Netherlands has a moderate monistic approach to international law. This means that a judge may decide not to apply a national rule when applying this rule would violate rules of international law. This is laid down in in the Dutch Constitution (art. 93, 94). However, it is for a judge to decide whether the international rule is applicable in the individual case (Kooijmans, 2002, pp. 82-88). In the Dutch legal practice, it has been decided that article 3 of the CRC does allow for judges to evaluate whether the child's best interests are considered but not whether the child's best interests are assessed and considered properly (Herweijer, 2017; Van Os & Rodrigues, 2013).

¹⁶ Update from 2 October 2017, assessed on 31 December 2017: http://www.ohchr.org/Documents/HR-Bodies/CRC/OHCHR_Map_CRC-OP-IC.pdf

¹⁷ They addressed their complaints first to the European Commission for Human Rights. That was the gatekeeper for the European Court from 1959 till 1998 (Smith & Van den Anker, 2005, p. 115).

Creating plans for the future

The information provided by BIC-Assessments could assist in developing life plans for the future for refugee children. Regardless of the outcome of the asylum procedure, refugee children need plans for building their future in the host country, in the country of origin or elsewhere (Mapp, Behrens, & Socha, 2013; Sleijpen et al., 2016, Veronese, Castiglioni, Tombolani, & Said, 2012). BIC-Assessments contain information on the child's needs, strengths, and difficulties that could be useful for children, parents, guardians, mentors, lawyers, and authorities involved in assessing the asylum request, integration in the host country or in the return process. This information could be used to create durable solutions for children on the move.

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Appendices

Appendix I

The Best Interests of the Child-Model with references to the related articles in the Convention on the Rights of the Child (CRC) and General Comment No. 14 (GC 14) of the UN Committee on the Rights of the Child (2013) on the best interests of the child assessment and determination.

Best Interests of the Child-Model	
Current Situation	
Family	Society
<p>1. Adequate physical care Adequate physical care refers to the care for the child's health and physical well-being by parents or care-providers. They offer the child a place to live, clothing to wear, enough food to eat and (some) personal belongings. There is a family income to provide for all this. In addition, the parents or care-providers are free of worries about providing for the child's physical well-being. CRC art. 19, 20, 24, 26, 27, 32, 33, 34, 36, 37. GC 14 para. 70, 71, 77, 78, 84.</p>	<p>8. Safe wider physical environment The neighbourhood the child grows up in is safe, as well as the society the child lives in. Criminality, (civil) wars, natural disasters, infectious diseases etc. do not threaten the development of the child. CRC art. 19, 23, 24, 27, 28, 32, 33, 34, 35, 36, 38, 39. GC 14 para. 70, 71, 73, 74, 77, 78, 84.</p>
<p>2. Safe direct physical environment A safe direct physical environment offers the child physical protection. This implies the absence of physical danger in the house or neighbourhood in which the child lives. There are no toxics or other threats in the house or neighbourhood. The child is not threatened by abuse of any kind. CRC art. 19, 20, 23, 24, 27, 28, 32, 33, 34, 36, 37. GC 14 para 61, 70, 71, 73, 74, 77, 78, 84.</p>	<p>9. Respect The needs, wishes, feelings and desires of the child are taken seriously by the child's environment and the society the child lives in. There is no discrimination because of background, race or religion. CRC art. 2, 5, 8, 9, 12, 13, 14, 15, 16, 17, 23, 30, 37, 40. GC 14 para. 56, 70, 73, 74, 79, 84.</p>
<p>3. Affective atmosphere An affective atmosphere implies that the parents or care-providers of the child offer the child emotional protection, support and understanding. There are bonds of attachment between the parent(s) or care-giver(s) and the child. There is a relationship of mutual affection. CRC art. 9, 10, 19, 20, 27, 37. GC 14 para. 70, 71, 72, 84.</p>	<p>10. Social network The child and his family have various sources of support in their environment upon which they can depend. CRC art. 20, 27, 31. GC 14 para. 70, 73, 84.</p>

<p>4. Supportive, flexible childrearing structure A supportive, flexible childrearing structure encompasses several aspects like: enough daily routine in the child's life; encouragement, stimulation and instruction to the child and the requirement of realistic demands; rules, limits, instructions and insight into the arguments for these rules; control of the child's behaviour; enough space for the child's own wishes and thoughts, enough freedom to experiment and to negotiate on what is important to the child; no more responsibilities than the child is capable of handling. CRC art. 12, 13, 14, 18, 27, 37. GC 14 para. 70, 71, 84.</p>	<p>11. Education The child receives a suitable education and has the opportunity to develop his personality and talents (e.g. sport or music). CRC art. 12, 13, 14, 15, 17, 28, 29, 31, 32. GC 14 para. 70, 73, 84.</p>
<p>5. Adequate example by parents The parents or care-providers offer the child the opportunity to incorporate their behaviour, values and cultural norms that are important, now and in the future. CRC art. 9, 18, 19, 32, 33, 34, 36, 37. GC 14 para. 70, 71, 84.</p>	<p>12. Contact with peers The child has opportunities to have contacts with other children in various situations suitable to his perception of the world and developmental age. CRC art. 31. GC 14 para. 70, 73, 84.</p>
<p>6. Interest in the child The parents or care-providers show interest in the activities and interests of the child and in his perception of the world. CRC art. 12, 13, 14, 17, 27. GC 14 para. 70, 71, 84.</p>	<p>13. Adequate examples in society The child is in contact with children and adults who are examples for current and future behaviour and who mediate the adaptation of important societal values and norms. CRC art. 17, 19, 31, 32, 33, 34, 36, 37. GC 14 para. 70, 73, 84.</p>

Past and Future	
<p>7. Continuity in upbringing conditions, future perspective The parents or care-providers care for the child and bring the child up in a way that attachment bonds develop. Basic trust is to be continued by the availability of the parents or care-providers to the child. The child experiences a future perspective. CRC art. 7, 8, 9, 10, 11, 16, 18, 20, 27. GC 14 para. 65, 66, 67, 70, 72, 74, 84.</p>	<p>14. Stability in life circumstances, future perspective The environment in which the child is brought up does not change suddenly and unexpectedly. There is continuity in life circumstances. Significant changes are prepared for and made comprehensible for the child. Persons with whom the child can identify and sources of support are constantly available to the child, as well as the possibility of developing relationships by means of a common language. Society offers the child opportunities and a future perspective. CRC art. 8, 9, 10, 11, 20, 27, 30, 37 GC 14 para. 65, 70, 74, 84.</p>

References: Kalverboer & Zijlstra, 2006; Van Os, Kalverboer, Zijlstra, Post, & Knorth, 2016; Zijlstra, 2012, pp. 160-190.

Appendix II

The Best Interests of the Child - Questionnaire (BIC-Q) BIC-Q (Kalverboer & Zijlstra, 2006)

Adjusted version for recently arrived refugee children

Name of the child
Date of birth
Sex
Host country
Family composition
Education
Date research

Judgement based on the BIC-Q	Situation before departure in country of origin	Expected situation after return to country of origin
Was/will a positive development of the child (be) guaranteed?	Good Satisfactory Moderate Unsatisfactory Unknown	Good Satisfactory Moderate Unsatisfactory Unknown
Possible violation of CRC Articles:	Art. 3 Art. 6 Art. 12 Art..... Art.....	Art. 3 Art. 6 Art. 12 Art..... Art.....

Overview conditions	Before departure		After return	
	CO*	CRC**	CO*	CRC**
1. Adequate physical care				
2. Safe direct physical environment				
3. Affective atmosphere				
4. Supportive, flexible childrearing structure				
5. Adequate examples by parents				
6. Interest				
7. Continuity in upbringing conditions, future perspective				
8. Safe wider physical environment				
9. Respect				
10. Social network				
11. Education				
12. Contact with peers				
13. Adequate examples in society				
14. Stability in life circumstances, future perspective				

*CO= Quality of the Condition: good (3); satisfactory (2); moderate (1); unsatisfactory (0); unknown (x).

