Policy Paper

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Rethinking Adolescence: **Advancing Policy and Practice by adopting rights-based and evidence informed approaches**

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Rethinking Adolescence:
Advancing Policy and Practice by adopting rights-based and evidence informed approaches

This paper is part of a series aiming to promote a paradigm shift in the understanding and approaches to dealing with adolescents in the context of education, health, child protection and justice systems, and by policy makers.

The first paper provides an overview of the developmental processes that characterize adolescence. It explains how behaviours that can be seen as disruptive are rooted in adolescents' developmental needs and clarifies how adversity, violence and trauma can further contribute to behaviours that are in conflict with societal norms.

This second paper focuses on promoting policy responses that capitalize on such scientific knowledge to design and implement adolescent-centered policies and interventions that protect and fulfil their specific rights as set out in the Convention on the Rights of the Child.[1] In particular, it aims to promote a shift from approaches that focus on 'correcting' the behaviours that are perceived as disruptive, through punitive or repressive methods, towards approaches that value the specificity of this period of development and focus on promoting the cultivation of environments, policies and practices that supports adolescents' capacities to thrive. To do so, the paper emphasizes the importance of adolescence as a distinct period of growth, on participatory approaches and on trauma-informed practices.

1. **Background**

Psychology and neuroscience illustrate that there are core developmental tasks associated with adolescence. These developmental tasks are facilitated by specific adaptations and reflected in core needs that have been articulated in the science paper as follows:

- Development of emotional regulation, decision-making, impulse control and higher order executive functioning
- Development and navigation of social relationships and the importance of social motivation
- Development of the identity and personality during adolescence
- The developmental importance of autonomy and its implications for adolescents, their caregivers, educators and others
- Adolescent curiosity and need for stimulation
- Adolescent need and capacity to learn
- Psychosexual development

These are complicated adaptations, and, as demonstrated by the science paper, no two adolescents experience them in the same way. What is clear is that these developmental processes display behavioural correlates in how adolescents experience their lives, how they learn, how they seek support and how they function in interpersonal relationships. Often the expression of a developmental need can be seen as 'disruptive' or 'problematic', but it is important that policymakers and practitioners recognize the significance of such expressions for growth. It is crucial to recognize and support manifestations of developmental milestones without stigmatizing adolescent behaviours as 'problematic', while also recognizing that the 'problem' may actually be located in a society that has contributed to adversity, violence and/or trauma.

An approach to adolescence that is more nuanced, developmentally appropriate and adolescent-centred is needed, taking into account the rapid growth and significant opportunities that this phase of life represents. At the same time, the accompanying paper illustrates that there are several possible impacts of adversity, violence and/or traumatic experiences which may shape the ways that adolescents develop and the challenges that may arise as a result. The lack of culturally appropriate and person-centered diagnostic tools also means that adolescents may be unnecessarily pathologized when they come into contact with existing support systems rather than having their developmental needs and the context in which they have developed recognized. As demonstrated by the accompanying paper, it is of great importance that practitioners and policymakers recognize the ability of the adolescent brain to adapt and restore.

Box 1

Adolescent development and the capacity to thrive

This paper recognizes that developmental processes cannot be separated from their context and from the experiences which any child faces. In other words, the course of an adolescent's brain development will depend on the child's circumstances, and on the needs that arise as a result of those circumstances, including adaptation and survival needs. For instance, an adolescent displaying anxiety may have developed this trait as a survival mechanism in response to growing up in anxiety-inducing conditions, and in the context of such conditions, that might be considered adaptive. However, if those circumstances can be altered to support the adolescent in such a way that does not contribute to their distress, such adaptations would not be necessary in the first place, and this must be recognized and addressed.

Nevertheless, it is fundamental that we recognize that all adolescents possess the capacity to thrive if afforded the opportunity. This encompasses receiving adequate resources and support to foster their development into autonomous, self-regulating, and prosocial individuals who are not only mentally and physically healthy but also equipped for a long and fulfilling life. Where circumstances militate against this innate capacity to thrive, there is a clear need for the attention of duty-bearers, whether to address individual needs or to address systemic concerns that constitute structural barriers to wellbeing.

This paper actively avoids labelling adolescents as 'normal' or 'abnormal'. Instead, the emphasis is on the obligation of duty bearers to take into account and act in ways that are supportive of the innate capacity of all adolescents to thrive when the environments and circumstances support this. Thriving may look different in different contexts, and this too should be acknowledged and understood, but the obligation of duty bearers remains the same – to support the universal right of adolescents, as stated in the Convention on the Rights of the Child, to grow up in 'an atmosphere of happiness, love and understanding'.

Actionable Guidance for Policy and Practice:

Identify and Mitigate Barriers:
Duty-bearers must proactively identify and mitigate systemic and individual barriers that impede the capacity of adolescents to thrive. This includes ensuring equitable access to educational, healthcare, and social resources.

Adopt a Contextual Approach to Development:
Policies and practices should be flexible enough to adapt to the diverse needs of all adolescents, recognizing that developmental milestones may vary widely due to differing life circumstances.

Encourage Holistic Developmental Support:
A comprehensive approach should be taken to support the physical, emotional, social, and cognitive development of adolescents, facilitating environments that nurture rather than stigmatize.

This perspective aims to foster a more inclusive and equitable approach to understanding and supporting the development of adolescents, recognizing the complex interdependence of individual characteristics and environmental influences. A life course perspective is also essential, as this perspective underscores the point that intergenerational effects (ie. The experience of wellness or lack thereof between generations) may contribute to developmental outcomes, including the immediate experience of thriving and an adolescent's own future potential to thrive.

2. **Aims of the paper**

The paper provides an initial overview of what adolescent-centered practices and adolescent-equitable policy making can look like across the education, health, child protection and justice systems. To do so, it first outlines key cross-cutting principles that can drive the shift from 'corrective' approaches to adolescent-centred practices. Building on the key principles, it explores core evidence-informed and rights-based actions that can translate this shift into practice within each system.

The overview presented here was informed by a desk review as well as a conference held at Wilton Park in the United Kingdom in February 2024, attended by experts in fields including neuroscience, health, education, child protection, welfare and justice. These proposals will also require the input of adolescents themselves.

As the Summit of the Future approaches, the paper also offers a pathway to meet many of its intended goals. In particular, the Zero Draft of the Pact for the Future requires 'commitment to providing youth with a nurturing environment for the full realization of their rights and capabilities',[2] Acknowledging adolescence as a distinct developmental phase that requires specific policy attention and interdisciplinary collaboration to fully support its unique challenges and opportunities can support in meeting this goal.

3. Adolescent-centered, rights-based policy and practice: Key principles for action

The paper proceeds by identifying key principles that should inform the formulation of adolescent-centered policies. These principles identify four crucial aspects of a comprehensive shift towards adolescent-centered policy and practice. They are essential for all policies, existing and in development, in order for the actions of duty bearers to be evidence-informed and to contribute to the protection, respect and fulfilment of the rights and capabilities of adolescents.

3.1. Recognize adolescence beyond binaries of childhood and adulthood

Law and policy typically focus heavily on the legal definition of childhood, defined by the Convention on the Rights of the Child (CRC) and most national jurisdictions as the period from 0 to 18 years of age.[3] Such broad definition of childhood has crucial implications: it ensures that all children, including adolescents are recognized with specific (often enhanced) rights, that they are legally protected by all forms of violence, including neglect and exploitation, which could negatively impact their development, and guaranteed specific services. In particular, it is a means to recognize adolescents' entitlement to benefits such as social welfare entitlements (including foster care) and health services and others that accrue to children universally.[4] Yet, this binarized approach can also have the effect of being paternalistic, nullifying the growth that takes place during adolescence[5] by reducing adolescents' capacity for self-determination and overlooking their evolving autonomy. The fact that legal parlance often adopts the term of 'minor' for individuals below the age of 18 illustrates this point well.

Adolescence-centered approaches should recognize the specificity of adolescence by balancing adolescents' need for autonomy with their protection needs. There are examples of legal reforms aimed at enhancing opportunities for autonomy during adolescence, including by enhancing civic participation through lowering the age of voting;[6] through changing consent and assent procedures and laws in relation health care;[7] and through educational systems that change (lower or higher) mandatory school ages seeking to improve educational or social outcomes.[8] However, ultimately these measures continue to rely heavily or exclusively on age as the defining criterion, given the challenges of reflecting the diversity of individual developmental processes in universally applicable laws.[9] In addition, crucial issues such as age of sexual consent,[10] ability to make reproductive health choices,[11] civic and political participation,[12] ability to elect to use substances[13] and criminal responsibility[14] are deeply influenced by social and cultural norms and remain subjects of considerable debate.

Nonetheless, the practice of dealing with adolescents in the context of services provided by different systems can be updated and innovated in order to: i) enhance the focus on supporting agency and participation as the capacities of adolescents evolve; and ii) promote, wherever possible, individualized approaches to reach adolescents where they are at in their own development. This is true regardless of a person's developmental stage, but it is especially important when considering the way in which society responds to behavioural outcomes that are perceived as problematic or harmful. Indeed, fostering individualized interventions also means creating more opportunities to identify how personal experiences of adversity, violence and trauma may have resulted in behaviours that are perceived as disruptive and/or have impacted individual development. This creates the space for tailored responses that address the root causes of the behaviour, avoiding the often unnecessary and unhelpful pathologization of behaviours that are part of the developmental process.[15]

3.2. Move beyond punitive approaches to focus on adolescent thriving and recovery

Research indicates that responses to adolescent behaviours that might be considered transgressive typically constitute 'safety first', 'securitized' and 'zero tolerance' approaches that tend to punish and/or exclude individuals whether overtly or by omission.[16] Examples of these types of approaches include 'zero tolerance' approaches to substance use in educational settings, punitive detention for adolescent alleged offenders in the justice system and 'abstinence only' health education that treats all sexual activity as risky and thus approaches it with a prohibitive lens.[17] In order to address the 'risk' that is identified in a certain behaviour, these approaches focus primarily on segregating or excluding individuals that engage in such behaviours from their environments, families, classrooms and communities.[18]

These types of punitive approaches are often motivated by:

1. Arguing that they are effective in 'correcting' adolescents' 'problem' behaviours and conducive to them abandoning the undesirable behaviour;

2. outlining their benefits in terms of 'protecting' society as a whole and/or making it easier to focus on young people not exhibiting these 'problem' behaviours where resources are limited.[19]

However, research shows that these approaches fail to respond to the underlying developmental needs such as curiosity and the need for autonomy that are served by the risk-taking behaviour[20] or to address the underlying circumstances of adversity, violence and trauma that can result in behavioural outcomes that conflict with social or legal norms. As a result, their effectiveness is very limited. The same is true for their proposed benefits: studies illustrate that simply removing a rowdy student from a classroom so that a teacher can continue to teach without addressing underlying antecedents of behaviour (group norms and underlying personal difficulties)[21] or simply removing a young person from their community to address interpersonal violence in pursuit of public safety does not produce the desired outcome,[22] while it leads to clear and patent harm for the individual who is 'punished'. Furthermore, punitive approaches can be counterproductive. They tend to be over-utilized against discriminated groups, for example because of their race, ethnicity or socioeconomic background, exacerbating pre-existing social injustices.[23] When it comes to children who have experienced adversity, violence and trauma, punitive approaches are especially likely to result in secondary victimization.[24]

Adolescent-centered policies and practice aims to support adolescents' capacity to thrive, rather than applying punishment. Indeed, adolescent-centered intervention recognizes and builds upon the specificity of adolescence as a window of opportunity. It entails awareness of neuroplasticity as an opportunity for change and recovery, including when adversity and violence have occurred. It also focuses on designing and delivering services that respond to the specific needs of adolescents, including learning, connectedness, agency and meaning, and on supporting their growing capacities and skills.[25] Ultimately, for adolescents to thrive, an enabling environment is essential contributing factor, and this includes features such as safety, a sense of belonging, supportive relationships and access to appropriate services that meet the needs of adolescents where they are.[26] The effectiveness of such adolescent-centered approaches is well-documented in a variety of settings.[27] Research indicates that adolescents who are well-supported to thrive go on to become productive and contributing members of society.[28] This confirms the significance of adolescence an opportunity to be harnessed rather than a challenge to be feared. With more adolescents in the world today than ever before, appropriate practice and policy that contributes to contextually and culturally relevant supports for adolescents to thrive has never been as important as it is now.[29]

Policymakers and practitioners have a key role to play in supporting adolescents' capability to thrive. This is especially true in situations that present particular challenges, such as adolescents whose behaviours are not only perceived as disruptive, but are directly harmful to others. These situations require careful attention to the rights of both parties. This does not mean choosing between the adolescent who has been harmful and the adolescent affected, but rather recognizing the specific support needs of both. Indeed, harmful behaviours (including self-harm) are a possible outcome of exposure to adversity, violence and/or traumatic experiences.[30] Punitive approaches have been shown to be ineffective in addressing the needs of both parties in such situations and have in fact been shown to worsen outcomes.[31] By contrast, restorative approaches aim to address underlying needs and have the potential to repair harm and break the cycle of violence.

3.3. Mainstream trauma-Informed approaches and implement trauma-informed policy

As discussed, adolescent behaviours that conflict with social or legal norms can arise from experiences of adversity, violence and/or trauma. Practitioners who are not aware of the behavioural implications of trauma may pathologize these behaviours, labelling them as 'problematic', 'disruptive' or 'disordered', respond in ways that actually aggravate trauma rather than fostering recovery. Trauma-informed response is necessary in such situations, and this requires adequate recognition of what it means. A trauma-informed approach this includes identifying specific support needs, particularly (though not exclusively) for psychosocial support.[32] Practitioners and providers in all systems must also be aware of the relationship between adolescent behaviour and existing underlying trauma in order to ensure that they do not retraumatize individuals in their response. This should include efforts to address the potential for retraumatization that may arise when adolescents engage with systems that actually contribute to distress on account of their complexity, difficulty, lack of empathy or lack of adolescent-friendly supports.[33] The ultimate aim of a trauma-informed approach is to ensure that restoration and recovery are prioritized. This, in turn, requires specific capacitation needs to be met across all systems so that individuals interacting with adolescents are aware of the impacts of adversity, violence and/or trauma on behaviour.