**CRC= Violation of CRC Articles: numbers.

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
1. Are the child's basic necessities of life provided for?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art. ...	o Art. ...
Quality of the condition Adequate physical care	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown

Illustration:

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
2. Is the child's direct physical environment safe?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art....	o Art....
Quality of the condition Safe direct physical environment	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown

Illustration:

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
3. Is supplied for an affective atmosphere?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art....	o Art....
Quality of the condition Affective atmosphere	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown

Illustration:

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
4. Is there enough daily routine in the child's life?	yes / no / ?	yes / no / ?
5. Is there enough control of the child's behaviour by its parents?	yes / no / ?	yes / no / ?
6. Is there enough space for the child's wishes and thoughts, enough freedom to experiment and to negotiate over what is important to the child?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Supportive, flexible child-rearing structure	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
7. Do the parents offer the child the opportunity to incorporate their behaviour, values and cultural norms which are important, now and in the future?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Adequate examples by parents	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
8. Do the parents show interest in the activities and interests of the child and its perception of the world?	yes / no / ?	yes / no / ?
9. Is the child given the opportunity for activities of his/her liking?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Interest	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
10. Are the child's basic necessities of life provided for?	yes / no / ?	yes / no / ?
11. Does the child have contact with significant persons from its past?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Continuity in upbringing conditions, future perspective	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown	o Good o Satisfactory o Moderate o Unsatisfactory o Unknown
Illustration:		



	Situation before departure in the country of origin	Expected Situation after return to the country of origin
12. Is the wider living environment the child is growing up in safe?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Safe wider physical environment	o Good	o Good
	o Satisfactory	o Satisfactory
	o Moderate	o Moderate
	o Unsatisfactory	o Unsatisfactory
	o Unknown	o Unknown
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
13. Is the child treated equally to other children in society?	yes / no / ?	yes / no / ?
14. Are the wishes, feelings and desires of the child taken seriously?	yes / no / ?	yes / no / ?
15. Is the personal integrity of the child respected?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Respect	o Good	o Good
	o Satisfactory	o Satisfactory
	o Moderate	o Moderate
	o Unsatisfactory	o Unsatisfactory
	o Unknown	o Unknown
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
16. Does the child (and his family) have a supportive social network he can count on?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Social network	o Good	o Good
	o Satisfactory	o Satisfactory
	o Moderate	o Moderate
	o Unsatisfactory	o Unsatisfactory
	o Unknown	o Unknown
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
17. Does the child receive a suitable education?	yes / no / ?	yes / no / ?
18. Does the child have the opportunity to develop his or her talents?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	o Art...	o Art...
Quality of the condition Education	o Good	o Good
	o Satisfactory	o Satisfactory
	o Moderate	o Moderate
	o Unsatisfactory	o Unsatisfactory
	o Unknown	o Unknown
Illustration:		



	Situation before departure in the country of origin	Expected Situation after return to the country of origin
19. Does the child have the opportunity to have contact with other children in various situations?	yes / no / ?	yes / no / ?
20. If so, do these contacts have a positive influence on the child?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	<input type="radio"/> Art... <input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory <input type="radio"/> Unknown	<input type="radio"/> Art... <input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory <input type="radio"/> Unknown
Quality of the condition Contact with peers		
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
21. Is the child in contact with children and adults who are role models for current and future behaviour?	yes / no / ?	yes / no / ?
Possible violation of specific CRC Articles	<input type="radio"/> Art... <input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory <input type="radio"/> Unknown	<input type="radio"/> Art... <input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory <input type="radio"/> Unknown
Quality of the condition Adequate examples in society		
Illustration:		

	Situation before departure in the country of origin	Expected Situation after return to the country of origin
22. Is there stability and continuity in the life circumstances of the child such as in family life, school, leisure time and social support?	yes / no / ?	yes / no / ?
23. Is the child hindered in its functioning by experiences in the past?	yes / no / ?	yes / no / ?
24. Is stability and continuity in the child's life to be expected and does the child have a perspective on the future?		
Possible violation of specific CRC Articles	<input type="radio"/> Art... <input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory <input type="radio"/> Unknown	<input type="radio"/> Art... <input type="radio"/> Good <input type="radio"/> Satisfactory <input type="radio"/> Moderate <input type="radio"/> Unsatisfactory <input type="radio"/> Unknown
Quality of the condition Stability in life circumstances, future perspective		
Illustration:		

Nederlandse samenvatting

Summary in Dutch

Achtergrond, doelstelling en onderzoeksvragen

Kinderen die gevlucht zijn en asiel aanvragen in een ander land hebben er recht op dat hun belangen een primaire overweging vormen bij het besluit over hun asielverzoek, zo volgt uit artikel 3 van het Internationaal Verdrag inzake de Rechten van het Kind (IVRK). Het VN-Comité voor de Rechten van het Kind, dat toeziet op de naleving van het IVRK, heeft in 2013 richtlijnen gepubliceerd over hoe een assessment van de belangen van het kind eruit moet zien. Het Onderzoeks- en Expertisecentrum voor Kinderen en Vreemdelingrecht van de Rijksuniversiteit Groningen voert al meer dan een decennium gedragswetenschappelijke *Best Interests of the Child (BIC)-Assessments* uit voor kinderen die betrokken zijn bij verschillende migratieprocedures. Deze zijn bedoeld om de mensen die een beslissing moeten nemen over een verblijfsvergunning voor een kind, de immigratieautoriteiten, te voorzien van wetenschappelijk onderbouwde informatie over de belangen van het kind bij de uitkomst van dat besluit. De gehanteerde methodiek voor deze BIC-Assessments is in lijn met de richtlijnen van het Kinderrechtencomité.

Het onderhavige onderzoek heeft als doel om na te gaan of, en zo ja welke, aanpassingen in de methodiek noodzakelijk zijn wanneer BIC-Assessments worden toegepast bij een specifieke groep kinderen: kinderen die *recentelijk* zijn gearriveerd in het gastland en in afwachting zijn van een eerste besluit over hun asielverzoek. Het gaat daarbij zowel om kinderen die alleen zijn gevlucht (alleenstaande kinderen) als om kinderen die samen met hun ouders zijn gevlucht (kinderen in gezinnen).

De groep kinderen waar het hier om gaat, heeft specifieke karakteristieken die mogelijk van invloed zijn op de inhoud en procedure van het BIC-Assessment. Deze kinderen hebben zowel vóór als tijdens de vlucht ingrijpende levensgebeurtenissen meegemaakt die soms trauma-gerelateerde stressklachten kunnen veroorzaken. Hun leven wordt, zoals ook gezien wordt bij gevluchte kinderen die langer in het gastland zijn, gekenmerkt door instabiliteit. Veel gevluchte kinderen hebben moeite om hun ervaringen met anderen te delen, terwijl dit wel noodzakelijk is om hun belangen te kunnen vaststellen en te begrijpen waarom zij om bescherming in een ander land vragen.