Trauma-informed care can also extend beyond the affected individual, through efforts to promote connectedness and peer support structures, as well as preparedness for trauma-informed responses in situations where adversity or violence are likely to take place.[34] Trauma-informed policy addresses the structural sources of violence, deprivation and adversity that can contribute to trauma, thus seeking to address these as part of a preventive approach using a socioecological lens.[35] Trauma-informed policy and practice should be mainstreamed across different systems and professionals. The main goal is to recognize that both society at large and specific systems can respond to the behavioural outcomes of trauma in ways that compound its effects[36] and propose an alternative approach. Examples of trauma-informed practices (as well as critical analyses of their potential limitations) are explored by system below, but it is important to note that an overall aim must be to prevent, recognize and alleviate trauma in all policies and practices.[37]

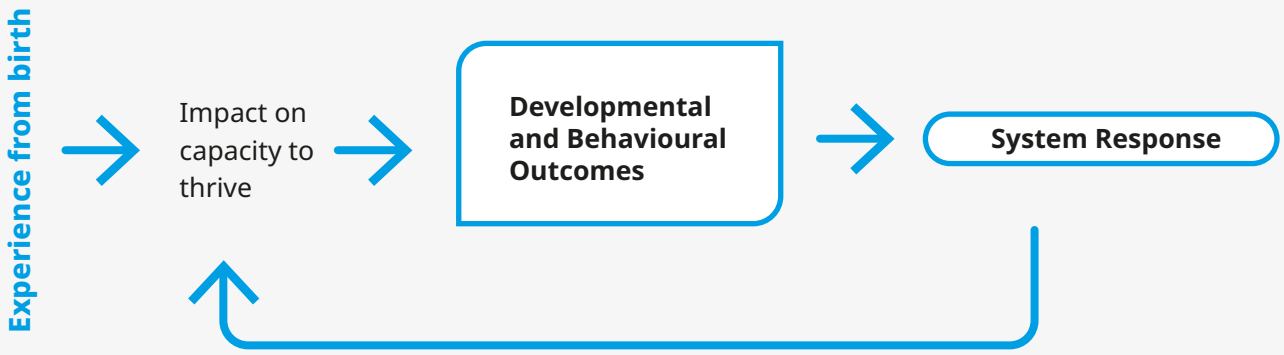

Figure 1: Relationship between individual experiences of adversity, violence and/or trauma, potential outcomes and the positive or negative impact of systems responses on the capacity to thrive

3.4. Empower adolescent agency

A core developmental need for adolescents is to develop agency and autonomy to navigate their place in the world. Adolescents' participation initiatives in developing policy can significantly contribute to their own sense of agency and self-efficacy, which are core tenets of development and wellbeing.[38] Policy-making that engages adolescents can be a significant driver of change, not only for their own development (ie. By supporting their critical thinking, agency and social reasoning capabilities), but also for policies and laws to be relevant and effective in actually meeting the needs of adolescents and the communities in which they live, learn, play and grow. It is important to distinguish between participatory approaches that tokenize youth by simply adding their voices to decisions already made by others and those that are truly driven by adolescents.[39] The 'ladder' of adolescent engagement, provides a useful paradigm for engaging with adolescents in a manner that is meaningful, as described in the table below.

Table 1
The 'ladder' of youth engagement

Engagement model	Description
Manipulation	Adults use adolescents to support their own projects and pretend they are a result of young people's inspiration
Decoration	Adolescents help implement adult initiatives
Tokenism	Participation for show. Adolescents have little or no influence on their activities
Adolescent-informed	Adolescents are assigned tasks and informed how and why they are involved in a project
Adolescent-consulted	Adults make decisions. Adolescents are consulted and informed

Adolescent-Adult Equality	Adult-initiated, shared decisions with adolescents
Completely Adolescent Driven	Adolescents' initiative and leadership
Youth/AdolescentEquity	Adolescents' initiative; decisions are made in partnerships with adults

Adapted from Hart, R. (1992).[40]

To engage with needs for autonomy, agency and developmental appropriateness, there is a complex relationship between adolescent participation and ultimate goal-oriented decision-making. It is important to also acknowledge that reasoning abilities are evolving and that this is a core consideration for adolescent involvement, because the ability, willingness and desire to engage in decision-making processes that affect their lives may vary. For policymakers, this constitutes a question regarding how best to engage adolescents 'where they are' in their developmental journey, recognizing that substantial adaptation may be required if the true meaning equitable engagement is to be realized. This may require capacitation of officials on engaging with adolescents, and supporting youth-centred decision-making, which is a skill-set in its own right.

At the same time, the focus on participation should not be limited to policy-making processes, but rather should be mainstreamed across key services, as it is crucial to support adolescents in becoming actors in their own health, in their own education, as well as agents of their own rights and protection.

Practices that focus on developing adolescents' participation entail:

- An emphasis on providing information to adolescents on the processes, choices and mechanisms that affect their lives, in a way that provides them with instruments for decision-making;
- A focus on creating the circumstances and conditions where the individual can express their own views safely and freely; and
- Mechanisms to channel those views into decisions that concern the person and to also provide feedback on the outcomes of participation.

These multilayered efforts will also need to be balanced with the ongoing obligation, for the service provider, to ultimately guarantee the protection of the child and, as such, assume responsibility over decisions that could compromise their safety.

4. System specific considerations

4.1. Education system

The education system interacts with adolescents perhaps more so than any other. The system is pivotal in adolescent development, serving as a primary arena for peer interactions. Schools can significantly influence whether these interactions support resilience and identity formation or contribute to distress. It is essential to adopt a trauma-informed, resilience-oriented approach that seeks to harness neuroplasticity to foster adolescent resilience. Below are some potential avenues through which this can be achieved.

4.1.1. Curriculum design and teaching

As noted in the prior paper, adolescents experience a considerable need and capacity to learn during this phase of development. Focusing on addressing psychosocial needs through curriculum design and delivery either fosters wellbeing or worsens challenges.[41] Adaptive and interactive pedagogical styles to support learning that is culturally relevant, peer-oriented and experiential should be adopted. Similarly, an approach that fosters critical reasoning abilities and that is stimulating for adolescents as well as adaptive for their developing needs and capacities (such as incorporating social and emotional skills, character development and social justice) can be extremely important.[42] Research also indicates that teaching styles that are dialogical in nature and that inherently focus on the adapting needs of adolescents to be engaged, heard and reasoned with are more powerful and supportive of improved life course outcomes than those that are didactic in nature.[43] In keeping with the goal of adolescent-equitable strategies for engagement and participation, it is essential that the need for participation is met in curriculum design and delivery.[44] Learners can thus be more than passive recipients of education, also supporting design, while at the same time being 'providers' in the context of peer learning.