Uit forensisch-diagnostisch onderzoek met kinderen binnen het kinderbeschermings-, familie- en (jeugd)strafrecht blijkt dat verklaringen van kinderen tijdens een assessment gekleurd kunnen zijn door hun eigen inschatting van hun belangen of die van hun ouders. Dat kan de validiteit en betrouwbaarheid van deze verklaringen negatief beïnvloeden. Eenzelfde probleem zou verwacht kunnen worden bij BIC-Assessments met gevluchte kinderen, die immers belang hechten aan het verkrijgen van een verblijfsvergunning. Bovendien kunnen trauma-gerelateerde stressklachten hun verklaringen beïnvloeden. Voorts beoordelen professionals in het BIC-Assessment met gevluchte kinderen de opvoedingssituatie in het land van herkomst retrospectief (voor vertrek) en prospectief (als het kind terug zou keren). Dergelijke inschattingen en voorspelingen blijken in forensisch-diagnostisch onderzoek gecompliceerd te zijn. Bovenstaande overwegingen hebben tot de volgende centrale onderzoeksvraag geleid:

Welke diagnostische voorwaarden moeten vervuld zijn voor een valide en betrouwbare Best Interests of the Child-Assessment met gevluchte kinderen die recentelijk gearriveerd zijn in een gastland, en wat zijn de uitkomsten van dergelijke assessments bij deze kinderen?

Om de centrale onderzoeksvraag te kunnen beantwoorden zijn de volgende deelvragen geformuleerd:

- 1) Welke inhoudelijke aspecten zijn op basis van actuele gedragswetenschappelijke kennis relevant in het BIC-Assessment bij gevluchte kinderen die kort in een gastland zijn?
- 2) Welke factoren belemmeren en ondersteunen deze kinderen in het delen van hun levensverhaal met anderen?
- 3) Welke factoren beïnvloeden de validiteit en betrouwbaarheid van verklaringen van kinderen in forensisch-diagnostisch onderzoek naar hun psychische gezondheid?
- 4) Wat is de kwaliteit van de informatie in BIC-Assessments bij gevluchte kinderen die nog maar kort in een gastland zijn?
- 5) Wat zijn de uitkomsten van BIC-Assessments bij gevluchte kinderen die kort in een gastland zijn?

Dit proefschrift bestaat uit drie delen die de verschillende onderzoeksfases reflecteren. Het eerste deel rapporteert over literatuuronderzoek naar diagnostisch inhoudelijke en procedurele kenmerken van het BIC-Assessment, die bij uitstek van belang zijn bij gevluchte kinderen die recentelijk zijn gearriveerd in een gastland. Het geeft daarmee een theoretische inbedding van eerste aanpassingen in de bestaande BIC-methodiek (hoofdstuk 2 en 3; deelvraag 1 en 2). In het tweede deel wordt de verdere doorontwikkeling en 'finetuning' van de BIC-methodiek beschreven, waarbij achtereenvolgens aan de orde komen: een bespreking van de conceptversie van het BIC-Assessment in focusgroepen met experts, een pilotstudie en een aanvullend literatuuronderzoek over forensisch-diagnostisch onderzoek met kinderen (hoofdstuk 4 en 5; deelvraag 3 en eerste deel centrale onderzoeksvraag). Deel drie beschrijft de uitkomsten van BIC-Assessments met recent gearriveerde gevluchte kinderen. We gaan daarbij in op de validiteit en betrouwbaarheid van (onderdelen van) een aangepaste BIC-Assessment. Daarnaast geven deze uitkomsten een beeld van de kwaliteit van de opvoedingsomgeving van gevluchte kinderen in het land van herkomst en van hun psychische gezondheid (hoofdstuk 6; deelvraag 4 en 5 en tweede deel centrale onderzoeksvraag).

Deel I: Theoretische Inbedding

Hoofdstuk 2 gaat over *inhoudelijke* aspecten die nodig zijn voor het BIC-Assessment met gevluchte kinderen die recentelijk gearriveerd zijn in een gastland. Daartoe is een systematische literatuurstudie uitgevoerd naar de actuele gedragswetenschappelijke kennis over deze kinderen. De resultaten tonen dat gevluchte kinderen die nog maar kort in een gastland verblijven, een groot aantal ingrijpende, stressvolle levensgebeurtenissen hebben meegemaakt, zoals het verlies van gezinsleden, de blootstelling aan of het getuige zijn van geweld, en het ervaren van gevaar tijdens de vlucht. Het aantal, de aard, de intensiteit en de duur van deze stressvolle levensgebeurtenissen vormen risicofactoren voor de psychische gezondheid van deze kinderen. Bij aankomst in het gastland blijken de kinderen relatief vaak te kampen met trauma-gerelateerde stress, depressie en angststoornissen. De resultaten van deze literatuurstudie hebben geleid tot de toevoeging van twee instrumenten aan het bestaande instrumentarium van

het BIC-Assessment waarmee respectievelijk stressvolle levensgebeurtenissen en trauma-gerelateerde stressklachten in kaart kunnen worden gebracht.

Hoofdstuk 3 adresseert de vraag welke factoren gevluchte kinderen belemmeren en ondersteunen bij het delen van hun levensverhaal. Met het beantwoorden van deze vraag ontstaat een basis voor belangrijke *procedurele aanpassingen* in de BIC-methodiek. Ook hiervoor is een systematische literatuurstudie uitgevoerd. Daaruit komt naar voren dat kinderen drempels ondervinden bij het delen van hun levensverhaal door hun wantrouwen jegens autoriteiten; door de gevoelde noodzaak om zichzelf te beschermen tegen negatieve gevoelens die het vertellen van moeilijke ervaringen kan oproepen; en door het gevoel niet gerespecteerd te worden in het gastland. Gevluchte kinderen kunnen worden ondersteund bij het ontsluiten van (voor het assessment relevante aspecten van) hun levensverhaal met een respectvolle en positieve attitude van interviewers, die bovendien voldoende tijd uittrekken om vertrouwen op te bouwen. Het bieden van zoveel mogelijk zeggenschap aan kinderen bij zowel de logistieke als de inhoudelijke aspecten van het interview en het gebruik van non-verbale middelen, zijn eveneens helpend. Tot slot kan een goed getrainde tolk gevluchte kinderen steunen in het kunnen vertellen van hun levensverhaal. De resultaten van deze literatuurstudie laten zien dat professionals die het BIC-Assessment uitvoeren met gevluchte kinderen die kort in het gastland zijn meer tijd zouden moeten uittrekken voor een assessment en voor het opbouwen van vertrouwen. Daarnaast hebben het bieden van zeggenschap aan kinderen en de inzet van non-verbale technieken speciale aandacht nodig in deze BIC-Assessments, vergeleken met die met andere groepen kinderen in het migratierecht.

Deel II: Methodiekontwikkeling

Hoofdstuk 4 laat zien hoe de verdere *ontwikkeling van de BIC-methodiek* voor de situatie van gevluchte kinderen die kort in het gastland zijn, is verlopen. Op basis van de bestaande methodiek en de eerder besproken systematische literatuuronderzoeken is een conceptversie van het aangepaste BIC-Assessment ontwikkeld en in twee focusgroepen voorgelegd aan experts. Dat waren gedragswetenschappelijke ($n = 10$) en juridische professionals ($n = 15$) die bijzondere expertise hebben over gevluchte kinderen, zoals advocaten en mensen die werken

in de geestelijke gezondheidszorg, kindbescherming en jeugdzorg. De experts steunden in grote lijnen het concept voor het aangepaste BIC-Assessment. De gedragswetenschappelijke experts vroegen onder meer aandacht voor de tijd die gevluchte kinderen na aankomst in het gastland nodig hebben om te stabiliseren voordat zij in staat zijn om over ingrijpende levensgebeurtenissen te vertellen. Daarop is besloten om het BIC-Assessment niet eerder dan vier weken na aankomst uit te voeren. Tevens zijn op hun advies de diagnostische vragen voor een assessment meer in lijn gebracht met de vragen die vanuit de kindbescherming worden gesteld als vastgesteld moet worden of de ontwikkeling van kinderen voldoende wordt beschermd in hun leefomgeving.

De expertgroep van advocaten gaf aan stellig behoefte te hebben aan informatie uit BIC-Assessments om de belangen van kinderen beter te kunnen bepleiten. De advocaten uitten zorgen over de mate waarin binnen de asielprocedure ruimte zou zijn voor het meenemen van het belang van het kind in het besluitvormingsproces.

Het aangepaste BIC-Assessment is vervolgens geëvalueerd in een pilotstudie met tien gevluchte kinderen. Deze bleek te voldoen aan de verwachtingen rondom het kunnen vaststellen van het belang van gevluchte kinderen, en was praktisch haalbaar en uitvoerbaar. Het hoofdstuk sluit af met een illustratie van een uitgevoerde BIC-Assessment in de pilotstudie; het gaat om een alleenstaand meisje van 16 jaar oud dat vanuit Eritrea naar Nederland is gevlucht.

Hoofdstuk 5 biedt een overzicht van factoren die de *validiteit en betrouwbaarheid van verklaringen van kinderen in forensisch-diagnostisch onderzoek* beïnvloeden. Hiervoor is een aanvullende literatuurstudie uitgevoerd in de context van het kindbeschermings-, familie- en (jeugd)strafrecht. De resultaten konden ingedeeld worden naar factoren op het niveau van het kind, de professional en de context.

De volgende kindkenmerken kunnen van invloed zijn op de validiteit en betrouwbaarheid van hun verklaringen: leeftijd en taalvaardigheid; de mate waarin het kind vatbaar is voor suggestieve informatie; de aanwezigheid van traumatische herinneringen en de eigen inschatting door het kind van zijn of haar belangen of die van de ouders. Interviewers kunnen een positieve invloed uitoefenen als zij een passende opleiding, training en actuele wetenschappelijke kennis hebben, wetenschappelijk onderbouwde onderzoeksmethoden hanteren, gebruik maken van aanvullende informatiebronnen en beschikken over goede

interview- en rapporteervaardigheden. Binnen de contextfactoren hebben de voorbereiding van het kind op een assessment, de mate van kind-vriendelijkheid van de interviewruimte, de ouders en steun van vertrouwensfiguren invloed op de validiteit en betrouwbaarheid van de verklaringen van een kind.

We bespreken deze resultaten vervolgens in de context van BIC-Assessments; assessments die te typeren zijn als forensisch-diagnostisch onderzoek binnen het migratierecht. De meest genoemde complicaties voor de validiteit en betrouwbaarheid van verklaringen van kinderen in forensisch onderzoek binnen het jeugdbeschermings-, familie- en (jeugd)strafrecht, blijken ook voor BIC-Assessments binnen het migratierecht relevant te zijn. De genoemde invloed van de eigen inschatting door kinderen van hun belangen en van traumatische herinneringen wordt in alle rechtsgebieden genoemd. Dat geldt ook voor de onzekerheden die inschattingen over het verleden en voorspellingen over de toekomstige leefsituatie van het kind met zich meebrengen. Op basis van deze literatuurstudie stellen we vast dat de procedurele waarborgen die in acht genomen moeten worden om de validiteit en betrouwbaarheid van de verklaring van een kind te bevorderen, deel uitmaken van het BIC-Assessment. Daarmee wordt geconcludeerd dat het BIC-Assessment voldoet aan de professionele standaarden voor forensisch-diagnostisch onderzoek.

Deel III: Uitkomsten in de Praktijk

In *hoofdstuk 6* bespreken we de resultaten van een empirische studie met een observationeel, cross-sectioneel design, waarin met 16 alleenstaande kinderen en 11 kinderen in gezinnen ($N = 27$) een aangepaste BIC-Assessment is uitgevoerd. Deze studie belicht zowel de *kwaliteit van de informatie* in de BIC-Assessments als de *concrete uitkomsten* voor de kinderen. Wat de kwaliteit betreft, kan geconcludeerd worden dat een aangepaste BIC-Assessment voldoende informatie geeft op basis waarvan professionals een advies over de belangen van het kind bij een te nemen asielbesluit kunnen formuleren. Een zorgpunt daarbij is dat het vaak moeilijk is om voorspellingen te doen over de mate waarin de achtergebleven familieleden van alleenstaande gevluchte kinderen voldoende in staat zullen zijn om de ontwikkeling van het kind te waarborgen als het terugkeert naar het land van herkomst.

De scores van twee onafhankelijke beoordelaars op de BIC-Q – het instrument waarmee de kwaliteit van de opvoedingsomgeving wordt geëvalueerd – stemmen, zowel in de situatie vóór vertrek uit het land van herkomst als in de verwachte situatie ná terugkeer, in belangrijke mate overeen. De inter-beoordelaars betrouwbaarheid van de BIC-Q blijkt daarmee voor beide situaties ruim voldoende te zijn.

De kwaliteit van de opvoedingsomgeving van gevluchte kinderen was zowel voor vertrek vanuit het land van herkomst als in de verwachte situatie bij terugkeer gemiddeld 'onvoldoende' tot 'matig'. In beide situaties was voor alleenstaande gevluchte kinderen de kwaliteit van de opvoedingsomgeving significant lager dan voor kinderen in gezinnen. Dit onderstreept de bijzondere kwetsbaarheid van alleenstaande gevluchte kinderen ten opzichte van kinderen die samen met hun ouders zijn gevlucht. Meer in het algemeen baart de psychische gezondheid van gevluchte kinderen die recentelijk zijn gearriveerd in het gastland ons zorgen; veel kinderen in de onderzoeksgroep hadden trauma-gerelateerde stressklachten en emotionele problemen.

Algemene discussie

Hoofdstuk 7 beschrijft de belangrijkste conclusies die uit de verschillende deelstudies getrokken kunnen worden. De centrale onderzoeksvraag wordt allereerst beantwoord met de vaststelling dat het BIC-Assessment voor gevluchte kinderen die nog maar kort in het gastland verblijven zowel inhoudelijk als procedureel aangepast moest worden vanwege specifieke karakteristieken van deze groep kinderen. Inhoudelijk zijn instrumenten toegevoegd voor de screening van stressvolle levensgebeurtenissen en trauma-gerelateerde klachten. Procedureel is de werkwijze aangepast met technieken die gevluchte kinderen ondersteunen in het delen van (voor de assessment relevante delen van) hun levensverhaal. Vervolgens concluderen we dat de kwaliteit van informatie in het BIC-Assessment voldoende is. Inhoudelijk stellen we vast dat de kwaliteit van de opvoedingsomgeving en de mate waarin gevluchte kinderen kampen met psychische problemen in de onderzoeksgroep zorgen baren.

In de discussie reflecteren we op verschillende aspecten van het onderzoek. We constateren dat de impact van traumatische herinneringen in alle fases van het onderzoek relevant bleek te zijn. Hier zouden beslissers in het migratierecht

rekening mee moeten houden bij het interviewen van gevluchte kinderen en ook bij het beoordelen van inconsistenties in het asielrelaas van een kind. Vervolgens bespreken we enkele complicaties rondom het vaststellen van 'informed consent' van de kinderen voor deelname aan het onderzoek. We beschrijven de verhouding tussen de belangen van kinderen en hun ouders. We zien een probleem met het feit het BIC-Assessment antwoorden geeft op vragen rondom het belang van het kind die niet gesteld worden binnen het migratierecht. In die zin wijkt het BIC-Assessment af van regulier forensisch onderzoek dat vragen van beslissers beantwoordt. Tot slot werpen we een licht op de onzekerheden die inherent zijn aan het doen van forensisch-diagnostisch onderzoek met kinderen, terwijl er desondanks een beslissing over hen genomen wordt.