4.1.2. Approaches to responding to student behaviour

Educational practitioners have highlighted that students who are labelled as 'disruptive', 'problematic' or otherwise challenging often (though not exclusively) come from situations where adversity, violence and/or trauma have been pervasive.[45] Research suggests that these behaviours might be mitigated with sufficient attention to the socioemotional wellbeing of adolescents who have experienced adversity, violence and/or traumatic experiences.[46] However, it also indicates that these types of interventions are not a norm.[47] Instead, punitive and segregation-based measures are prevalent – with adolescents often being 'pushed out' of school systems when they are labelled as 'problematic'[48] Supportive strategies to manage student behaviours (and their underlying roots) can include prosocial approaches to remediation, such as the incorporation of conflict management strategies into the curriculum, psychosocial support that can help learners who may have experienced trauma; and service learning, in which learners who would otherwise be 'punished' experience opportunities to contribute to their school community.[49] This requires a great deal of considered attention as well as deliberate efforts on the part of teachers, administrators and policymakers, to ensure equity in achieving the right to education for all students by using supportive behaviour management strategies.[50] It also requires capacitation of teachers in managing situations of conflict or where an individual learner displays 'disruptive' behaviours. Despite significant progress, school-based corporal punishment (and corporal punishment by caregivers) remains prevalent in many parts of the world.[51] According to the Committee on the Rights of the Child, corporal punishment amounts to a violation of the right to be protected from cruel, inhuman or degrading treatment (although this is contested by some states parties).[52] Moreover, research indicates that punitive measures – particularly those that are violent – can contribute to significant trauma for children and adolescents.[53] These approaches should, therefore, be avoided in favour of interventions that

harness elements such as adaptability, curiosity and the importance of peer relationships. By shifting the focus from traditional punitive methods to restorative practices and supportive accountability, schools can create a more inclusive, empathetic, and supportive environment. This approach not only addresses immediate behavioural issues but also contributes to the long-term development of students as empathetic and responsible individuals.[54]

4.1.3. Recognizing the significance of teacher capacity and teacher wellbeing

Teacher wellbeing should be considered part of the education system's responsibility to its own human resources as part of a trauma-informed response.[55] Teachers face extraordinary challenges while also not necessarily being equipped with the resources to address psychosocial needs of learners, particularly in light of the many other responsibilities they may have. This requires substantial capacitation for educators, who are often working in extremely difficult settings and whose role might involve some aspects of responding to mental health needs but should not be expected to serve as mental health service providers in addition to their existing roles.[56] Utilizing an approach that sees educators as part of the ecosystem of support for adolescents and works closely with other systems can lessen the 'burden' on teachers while also promoting collaboration across systems (see below).[57] Capacitation will also need to focus on identifying learner needs, including a trauma-informed lens that tailors teaching to specific developmental milestones such as the need for addressing socioemotional development, the inherent curiosity and need for stimulation of adolescents and the recognition that many stigmatized behaviours are part of these developmental stages (and thus offering potential alternatives that meet similar needs).[58]

Practice example

Return to Joy Post-Pandemic Socioemotional Recovery Program

After school closures impacted over 2 million learners in the Dominican Republic, the Ministry of Education (MINERD), along with the United Nations Children's Fund (UNICEF) partnered to roll out the 'Retorno La Alegria' (Return to Joy) package during the first two weeks of the return to school for all public school learners. The program focuses on play-based and creative learning strategies that aim to address existing difficulties through self-expression while also focusing on developmentally appropriate play strategies that align to milestones associated with motor functioning, executive functioning, problem solving, interpersonal relationships, decision making, empathy and identity formation.[59] The purpose behind the program is both to support recovery and to accelerate development that might have been affected by the adverse experience of COVID-19. To date, evaluation data is limited but the Return to Joy program illustrates that socioemotional development should be considered part of the overall trajectory of adolescent life, including in education settings.

4.1.4. Whole school approaches

Whole school approaches[i] can have an impact on supporting students to feel a sense of belonging, thus reducing the distress of isolation and adapting to the need for social relationships.[60] A whole school approach can foster community and promote the wellbeing of adolescents by making schools safer and more conducive to learning as well as prosocial engagement. Whole school approaches that treat the school as a collective community have been shown to significantly reduce peer violence, while also supporting a sense of collective

i According to the WHO and UNESCO's Health Promoting Schools, the whole-school approach goes beyond classroom learning and teaching to encompass all aspects of life in a school, including local partners and the community. The three critical elements of a whole school approach to MHPSS in schools are the psychosocial environment, curricula and instruction and mental health programmes and services.

ownership of the school's educational and psychosocial outcomes.[61] To achieve a whole school approach, all stakeholders need to feel a sense of connection to the community and need to feel a sense of accountability to each other. School governance mechanisms can support whole school approaches through building avenues for student engagement, supporting collective action and actively seeking to reduce exclusion of particular individuals because they are members of the school community.[62] While whole school approaches can be led by administrators, it is essential that learners are also part of the process of decision-making regarding school norms, governance and accountability as they are the primary stakeholders in the education system. Studies indicate that adolescents are increasingly engaged with topics such as social justice and the rights of others as they grow, and harnessing the potential of adolescent engagement in community and social environments is especially important.[63]

4.1.5. Mental health promotion, prevention and intervention

Fostering mental health literacy and reducing stigmatization of help-seeking can be achieved through the education system. Similarly, mental health promotion that emphasizes the significance of adolescent learning approaches (including through peer learning) can be of considerable use to optimize growth and cultivate restoration. This can include activities such as awareness raising activities that focus on peer-led learning as well as facilitated conversations about mental health in open and non-judgmental settings. At the same time, preventive efforts such as the incorporation of SEL into curriculums and the prevention of peer violence through school climate interventions (ie. Through making the school feel safer both physically and psychosocially) can also be beneficial.[64] Where a learner is engaging in behaviours labelled as 'disruptive' or is identified as potentially requiring additional support, linkage with health systems or other mechanisms to receive care should be facilitated. Both the identification and the referral pathway require capacitation for teachers, as well as strong collaboration between systems. Ultimately, if a learner is exhibiting behaviours that might be cause for concern, including peer violence in person or online, a trauma-informed lens requires that their own life history is taken into account and that any personal experience of trauma is addressed.[65] Gender inequalities must be considered as part of the overall strategy for addressing the needs of adolescents who exhibit behaviours in conflict with the norms of society. Specific underlying inequalities may render some boys or girl-children more vulnerable to specific adversities (such as sexual harassment, abuse and assault) as well as particular manifestations of hyperarousal that are considered 'socially acceptable' and therefore may not be overtly disruptive but are nonetheless of concern.[66] The same is true of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex, Asexual and other gender non-conforming students (LGBTQIA+).[67]

Practice example

Zambia's school re-entry policy for adolescent mothers

Adolescent pregnancy in Zambia remains persistently high, and research in 2016 indicated that just 65% of adolescent girls who give birth actually return to finish school.[68] Many challenges may contribute to this, including caregiver responsibilities as well as the stigmatization that adolescent mothers experience when they do return.[69] At the same time, the overall school completion rate in Zambia is also persistently low.[70] In 1997, the government mandated schools to re-admit adolescent mothers while also seeking to support them through engagement with families and partners about the importance of school completion for the life course of both mother and infant.[71] The policy's actual impact has been evaluated, and while it is said to be 'progressive on paper', it has not achieved the desired results, with re-enrolment and completion rates still extremely low among adolescent girls.[72] The evaluation cited multiple potential reasons for this perceived failure, including 'uneven' implementation, continued stigmatization and lack of appropriate supports within schools and communities, including for 'catch-up' learning and for mental health where needed. While this policy has sought to improve overall school completion, it has not yet realized its potential.[73]

4.2. Health system

There is a natural role for the health system in supporting adolescents to thrive. The system must adopt developmentally appropriate practices that proactively address both the physical and mental health needs of adolescents, ensuring access to comprehensive care that respects their growing autonomy. It can also support adolescents by addressing existing trauma arising from adverse, violent and/or traumatic events. Below are some avenues through which the system can support adolescents:

4.2.1. Supporting thriving in the health system

Health promotion activities focus on supporting individuals to gain control over their own health behaviours while also taking into account the broader environment and how it can contribute to wellbeing.[74] Health services frequently interact with adolescents during routine health visits, presenting an opportunity to support socioemotional development and promote resilience through peer education and engagement strategies. These interactions should focus on fostering adolescents' autonomy as their capacities evolve. Utilizing the developmental need for learning and curiosity can also be an effective strategy for engaging with adolescents in ways that promote health, as illustrated by the case study below. The health system can play a key role in supporting adolescents to address normative beliefs, develop their own opinions and values about health behaviours, destigmatizing the natural course of development (including psychosexual development) and meeting the developmental needs associated with critical thinking and agency that are a core part of this phase of life.[75]

Practice example

Harnessing adolescent values to motivate healthier eating

Among the core developmental needs of adolescence are the development of autonomy and agency as well as an individual set of values and norms that are based in the adolescent's own critical thinking skills and their sense of the world around them. Importantly, there is also a tendency in adolescence to view the world critically, to question existing structures and authorities, to be motivated by the behaviours (and approval) of peers and to experiment and engage curiously with the world. A program that emphasized choice as part of a nutrition campaign, and that aimed to support young people to satisfy needs for autonomy as well as to satisfy curiosity was shown to be highly supportive of improved eating habits.[76] However, this example also illustrates how predetermined 'good' behaviours are determined by adults, demonstrating that there are continual challenges in how adolescents are actually engaged and what constitutes best practice in supporting developmentally appropriate health messaging, practices and policies.

4.2.2. Preventing trauma in adolescent engagement with the health system: Adolescent-centred health services

Research indicates that adolescents can be subjected to adverse, violent and/or traumatic experiences within the health system when they are discriminated against, abused, neglected or harassed, including by health professionals themselves.[77] Experiences such as these can worsen existing trauma or developmental disruption. On the other hand interactions that decrease hyperarousal through utilization of a non-judgmental, trauma-informed lens can be beneficial for restoration and recovery.[78] Trauma-informed health care is not an exclusive responsibility of mental health professionals but rather an approach that should be mainstreamed throughout all practice by ensuring that all health system participants are supported, engaged and feel a sense of community, agency and mutual respect.[79] This is a question both of individual capacity

as well as system design, incorporating health service user perspectives and supporting health practitioners who are often faced with capacity challenges.

4.2.3. Responding to trauma in the health system

Frontline and non-specialist healthcare workers may interact with adolescents who have directly experienced or witnessed trauma (or traumatic and severely distressing experiences), whether or not it is explicitly known, requiring capacitation in order to ensure that they are able to identify existing trauma, respond to it in a manner that does not exacerbate it and potentially refer to a specialised provider for developmentally appropriate intervention such as modified trauma-focused cognitive behavioural therapy that emphasizes coping.[80] This should necessarily include community-oriented coping strategies[81] that harness the power of connectedness for adolescents. Leveraging digital platforms to provide accessible mental health resources and peer support can help address trauma in difficult-to-reach populations or situations of displacement and migration.[82] This approach must be safeguarded to prevent exploitation and ensure the privacy and safety of adolescent users. There is therefore a considerable role that the health system can play in trauma response through digital means that should not be underestimated.

Policy example

Partnerships to ensure equitable access to trauma-informed care and support for refugees and migrants[83]

The largest refugee population in the Western Hemisphere resides in Colombia, where national policy recognizes the equal rights of migrant and refugee populations, a plurality of whom are adolescents and young adults, to care and support, including mental health care that is community-based, trauma-informed and of the same quality as received by citizens. Because of potential exposure to armed conflict, a trauma-informed lens is especially important to reduce hypervigilance and other symptoms. Local health services were not able to cater to the needs of refugees and migrants sufficiently, with the result that the National Council for Economic and Social Policy (CONPES) developed partnerships with local non-governmental organizations who worked in primary health care but also in local communities and through schools to cater to the needs of adolescent refugees. A key finding of this approach was that partnership improved access, while another key finding was that trauma-informed care must include strong political efforts to ensure integration (including economic integration) into society and must meet adolescents where they are at, including in primary health care settings and in schools.[84]

4.2.4. Initiating and driving contextually relevant research that further clarifies and develops our understanding of adolescence

As noted, the vast majority of research related to adolescent development is from North America, Europe and Australasia, where resources are more likely to be available, and where 'Western-centric' values prevail.[85] There is a significant need for greater attention to be paid to contextually relevant research that focuses on developmental science as well as the implications of contextual factors for adolescent development and behaviour. While this should not be an exclusive responsibility of the health system (for example, linkages with the child welfare and education are essential), the health system plays an important role in promoting understanding through scientific research that informs better policies and practices, and is likely to be a key contributor to evidence-informed approaches that contribute to the ability of adolescents to thrive in their communities.

4.3. Child protection system

The child protection system is an essential component of an overall ecosystem of support for all adolescents. This duty can be fulfilled through many avenues, including support for basic needs such as food and shelter, as well as through interventions that aim to protect children and adolescents from abuse and neglect (which may include removal from their family home and placement into foster care or other facilities).[86] Ideally, child welfare also requires strong linkages with health, education and justice to ensure that adolescents who are welfare recipients have access to essential opportunities to thrive, while also potentially serving as a complement to the justice system where welfare needs are identified. Clearly, this is an expansive mandate, and there is a considerable need to enhance the ways that this mandate is delivered while recognizing that the needs of adolescents interacting with child protection systems may be complicated by existing trauma and acknowledging the duty to alleviate trauma or prevent it from occurring. Below are some avenues in which the system can contribute to supporting the capacity of adolescents to thrive.

4.3.1. Beyond survival: Cultivating opportunities to thrive in the welfare system

Traditionally, child protection has focused heavily on meeting survival needs and on addressing abuse and neglect through service provision or placement. While these contributions are of significant value and should not be discounted for their impact, the role of child protection services in promoting thriving is equally important. Child protection systems take multiple shapes and offer varying degrees of support depending on context. Research demonstrates that the manner in which these services are provided significantly alter outcomes.[87] Systems that support adolescents' capacities to thrive include those that promote education and community support, including opportunities for diverse educational needs such as creative arts.[88] In contrast to institutionalization, which has been practiced in child protection systems broadly but has also been recognized as contrary to international human rights law on the grounds that it deprives adolescents of their liberty,[89] community-based supports that meet developmental needs such as peer engagement, the need for stimulation and identity formation, are of greater benefit to adolescents as well as the communities in which they reside.[90] Family strengthening approaches, opportunities for connectedness and opportunities for engagement in civic life can and should be prioritized as part of the child protection system's commitment to supporting adolescents to thrive.[91] As noted in the accompanying paper, as adolescents grow, their need for autonomy tends to grow as well. The desire for agency in decision-making is fundamental for growth and development. Yet officials may not meet adolescent-specific needs when they see their role as 'supervisory' rather than as partners in adolescent development. Ultimately, this change requires a shift in how the system views its own role, and how it can better attend to the needs of adolescents as their capacities evolve.[92]