In de aanbevelingen voor vervolgonderzoek pleiten we voor: een vervolgstudie waarin de praktische toepassing van het BIC-Assessment door migratie-autoriteiten centraal staat, uitbreiding van het onderhavig onderzoek naar andere EU-lidstaten, het monitoren van teruggekeerde kinderen van wie het asielverzoek is afgewezen, en onderzoek naar de juridische impact van BIC-Assessments. Voor beleid en praktijk zijn aanbevelingen geformuleerd die samen te vatten zijn als het beter borgen van het belang van het kind in het asielbeleid. Daarvoor zouden kinderen meer tijd en hulp moeten krijgen om valide en betrouwbare informatie te kunnen delen over hun motieven om bescherming te vragen in het gastland. Daarnaast is het onder meer nodig dat er een speciale grond – 'in het belang van het kind' – in nationale asielwetten wordt opgenomen. Hierdoor kan het uitgangspunt om belangen van kinderen leidend te laten zijn in besluitvorming, net zoals binnen het familie- en jeugdstrafrecht, een vanzelfsprekende plaats krijgen binnen het migratierecht.

Summary

Background, objective and research questions

Children who have fled and applied for asylum in another country are entitled to having their best interests given primary consideration in the decision on their asylum application. This follows from article 3 of the Convention on the Rights of the Child (CRC). In 2013, the UN Committee on the Rights of the Child, which monitors compliance with the CRC, published guidelines on how to conduct an assessment of the child's best interests. The Study Centre for Children, Migration and Law at the University of Groningen has been performing *Best Interests of the Child (BIC)-Assessments* for a number of years for children involved in various migration procedures. These are intended to provide migration authorities, who have to make a decision on a residence permit for a child, with scientifically substantiated information about the child's best interests. The methodology used for these BIC-Assessments is in line with the guidelines of the UN Committee on the Rights of the Child.

The purpose of the present study is to determine whether, and if so, what, adaptations to the methodology are necessary when applied to a specific group of children: children who have *recently* arrived in the host country and are awaiting an initial decision on their asylum application. This concerns both children who have fled alone (unaccompanied children) and children who have fled together with their parents (accompanied children).

The group of children concerned has specific characteristics that may influence the content and procedure of the BIC-Assessment. Refugee children have often experienced stressful life events before and during migration that can sometimes cause trauma-related stress problems. Their lives are characterised by instability. Many refugee children find it difficult to share their experiences with others, although this is necessary in order to identify their interests and development opportunities and understand why they are seeking protection in another country.

Research on forensic mental health assessments for children within child protection law, family law, and juvenile justice or criminal law shows that statements made by children during an assessment can be coloured by their calculation of their own interests or those of their parents. This can negatively affect the validity and reliability of these statements. A similar problem can be expected in the case of BIC-Assessments with refugee children who aim at

obtaining a residence permit. In addition, trauma-related stress can influence their account. Moreover, in the BIC-Assessment with refugee children, professionals assess the child-rearing environment in the country of origin retrospectively (before departure) and prospectively (if the child were to return). Such evaluations and predictions are complicated in forensic mental health assessments.

The considerations set out above give rise to the following research questions.

Central research question:

Which diagnostic conditions must be fulfilled for a valid and reliable Best Interests of the Child-Assessment for recently arrived refugee children, and what are the outcomes of such an assessment for these children?

To answer the central research questions the following sub-questions were formulated:

- 1) Based on existing knowledge in social science, which elements are relevant for the assessment of the best interests of recently arrived refugee children?
- 2) Which factors support or impede refugee children's disclosure of their life stories?
- 3) Which factors influence the validity and reliability of a child's account in a forensic mental health assessment?
- 4) What is the quality of information provided by Best Interests of the Child-Assessments for recently arrived refugee children?
- 5) What are the outcomes of Best Interests of the Child-Assessments for recently arrived refugee children?

This dissertation consists of three parts. The first part reports on literature research into diagnostic substantive and procedural characteristics of the BIC-Assessment, which are of particular importance for refugee children who have recently arrived in a host country. It thus provides a theoretical embedding of initial adaptations in the existing BIC-Assessment (chapters 2 and 3; questions 1 and 2). The second part describes the further development and fine-tuning of the BIC-Assessment. A discussion of the draft version of the assessment in focus groups with experts, a pilot study, and an additional literature study on forensic mental health

assessments with children are performed (chapter 4 and 5; question 3; and first part central research question). Part three describes the results of BIC-Assessments for recently arrived refugee children. We will discuss the validity and reliability of (parts of) an adjusted BIC-Assessment. In addition, these results give an idea of the quality of the child-rearing environment of refugee children in their country of origin and of their mental health (chapter 6; questions 4 and 5; and the second part of the central research question).

Part I: Theoretical embedding

Chapter 2 deals with *substantive* aspects or adaptations that are necessary for the BIC-Assessment for refugee children who have recently arrived in a host country. To this end, a systematic literature study was carried out to discern the current knowledge of behavioural science regarding these children. The results show that refugee children who recently arrived in a host country have experienced many adverse, stressful life events, such as the loss of family members, exposure to or witnessing of violence, and the perceived danger during the flight. The number, nature, intensity, and duration of these stressful life events are risk factors for the mental health of these children. Upon arrival in the host country, children are often confronted with trauma-related stress, depression, and anxiety disorders. The results of this literature study have led to the addition of two instruments to the existing set of instruments of the BIC-Assessment that can be used to map stressful life events and assess trauma-related stress.

Chapter 3 addresses the question of which factors hamper or support refugee children in sharing their life stories. Answering this question creates a basis for important *procedural* changes in the BIC-Assessment. A systematic literature study was also carried out for this purpose. It shows that children experience barriers in sharing their life stories due to their distrust of authorities, the perceived need to protect themselves from negative feelings, and the feeling that they are not respected in the host country. Refugee children can be supported in sharing their life stories with a respectful and positive attitude from interviewers who devote sufficient time to build trust. Providing children with non-verbal resources and as much agency as possible in both the logistic and substantive aspects of the interview is also helpful. Finally, a well-trained interpreter can support refugee

children in telling their life story. The results of this literature review show that professionals carrying out the BIC-Assessment for recently arrived refugee children have to provide more time for an assessment and trust building. In addition, the provision of agency to children and the use of nonverbal techniques need more attention than is usual in BIC-Assessments for other groups of children in migration law.

Part II: Methodological development

Chapter 4 shows how the further development of the BIC-Assessment for the situation of recently arrived refugee children has progressed. Based on the existing methodology and the previously discussed systematic literature studies, a draft version of the BIC-Assessment has been developed and submitted to experts through the organisation of two focus groups. These were behavioural ($n = 10$) and legal ($n = 15$) professionals with specific expertise on refugee children, for example, people working in mental health care, child protection and youth care, and lawyers. The experts broadly supported the concept of the adjusted BIC-Assessment. Behavioural experts requested that attention also be paid to the time taken by refugee children to stabilise after arriving in the host country before being able to divulge major life events. As a result, it was decided not to carry out the BIC-Assessment earlier than four weeks after arrival. Their advice has also brought the diagnostic questions for an assessment more in line with the questions posed in child protection cases when it has to be determined whether the development of children is sufficiently protected in their environment. The lawyers emphasised the importance of the information gathered through the BIC-Assessments in effectively defending the children's best interests. They expressed their concern about the extent to which the asylum procedure allows the child's best interests to be taken into account in the decision-making process. The adjusted BIC-Assessment was then evaluated in a pilot study with ten refugee children who recently arrived in the Netherlands. This clearly met the expectations regarding the ability to determine the best interests of refugee children and was practically feasible. The chapter concludes with an illustration of the BIC-Assessment carried out in the pilot study of an unaccompanied girl aged 16 who fled from Eritrea to the Netherlands.

Chapter 5 provides an overview of factors that influence the validity and reliability of children's accounts in forensic mental health assessments. To this end, an additional literature study was carried out in the context of child protection law, family law, and juvenile justice or criminal law. The results were classified by factors at the level of the child, the professional, and the context.

The following characteristics of the child appear to impact the validity and reliability of their statements: age and language proficiency; the extent to which the child is sensitive to suggestive information; the presence of traumatic memories; and the child's own assessment of his or her best interests or those of their parents. Interviewers can have a positive influence if they have adequate education, training and up-to-date scientific knowledge, apply scientifically based research methods, use additional sources of information, and have good interview and reporting skills. Within the context factors, the child's preparation for an assessment, the degree of child-friendliness of the interview room, the influence of parents, and the support of trusted persons have impact on the validity and reliability of a child's statements.

We then discuss these results in the context of BIC-Assessments, which can be characterised as forensic mental health assessments within migration law. The most frequently cited complications for the validity and reliability of a child's account in forensic mental health assessments within youth protection law, family law, and juvenile justice or criminal law also appear to be relevant for BIC-Assessments within migration law. The influence of a child's own assessment of their interests and of traumatic memories is mentioned in all jurisdictions. This also applies to the uncertainties that involve evaluations of the past and predictions about the child's future living conditions. On the basis of this literature review, we conclude that the procedural guarantees that must be observed for the validity and reliability of a child's account are integrated in the BIC-Assessment. The BIC-Assessment meets the professional standards for forensic mental health assessments.

Part III: Practical outcomes

In *Chapter 6*, we discuss the results of empirical research with an observational, cross-sectional design, in which 16 unaccompanied children and 11 accompanied children ($N = 27$) were subjected to an adjusted BIC-Assessment. This study

highlights both the quality of the information in the BIC-Assessments and the practical outcomes for the children. It can be concluded that an adjusted BIC-Assessment provides sufficient information, which professionals can use to formulate a recommendation about the child's best interests in the asylum procedure. One concern is that it is often difficult to assess the extent to which the remaining family members of unaccompanied children will be sufficiently able to guarantee the child's development when they return to their country of origin.

The scores of two independent evaluators on the BIC-Q – the tool used to evaluate the quality of the child-rearing environment – show sufficient agreement both in the situation before departure from the country of origin and in the expected situation after return. The inter-rater reliability of the BIC-Q therefore appears to be more than satisfactory for both situations.

The quality of the child-rearing environment of the refugee children was on average 'unsatisfactory' to 'moderate' before departure from the country of origin as well as in the expected situation after return. In both situations, the quality of the child-rearing environment for unaccompanied refugee children was significantly lower than for accompanied children. This underlines the particular vulnerability of unaccompanied children compared to children who have fled together with their parents. More generally, the mental health of refugee children who have recently arrived in the host country is of concern to us; many children in the research group had trauma-related stress and emotional problems.

General discussion

Chapter 7 describes the most important conclusions that can be drawn from the various sub-studies. The central research question is answered by the conclusion that the BIC-Assessment for recently arrived refugee children had to be adapted both in terms of content and procedure because of the specific characteristics of this group of children. Instruments have been added for the screening of stressful life events and trauma-related problems. Procedurally, the working method has been adapted with techniques that support refugee children in sharing their life story (as far as is relevant for the assessment). We then conclude that the quality of information in the BIC-Assessment is sufficient. In terms of the outcomes, we conclude that the quality of the educational environment and the extent to which

refugee children are struggling with psychological problems in the research group is a cause for concern.

In the discussion, we reflect on various aspects of the research. We found that the impact of traumatic memories in all three phases of the research proved to be relevant. This should be taken into account by decision-makers in migration law when assessing a child's asylum claim. Next, we discuss some of the complications involved in determining the children's informed consent for participation in the study. We describe the relationship between the interests of children and their parents. We note a problem with the fact that the BIC-Assessment, with its interpretation of the child's best interests, provides an answer to a question that is not asked by the decision-makers in migration law. In that sense the BIC-Assessments differ from regular forensic mental health assessments. Finally, we shed light on the uncertainties inherent in performing forensic mental health assessments with children, while a decision is nevertheless taken about them.

In the recommendations for follow-up research, we call for an extension of the present study to other EU Member States; for monitoring returned children whose asylum applications have been rejected; and for research into the legal impact of BIC-Assessments. Recommendations have been formulated for policy and practice that can be summarised as better safeguarding the best interests of the child in asylum policy. To this end, children should be given more time and support to share valid and reliable information about their reasons for seeking protection in the host country. In addition, it is also necessary to include a new ground – 'in the best interests of the child' – in national asylum laws. As a result, the basic principle of letting children's interests prevail in decision-making, just as in child protection law, family law and juvenile justice, can be given a self-evident place in migration law.

Epilogue

In the general introduction and discussion of this dissertation we have noticed that there are gaps between children's rights based obligations for States with regard to the best interests of the child, the interpretation of the child's best interests in behavioural sciences¹⁸, and the practice of migration law. Assessing the best interests of the child is inherent in behavioural sciences and based on the child's rights perspective on these interests. Within migration law the assessment framework is focused on determining who is admitted as a migrant or refugee. These perspectives do not necessarily come to the same conclusions on what should be understood and result from the child's best interests. In this epilogue, we shed some light on the gap between the behavioural sciences' and the migration law perspective on the child's best interests. We believe this might be relevant to increase the practical relevance of the research. The reason for doing so here, lies in the fact that, after this study was completed, one by one, the decisions on the asylum requests of the children in the sample came dripping in, which gave us a preliminary insight into how migration authorities deal with the Best Interests of the Child (BIC)-Assessments performed for this research. From this, the gap seemed to be more pressing than we could have suspected on the basis of the literature. It is the task of scientists to report on how their research is applied in practice (Association of Dutch Universities, 2014).¹⁹ We thought it was our scientific-ethical duty to dedicate an epilogue to this gap between perspectives on the best interests of the child in migration law and behavioural sciences, including its implications.

Perspectives on the best interests of the child from the point of view of migration law

The concept of international migration exists by definition in the context of territorial borders and by consequence in the political context of borders of, for example, the labour market and the welfare system (Geddes & Scholtes, 2016, pp. 4, 8). States are entitled to regulate migration, i.e. to decide who is admitted as a migrant on their territory and who is not (Brennan, 2016; Gornik, Sedmak, & Sauer, 2018, p. 9; Van Os & Rodrigues, 2013). Although bound by international refugee law, this also applies to persons who apply for asylum (Van Houtum & Lucassen, 2016, pp. 50-51, 132).

¹⁸ We focus in this section on child psychological and pedagogical science as part of behavioural sciences.

¹⁹ Principle 1 of the Dutch Code of Science states: 'Scientists are honest and frank about their research and its applications (...)' (Association of Dutch Universities, 2014).

In the 1990s attempts to regulate and manage migration became an important focus of attention in the EU Member States, which culminated in the increased number of refugees coming to Europe in 2015 (Geddes & Scholtes, 2016, pp. 3-5, 107; Gornik et al., 2018, pp. 8-9). The EU referred to this high influx as a 'refugee crisis', resulting in a ten point EU action plan²⁰ that has been summarised as 'close the borders' (Bozorgmehr & Razum, 2015; Van Houtum & Lucassen, 2016, pp. 77-80, 117, 131). Limiting the refugee flow to Europe has become high priority in their EU politics for the Dutch Government too (Geddes & Scholtes, 2016, p. 112). On the national level, Dutch politics concerning asylum policy are based on being 'restrictive' (Selm, 2000). This is reflected in article 13 of the Aliens Act 2000 that stipulates that asylum claims are rejected unless international obligations or pressing humanitarian needs imply otherwise, or unless Dutch national interests would benefit from the presence of the applicant.²¹

Children are *invisible* in most national asylum policies (Pobjoy, 2017, pp. 44-52). Dutch asylum policy also lacks special guidelines on children (Bruin & Kok, 2015). Based on a review of 2,500 decisions in five countries²², Pobjoy (2017, p. 8) concludes that decision-makers seem to be reluctant to incorporate children's rights in the asylum assessment procedure. The best interests of children, as part of these rights, are – generally speaking – not considered in asylum procedures (Arnold, Goeman, & Fournier, 2014; Eastmond & Ascher, 2011; Feijen, 2008; Kanics, 2018, pp. 43-44, 54-55; McAdam, 2006; Ottosson & Lundberg, 2013; Shamseldin, 2012). Moreover, when best interests are considered, European policies on migration give more weight, on balance, to the 'best interests of the state' (achieving a low influx) compared to the weight given to the child's best interests (Engebrigtsen, 2003; Gornik, 2018, p. 29; Prabhat & Hambly, 2017).