4.3.2. Preventing trauma and meeting developmental needs in the welfare system

Research indicates that interaction with the child protection system can often be a difficult experience for adolescents because of the lack of psychosocial support, the absence of adolescent-friendly language, the absence of facilities that contribute to wellbeing and the difficulties faced by officials in providing developmentally-appropriate services, often because of lack of capacity.[93] Strengthening of developmentally-appropriate capacity of child protection staff is an essential component of change, while improved resourcing that does not over-burden welfare officials is equally essential. Engagement with adolescents to seek input into what constitutes developmentally appropriate language, services and facilities is also a crucial input for the transformation of child protection systems away from being contributors to trauma and towards becoming contributors to wellbeing.[94]

Practice example

Trauma-informed child protection in India

In the state of Maharashtra, child welfare committees (CWCs) have the responsibility of determining child welfare concerns including placement into care, case management and rehabilitative support for existing trauma. Workforce capacitation for child welfare is a key concern because child welfare professionals, including but not limited to social workers, are often the first point of contact for adolescents in the welfare system. Many of these adolescents may have experienced adversity, violence and/or traumatic events, including exploitation, neglect and abuse, already and many may not have familiarity with the system, requiring an approach that focuses on sensitivity, adolescent-friendly language and consultative approaches that recognize the need for agency in the process. Capacitation of officials has been undertaken for all CWCs in Maharashtra to incorporate a trauma-informed lens and to ensure that capacity is built in a way that meets and respects the needs of adolescents.[95] Further evaluation is needed to assess the impact, but this represents a method for utilising the adolescent 'window of opportunity' to support 'optimal' growth.

4.3.3. Identifying and responding to existing trauma using a socioecological approach

Many adolescents engaging with the child protection system may have experienced adversity, violence and/or trauma and this requires attention from those interacting with them.[96] It is also important to note that such adverse experiences may take the form of deprivation of essential needs, which adolescents may (appropriately) experience as traumatic, and this can include situations of being unhoused or lacking a caregiver.[97] Similarly, it is important to note that abuse, neglect or conflict in the context of the caregiving relationship or in the family home may also contribute to trauma.[98] Identifying and addressing these various contributing factors requires capacitation of welfare officials in measures such as brief psychosocial support that support, along with strong collaborative relationships with the health system where specialist intervention is needed. At the same time, the role of the system is especially important in addressing the root causes of trauma, including by supporting basic needs such as shelter and food, offering opportunities to thrive through linkages with the education system and addressing the role and potential needs of caregivers such that adolescents do not experience trauma in this relationship. In situations where they do, removal may be considered, but this should ultimately be accompanied by psychosocial support that aims to alleviate the traumatic experience of placement.[99]

Policy example

Supporting adolescent psychosocial development through deinstitutionalization and financial transfers

The Republic of Georgia experienced a lengthy period of institutionalization of children who were orphaned, disabled or otherwise unable to live with their families (many were abandoned by their families). Institutionalization can be a significant source of distress for adolescents, offering fewer opportunities for stimulation, learning and interaction with the social world.[100] In 2005, the government of Georgia published the Plan of Action for Child Protection and Deinstitutionalization, followed by the 2008 Plan of Action on Child Welfare. Rapid deinstitutionalization followed, and specific attention was paid to children and adolescents with disabilities. Working with civil society and academic institutions, step-down facilities were established and the capacitation of community-based social workers was adopted.[101] Financial compensation for families was also a major feature of the Georgian policy, and as a result, fewer biological parents placed their children into foster care. The Georgian case is referenced as a significant success because it virtually 'eliminated' the need for institutionalization.[102] It is, however, important to note that much of this work was supported by UNICEF and other multilateral organizations, and that resources allocated for policy implementation were largely not domestic, instead accruing from the European Commission, the World Bank, the United States Agency for International Development (USAID) and other donors, raising the question of how to ensure sustainability and what role duty-bearing state actors ought to play in meeting adolescent needs in culturally and contextually relevant ways.[103]

4.4. Justice system

The justice system comprises a broad range of laws, procedures, authorities, institutions and actors. Adolescents can come into contact with the justice system during administrative, civil or criminal proceedings. In most cases, an intervention of the justice system is likely to entail a period of specific challenges in the adolescent's life. It is thus especially crucial that institutions and actors of the justice system operate under rules and procedures that are in line with international human rights law and adapted to the specificity of adolescence. This paper focuses on the situation of children who enter into contact with this system either as alleged offenders or as victims/witnesses of crime. When children are victims or witnesses of crime, they will be involved in criminal justice proceedings for adults, and, in these cases, it is especially crucial for justice professionals to be trained in child rights, child development, child- and gender-sensitive approaches, trauma-informed practices. Conversely, distinct laws, procedures, authorities and institutions specifically applicable to children alleged as, accused of, or recognized as having infringed the penal law should be established, reflecting the recognition that these children, including adolescents, are entitled to specific safeguards.[104] In either case, specialized adolescent-centered approaches are necessary to prevent secondary victimization, to foster children's resilience and recovery and to help them thrive in society, rather than seeking to punish them.[105] To fulfil this goal, the justice system will need to work in close coordination with other systems such as the child protection, education, and health, to prevent and respond to violence and crime against children and to ensure appropriate support to adolescents as either victims, witnesses or as alleged offenders. The section below examines (non-exhaustively) some ways in the justice system can contribute to approaches that are adapted to and supportive of adolescents.

4.4.1. Recognizing the specificity of adolescence and avoiding criminalization

Legislating about adolescents' criminal responsibility and liability is an important way for justice to either prioritize adolescence, de-stigmatizing the expression of behaviours that are perceived as 'problematic'. In particular, laws can set the boundaries regarding the conditions for adolescents to be dealt with by the justice system. Approaches that recognize the specificity of adolescents' developmental processes should be particularly careful around setting the minimum age of criminal responsibility (MACR).[106] The MACR sets a threshold below which children cannot be charged with criminal offences. While it varies greatly depending on the national context, the international community has made recommendations based on neuroscientific research, suggesting that MACR should be no less than 14 years,[107] with countries that have adopted ages of 15 and 16 years being commended by the UN Committee on the Rights of the Child.[108] This reflects the recognition of 'challenging' aspects of brain development during adolescence, a phase during which individuals are more likely to engage in risky and even harmful behaviours without necessarily appreciating the long-term consequences of their actions.[109] It also means that, when it comes to children and adolescents below MACR, other systems such as child protection, health and education may be best placed to support the individual through child- and gender-sensitive responses.

Criminalization in law and policy policy of behaviours that are rooted in the natural course of adolescent development (particularly using 'zero tolerance' approaches) should be reconsidered with due regard to the potential for eliciting or worsening adversity, violence and/or traumatic experiences that such decisions can have over the life course.[110] It is also particularly important to recognize that criminal sanction of many risk-taking behaviours – that is, the arrest and charging of an individual with a crime – is disproportionately applied to minoritized populations, even when multiple populations exhibit the same behaviours.[111] The root causes of these disparities require further examination and practices which disproportionately worsen outcomes for some adolescents over others should be reconsidered as a matter of urgency. In addition, many countries have criminalized behaviours that only constitute offences when they are committed by a young person. This could include begging or trespassing, school absence or consensual sexual acts between adolescents.[112] These are defined as 'status offences' and clearly integrate a punitive attitude over adolescents' behaviours that are perceived rebellious or socially sanctioned. Decriminalizing status offences is a crucial step in opening opportunities for approaches that are more focused on supporting adolescents' capacities to thrive, rather than on punishment.