The Dutch State considers the best interests of the child to be incorporated in migration policy (Bruin & Kok, 2015; Ministry of Security and Justice, 2012, 2013, 2014). However, a limited position of children's best interests in migration law has been observed in the Netherlands (Cardol, 2013; Herweijer, 2017, Meijer, 2016; Van Os & Beltman, 2012, p. 735; Werner, 2017). The Administrative Jurisdiction Department of the Council of State – the highest court for asylum cases in the Netherlands – recognises the need for a procedural assessment of the best interests of the child, however, it does not allow for a substantive assessment

²⁰ Joint Foreign and Home Affairs Council: Ten point action plan on migration, Luxembourg, 20 April 2015. See: http://europa.eu/rapid/press-release_IP-15-4813_en.htm.

²¹ See: <http://wetten.overheid.nl/BWBR0011823/2017-12-16> (in Dutch).

²² Australia, Canada, New Zealand, United Kingdom, United States.

by a judge. When the child's best interests are put forward, the State Secretary responsible must 'give sufficient consideration' to these, but this review has a 'restrained character' (Herweijer, 2017; Van Os & Rodrigues, 2013).

The tasks of migration authorities in the assessment asylum procedures are described in EU law and national regulations. Migration authorities assess whether the applicant is eligible for international protection as a refugee or on the grounds of subsidiary protection needs (EU, 2011, art. 13, 18). Migration authorities have the task of assessing the plausibility, coherency and credibility of asylum claims (EU, 2011, art. 4; Van Veldhuizen, Horselenberg, Landström, Granhag, & Van Koppen, 2017). In research by UNHCR (2014), migration authorities of four EU Member States, including the Netherlands, claimed that they take the child's age into account in this credibility assessment. However, in practice children still have to fulfil high requirements that focus on the internal consistency of their asylum claims (Bruin & Kok, 2015; UNHCR, 2014, p. 168).

In summary, perspectives on the best interests of the child in migration law are shaped by: the right of States to regulate migration; European and national policies aimed at reducing the influx of asylum seeking people; a lack of guidelines to implement the child's best interests in migration law; and a specific task for immigration authorities to assess the plausibility, coherency, and credibility of the child's asylum claim.

Perspectives on the best interests of the child from the point of view of behavioural sciences

The concept of the best interests of the child existed in behavioural sciences long before it was laid down in the Convention on the Rights of the Child (CRC) in 1989 (Goldstein, Freud, & Solnit, 1973, 1979). In behavioural sciences the best interests of the child are leading in research and practice (Grietens, 2013, p. 55). In the Netherlands, the obligation to serve the best interests of the child is laid down in the code of conduct for pedagogues and educationalists (NVO, 2017, art. 2). Overall, upholding children's rights is inherent to pedagogical and educational sciences (Verhellen, 1997). The views of the child on the outcomes of decisions that will have an impact on them is also an essential part of the behavioural sciences' perspective on the assessment of these interests (NVO, 2017, art. 8; UNCRC, 2013, para. 53-54).

Attention to the behavioural interpretation of the child's best interests has emerged over the centuries. In medieval times the child was considered to be a

small adult and seemed to be an anonymous, invisible family member (Depaepe, 2011, pp. 27-29; McNamee, p. 14; Röling, 1982, p. 58). Partly due to the introduction of education, the worlds of children and adults grew apart in the late 17th century (Depaepe, 2011, p. 27). As a result of industrialisation there was a shift from people working at home (both children and adults) to adults leaving the home to work in the factories (De Groot, 1999, pp. 176-177). The final 'discovery' of children as independent persons, who should enjoy their childhood, has been attributed to the influence of the pedagogue Jean-Jacques Rousseau in the same century (Dekker, 1997, pp. 13-15; Depaepe, 2011, p. 29; McNamee, pp. 18-19). Rousseau appreciated the nature of children and their own value, and urged parents to respect and fulfil children's needs (Noordman, 1982, p. 142). However, until the 19th century pedagogical attitudes to the best interests of the child focused on control, civilisation and discipline, aimed at normalising children so that they fit into mainstream society's culture and become 'moral persons' (Depaepe, 2011, p. 37; Röling, 1982, p. 60). The pedagogical interpretation of the child's best interests also proved to have the function of safeguarding the best interests of the state (Dekker, 1992).

Modern theories on the behavioural interpretation of the child's best interests have been developed in the 20th and 21st century. In their interpretation of the best interests of the child, the psychologists Heiner and Bartels (1989) focused on favourable environmental conditions that enhance the child's development. Based on this view, Bartels and Heiner (1994) formulated the following conditions for optimal child development: adequate physical care; a safe physical environment; continuity and stability; interest; respect; protection, support and understanding; a supportive, flexible structure adapted to the child; safety; adequate examples; education; interaction with the peer group; exposure to and contact with their own past. The pedagogues Kalverboer and Zijlstra (2006) subjected the model of Bartels and Heiner to an expanded literature review on pedagogical conditions for child development (Zijlstra, 2012, p. 22). Kalverboer and Zijlstra (2006) substantiate the child's best interests with fourteen family and societal conditions that promote the healthy development of the child, and which together reflect the quality of the child-rearing environment. These conditions form the Best Interests of the Child-Model (Appendix I).

Behavioural interpretations of the child's best interests are commonly seen in forensic mental health assessments, which serve legal decision-makers in the context of child protection, family law and juvenile justice (Bala & Duvall-

Antonacopoulos, 2006, p. 218, 224; Schryver, Afros, Mian, Spafford, & Lingard, 2009). The child's best interests in child protection cases are interpreted as guarantees to live in a safe, caring, and protecting environment that promotes a healthy development; to live with the parents, unless this would be contrary to the child's best interests; to receive adequate physical care; and to experience continuity in the child-rearing environment, an undisturbed attachment process, and a future perspective (Blaak, Bruning, Eijgenraam, Kaandorp, & Meuwese, 2012, pp. 153-157). In adoption cases, judges lean on behavioural assessments of the child's best interests, which focus on stability and permanence in care, the possibility of contact and the presence of attachment bonds with biological parents, the child's needs, the child's equal position in the adopting family, and the opinions of the child and the biological parents, when these are still available (Skivenes, 2010). Research on decisions in juvenile justice concerning out-patient psychotherapy ordered by courts, shows that the child's best interests are interpreted as, e.g. reduction of recidivism, expected positive therapy outcomes, the possibility to determine informed consent, and respecting autonomy and confidentiality (Dewey & Gottlieb, 2011). Within migration law, behavioural perspectives on the best interests of the child focus on the consequences of decisions about the child's future country of residence for the child's development, mental health, and the quality of the child-rearing environment (Kalverboer, 2014, p. 13; Van Os, Zijlstra, Knorth, Post, Kalverboer, 2018a, p. 71; Zijlstra, 2012, pp. 107-108).

In summary, behavioural sciences' perspectives on the best interests of the child are shaped by the ethical principles of behavioural scientists to serve the child's best interests and to include the child's views in the assessment of these interests; a historical development from the invisible child to a person with specific needs which should be addressed; and by the overall aim to promote the child's development, which requires a context-specific interpretation depending on the type of decision that has to be made and the specific circumstances of the child.