4.4.2. Trauma informed care in the justice process

Regardless of how an individual is interacting with the justice system, their previous experience of adversity, violence and/or trauma should be considered as they go through this process. Adolescents who are victims, witnesses of crime or alleged offenders are likely to have experienced adversity, violence, trauma and the experience of contact with the justice system may exacerbate earlier exposure and be a source of secondary victimization and/or traumatization.[113] Given this dual vulnerability, which is due to both the history and the present circumstances of these adolescents, the mainstreaming of trauma-informed approaches is crucial to developing justice systems that allow for resilience and recovery.

Trauma-informed approaches should apply to all stages of the justice process.
Some examples include:

- Use of de-escalation techniques by law enforcement officials, particularly upon first contact and apprehension. Research shows that they can significantly reduce the experience of hyperarousal that an adolescent experiences;[114]

- Age- and gender-sensitive interviewing[115] is crucial to preventing victimization at a time of enhanced vulnerability, especially if the adolescent is recalling traumatic experiences;

- Safety measures for child victims and witnesses, from enhanced confidentiality rules to protection schemes aimed at preventing instances of retaliation;[116]

- Participatory approaches should be applied at all stages of the proceedings, regardless of the legal status of the child. Children's right to be heard is protected by international law;[117]

- Application of alternatives to formal judicial proceedings (diversion) in the case of alleged offenders, since studies indicates that judicial proceedings can be a source of secondary victimization and/or traumatization,[118] particularly for adolescents who are in such circumstances because of exposure to adversity or violence.[119]

Ultimately, adopting trauma-informed lenses helps professionals undertake their ultimate duty, to respect, protect and fulfil child rights, in particular by protecting children and adolescents from violence.[120]

4.4.3. From retributive justice to participatory and restorative justice approaches

Justice systems, and criminal law in particular, originate from a retributive view of society, where punishment was to be proportionally attributed to those who committed offenses against the social order. Yet, a lot has changed over the past decades, with justice systems being increasingly prepared to respond to the rights of victims and to focus on the rehabilitative functions of sanctions. Restorative justice entails a complete shift of the retributive paradigm, moving the attention from the offence to the individuals affected: the perpetrators, the victims and at times community representatives.[121] Instead of addressing the harmful behaviour from the perspective of a breach of the social order, restorative approaches aim at addressing the harm that derived from it.[122] To do so, restorative approaches require meaningful participation of the parties.[123] This way, they move away from punishment but foster a sense of accountability and they replace passivity and imposition with a model that requires and fosters agency and participation at every step. Restorative approaches can be especially effective when involving adolescents, as they foster the acquisition of empathy, moral values and autonomy while also allowing for questioning and disagreement.[124] They can also be particularly effective in exploring and addressing the root causes of offending behaviours, thus taking into account more directly experiences of adversity, violence and trauma for both the victim and the offender. Restorative justice mechanisms are especially meaningful when applied as a form of diversion, meaning measures that deal with the child alleged offender without resorting to judicial proceedings, in line with international law.[125] Studies show that diversion is a highly effective way to reduce the number of adolescents in the justice system.[126]

Restorative diversion programmes can take a number of forms but generally include victim-offender mediation, restorative conferences such as community conferences, family-based programmes, etc.[127] In this context, law enforcement officers, prosecutors and judges need to be provided with options for diverting children away from the justice system, including warning and community work, to be applied in combination with restorative justice processes.[128] Diversion may be used at any point of decision-making and at various stages throughout the process by different actors of the justice system, and it should be the preferred manner of dealing with children and adolescents in the majority of cases when appropriate[129]. For diversionary measures to work effectively, close cooperation among the justice, child protection, social welfare, health and education systems, needs to be fostered to promote its use and enhanced application.[130]

4.4.4. Avoiding recourse to deprivation of liberty and limiting its duration

Deprivation of liberty of adolescents – often without trial – is increasing around the world, and this is a significant concern.[131] Adolescence entails a duality of autonomy and vulnerability and deprivation of liberty impacts both, separating adolescents from their caregivers, peers and society in a detrimental manner.[132] Deprivation of liberty is more than punitive, it can represent a direct risk. Adolescent detention often occurs in facilities where adults are hosted, a violation of international law which enhances their vulnerability to violence, abuse and, in extreme cases, even death.[133] International law provides that the detention of an individual below the age of 18 years shall be used only as a measure of last resort and for the shortest appropriate period of time. In addition, international standards highlight that 'careful consideration' should be given before passing a sentence that restricts any child's (including adolescents) personal liberty and that such a sentence should only be imposed when they are found to have committed a serious act involving violence against another person, or has persisted in committing other serious offenses, and unless there is no other appropriate response. [134]

Deprivation of liberty often denies the needs of adolescents for stimulation, peer interaction, meaningful relationships and learning, instead actually exacerbating existing victimization and trauma while also potentially contributing to poorer outcomes in the long-term even when adolescents are released.[135] Justice professionals should work in cooperation with other systems, such as health, education and child protection, to ensure that deprivation of liberty truly is a last resort, that alternative measures are prioritized at all stages of the justice process, and that the conditions of adolescents deprived of their liberty are adapted to fulfil their rights and respond to their needs. This is necessary to ensure that any action affecting a child in contact with the justice system serves their recovery and reintegration rather than punishment, hence supporting the individual as well as society as a whole.[136]

4.4.5. Allowing for the recognition of a dual legal status: victim and alleged offender

Identifying the legal status of adolescents in contact with the justice system entails applying a binary choice: the child is either a victim or witness to a crime, or the child is an alleged perpetrator of crime. However, this binary fails to reflect the complexity of individual experiences. Previous experience of adversity, violence and/or trauma may contribute to desensitizing the empathic response or to experiencing reward from harming others, particularly other younger children or adolescents.[137] This can play a notable role in adolescents committing offences. Almost one third of all sexual assaults in the United States against children (ie. Under the age of 18), for example, are perpetrated by adolescents, a large proportion of whom report having been subjected to assault themselves.[138] In other cases, the perpetration of offences is a direct result of adolescents living under coercion and constant threat of violence, including children recruited by armed groups, organized criminal groups and terrorist groups, as well as trafficked children are routinely exploited for the commission of offences that serve the groups' interests.[139] This is a complex challenge, that justice systems are often underprepared to tackle. Currently, the status of 'alleged offender' tends to prevail and find responses that are more segregational and punitive than restorative.[140] This means that the experiences of violence and trauma of alleged perpetrators are often overlooked if not outright denied.

Practice example

Treatment practice for young sexual offenders in South Africa

Evidence suggests that adolescents who perpetrate sexual violence against other adolescents or children are likely to have experienced sexual violence themselves at some point in their lives.[141] This cycle of violence is a significant challenge for the justice system, considering the legal and social ramifications for adolescents who are both victims and perpetrators at the same time. Yet most practical approaches to addressing this challenge consist of punishment and segregation, thus neglecting the restorative needs of young offenders. In the Thulamela municipality in South Africa, the Thohoyandou Victim Empowerment Program established a program based on the 'camp' model for boy scouts in which diversion from violence perpetration was the primary outcome of interest, with a focus on adolescents in contact with the justice system. A restorative justice approach targeting only offenders and not victims, along with a socioemotional support group that focused on trauma experienced by perpetrators, showed significant changes in attitudes regarding sexual violence and reductions in assault behaviours.[142] While this is a promising outcome, it nonetheless indicates that the emphasis in the evaluation is on the reduction of a 'problem' behaviour, whereas the wellbeing of the adolescent is considered an ancillary benefit.