Bottlenecks at the crossroads of migration law and behavioural sciences

The divergent perspectives on the child's best interests in migration law and in behavioural sciences show a gap which seems to be inherent, due to the different history, aims and underlying ideas of both perspectives. In their analysis of the gap between law and child psychology, Reppucci and Crosby (1993) state: "The tension between the two fields results from several basic differences in goals, philosophy, and method. For example, the ultimate purposes of psychological research are

descriptive, proactive, and academic whereas purposes of law are prescriptive, reactive, and pragmatic" (Reppucci & Crosby, 1993, p. 7, referring to Haney, 1980).

In the aftermath of the study presented in this thesis, we obtained an impression of how this gap might influence the practical relevance of BIC-Assessments for recently arrived refugee children. Reading the decisions in which the asylum requests of children in the research sample were rejected, we saw a few illustrations of issues that can arise when behavioural sciences meets migration law, which will be described below.²³

Whereas behavioural assessors have a professional attitude to serve the child's best interests, this point of view can be misunderstood by migration authorities, assuming that the assessors are 'biased'. Although behavioural BIC-Assessments aim at sustaining an objective interpretation of the child's best interests, the decision-makers considered the BIC-Assessment in some decisions as 'subjective' because it is based on the child's best interests. That was a reason to ignore the results of the BIC-Assessments in the decision-making process. The migration authorities perceived the working method of the behavioural BIC-Assessment in some decisions as unreliable because of the fact the child's views were included in the assessment; in their opinion the assessment was too much based on these views. However, excluding the child's views would violate the professional requirements of the behavioural assessors.

In several decisions the migration authorities indicated that the behavioural conclusions on the child's mental health were not sustained with medical statements, whereas the education and training of the behavioural assessors do qualify them to perform clinical diagnoses. Behavioural assessors consider a child's mental health problems as an indication of a higher vulnerability on the part of the child, which is one of the constituting elements of the assessment of the child's best interests. However, in one of the decisions, the migration authorities, while performing their task to assess the credibility of the child's statements, considered the child's mental health problems did not sufficiently explain the inconsistencies.

The outcomes of BIC-Assessments focus on expected consequences of the asylum decision for the quality of the child-rearing environment and the child's mental health. The migration authorities on the other hand, have the task of

²³ As common in administrative law, favorable decisions are not motivated. The examples we describe in this section are derived from 7 rejecting decisions in which the Dutch migration authorities commented on the BIC-Assessments. On 1 October 2017, 9 children in the sample (N = 27) got a favorable decision, 11 asylum requests were rejected, 6 cases were pending, and 1 child left the country, not waiting for the outcome of the asylum procedure.

assessing whether the child is eligible for refugee or subsidiary protection. These diverging tasks might explain why migration authorities state that they miss a legal ground to consider the outcomes of the BIC-Assessment in the asylum decision.

A pressing issue that arose from reviewing the decisions was a consequence of diverting tasks of behavioural assessors and migration authorities. Since migration authorities have the task of assessing the credibility of the child's asylum claim, in some cases they used the reports of the BIC-Assessment for truth finding. If, for example, children reported differently on stressful life events to the assessors than they did during the asylum hearings with migration authorities, this was considered as an inconsistency and by consequence as an indication of a lack of credibility. However, the assessors' aim is not to reveal the complete and detailed asylum story of the child but to examine the child's mental health in relation to certain stressful life events and the consequences of these events for the child-rearing environment. The assessors are trained to support the child's disclosure of adverse events, which might not be mentioned in the interview with migration authorities. Using the reports of the BIC-Assessments for mere truth finding is not an adequate application for considering the child's best interest in the asylum decisions, which the BIC-Assessments aim at.

In summary, there are some premature concerns about whether the BIC-Assessments involving recently arrived refugee children will be fully successful in achieving the goal to draw attention to the position of the child's best interests in the asylum procedure. This touches upon the ethical principle in the code of conduct of psychologists to ensure beneficence and non-maleficence (American Psychological Association, 2017, principle A). This issue deserves more detailed investigation in further research.

Finding solutions: bridging, respecting and equalizing

Above all, it will be necessary to create a common understanding of the best interests of the child among the various scientists and professionals who are involved with children in asylum procedures. Working within such a shared reference frame, agreement should be reached about which elements of an assessment are (the most) important to consider when children ask for protection in another country. The Best Interests of the Child (BIC)-Model, which forms the theoretical foundation of the assessment of the quality of the child-rearing environment, is developed as a general framework that translates the child's best interests into conditions for a healthy child development and is applicable in

various fields of law and practice (Kalverboer & Zijlstra, 2006; Kalverboer, 2014). To narrow the gap between behavioural sciences' and migration law perspectives on the child's best interests, it might be necessary to consider which conditions for child development are the most pressing when decisions have to be made on the safety of the child's living environment. Inspiration for this can be found in the concept of 'good enough' parenting, which is applied within child protection law to determine if it is necessary to intervene in the child's right to live with his or her parents in order to ensure the child's safety and development (Bryson, 2016; Choate & Engstrom, 2014). However, defining 'good enough' parenting proved to be complicated in the field of child protection (Vischer, Grietens, Knorth, & Mulder, 2017). For refugee children, who come from war torn countries, the assessment of the parental capacities is further complicated because the extent to which parents are able to protect the child's development is highly influenced by unstable, insecure, and often unpredictable societal circumstances (De Haene, Grietens, & Verschueren, 2010; McMichael, Gifford, & Correa-Velez, 2011). Furthermore, agreement has to be reached on the purpose of the BIC-Assessment and the proper ways of using (and to prevent misusing) reports of the assessment.

In the discussion of this dissertation we have made some recommendations to better understand and enhance the best interests of the child in migration law, which could also serve as initial steps to *bridge the gap* we discussed in this epilogue. To summarise the most important ones, it would be advisable to involve behavioural experts in the decision-making process and to support migration authorities in taking into account the refugee child's best interests by creating a legal ground for doing so in the national Aliens Act.

It is important that professionals involved in the asylum procedure *respect professionals' different roles* in the life of recently arrived refugee children. Guardians, parents and lawyers have the task to defend the child's best interests, behavioural scientists have the task to sustain a scientifically based interpretation of the best interests of the child, and migration authorities have the task to assess the plausibility, coherency and credibility of the child's claims to receive refugee protection, while taking the child's best interests into consideration as well as the state's interests to regulate migration. Trusting on everyone's professional qualities to perform these tasks would already be an advantage that could be reached in the short term.

The principle of the best interests of the child has a strong position within child protection law, family law and juvenile justice while within migration law a

Epilogue

similar position for these interests must still be created. Although pedagogy and migration law will continue to have different approaches to the best interests of the child, to ensure that refugee children have equal rights, their best interests should be given an equal standing in all fields of law.

About
the author

Carla van Os (1968) holds master degrees in orthopedagogy at the Radboud University in Nijmegen and Law at the University of Leiden, and a bachelor degree in journalism at the Fontys University of Applied Sciences in Tilburg. Carla works as an assistant professor at the Department of Special Needs Education and Youth Care at the University of Groningen. Carla previously worked as a fundraiser and public information officer at the Dutch Refugee Foundation (1996-2005) and as a legal adviser on children's rights and migration at Defence for Children (2005-2014). Since August 2014, Carla has been working as a researcher at the Study Centre for Children, Migration and Law at the University of Groningen where she performed the present PhD study on Best Interests of the Child-Assessments for recently arrived children. Her studies and work experience focus on the crossroads of pedagogy and migration law. Carla has the following additional functions: chair of the Board of Appeal of the Dutch Association of Pedagogues and Educationalists (NVO), Member of the Board of Trustees of Stichting Het Vergeten Kind [The Forgotten Child Foundation], and Board Member of International Child Development Initiatives (ICDI).

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