Adolescent-centered approaches should both recognize and contend with the complexity of these experiences. This entails that, whenever an adolescent who offends has experiences of violence, a dual status of child victim and alleged offender can be applied. In practice, this entails respecting the specific rights of victims of crime (when the violent experience is criminalized in national law), such as protective measures and reparations, even while the child undergoes proceedings as alleged offender. In all cases (even when the violent experience is not a crime), it means prioritizing support to adolescent to create the conditions for resilience and recovery. It also entails recognizing that judicial proceedings and deprivation of liberty have even higher chances of producing secondary victimization.[ii]

Recognizing that an adolescent who has perpetrated a crime may also need support for recovery does not mean disregarding the rights of their victim. Professionals do not need to choose whose victimization should be prioritized. Instead, they need be provided the tools to develop appropriate responses to each situation, knowing that research indicates that addressing the trauma of perpetrators can contribute to safer societies, altering the trajectory towards increasingly serious violations when the individual in question is still an adolescent with the benefit of neuroplasticity to support critical thinking, development of an empathetic response and reward from alternative sources.[143]

ii It is important to note that, where children are exploited for the commission of offences as a direct result of violence or coercion, the justice system can also prioritize the role of victim and not consider the child criminally responsible for those offences. A key example is the case child victims of trafficking. An important element of the victim protection framework is the non-punishment of victims of trafficking for offences directly connected or related to the trafficking situation that they have experienced. The non-punishment principle for child victims of trafficking in persons is accepted as international good practice and is recognized in a number of regional legal instruments and policy documents, including the Council of Europe Convention on Action against Trafficking in Human Beings; the ASEAN Convention against Trafficking in Persons, Especially Women and Children; EU directive 2011/36 on preventing and combating trafficking in human beings and protecting its victims; the Recommended Principles and Guidelines on Human Rights and Human Trafficking.

Policy example

Encouraging out-of-court settlement of 'juvenile' justice cases in Indonesia

The justice system has focused heavily on segregating adolescents engaging in behaviours that are perceived as problematic from their peers and from broader society through court systems, prosecutorial procedures and, ultimately, detention. Research indicates that this type of 'retributive' justice can be a source of significant trauma for an adolescent who comes into contact with the justice system.[144] Evidence also indicates that adolescents who have already experienced adversity, violence and/or trauma are more likely to have contact with the justice system, thus creating a cycle that perpetuates challenges for adolescents who require approaches that recognize their developmental needs, including for stimulation, peer relationships and opportunities to learn and to thrive.[145] In Indonesia, Law Number 3 of 1997, known as the 'Juvenile Court Law' focused on procedural directives that placed 'offenders' under the age of 18 in the prosecutorial system as soon as they were found to have infringed the penal law. Restorative justice principles were used to formulate Law Number 11 of 2012, concerning the Child Criminal Justice System (SPPA). This law focused on out-of-court settlement as a means of supporting restorative justice and avoiding deprivation of liberty of adolescents as part of a broader emphasis on children's rights. The intended result of this provision is that a child who benefits from alternatives to formal judicial proceedings (diversion) is offered the support of a social worker (employed by social welfare services) and is supported in their community.[146] While this is a signifier of a more adolescent-centred approach, it also illustrates the importance of the interoperability between the systems, and the need for significant capacity-building to meet intended goals. In order for the restorative justice approach of the SPPA to be realized, these factors are crucial for implementation effectiveness.

5. The importance of multisectoral collaboration

While it is important to recognize the potential for reforms in each system, it is of equal importance to ensure that policymakers and practitioners pay attention to the need for solutions that reinforce accountabilities across systems (ie. Multisectoral collaboration). In their day-to-day lives, adolescents come into contact with various systems. Evidence suggests that interoperability between systems is a key vector of overall wellbeing outcomes.[147] Yet evidence also indicates that siloing between systems and lack of coordination is a significant obstacle to progress.[148]

What does multisectoral collaboration look like?

There is increasing recognition that siloed approaches to adolescence are less effective than those that 'mirror' the daily lives of the adolescent. Multisectoral collaboration is defined as a set of deliberate efforts to coordinate actions, resources, actors, policies and programs in a manner that addresses similar - or the same - goal.[149] This should not be confused with a 'cross-sectoral' approach, which focuses on a narrower emphasis on coordination alone. Recognizing the importance of a socioecological lens, the aim of a multisectoral approach would be to harness existing levers across all systems, working with partners including non-governmental and civil society organizations, communicating effectively and acting in a manner that gives equal voice to all systems while also encouraging shared ownership and pooled resources.[150] Vectors of collaboration include information sharing, a common understanding of what the desired outcome would look like and a legitimate claim to ownership among all systems at all levels, from the individual to the systemic.[151]

Among the challenges that have been identified for interoperability across and between systems are:

- Lack of adequate and stable coordination mechanisms;
- Lack of data, inadequate data management, data sharing and/or data analytics;
- Lack of capacity of professionals;
- Inadequate and inconsistent laws and policies;
- Lack of uniformity in understanding the needs of adolescents and in recognizing the stigmatization of adolescent behaviours as a systemic concern;
- Lack of evidence related to effective and culturally appropriate trauma-informed approaches;
- Resource differentials across systems or overall lack of resources (including financial, human and operational resources);
- Lack of clarity in the proposed vision for a uniform agenda;

- Lack of ownership and accountability or, conversely, real or perceived complexities in defining ownership (including 'territoriality' or domination by one role player);
- Absence of political will for a coordinated response;
- Donor dependency and challenges for reporting that inculcate a single system emphasis.[152]

Addressing these challenges will require willingness within each system as well as a broad spectrum of actors who are willing to work together for mutually assured benefits. The agenda-setting exercise for shifting the paradigm away from stigmatizing adolescent behaviours, and for adopting a socioecological, adolescent-centred lens is likely to be complex and to require resource pooling and shared understandings of what is needed to prevent adversity, violence and/or trauma. Below is an example of one such approach as well as an analysis of implementation.

Case study

The Protocol on the Multisectoral Management of Sexual Abuse and Violence in Zimbabwe[153]

As a signatory to various national, regional and international declarations on the rights and protection of children, the government of Zimbabwe began a process of seeking to create a regime that supported children and adolescents who had been subjected to sexual violence in the early 1990s. In 1997, the government amended the Criminal Procedure and Evidence Act, establishing the 'Victim Friendly Service' (VFS). The aim of the VFS was to support survivors of sexual violence to pursue justice for the abuse endured, along with access to health, welfare and education services.

Reviews initiated by the Chief Magistrate found that, in order to render the VFS operationalizable, other legislative changes would need to be made. A comprehensive multi-sectoral protocol was developed and a National Coordinating Committee (NCC) established under the Office of the Chief Magistrate, composed of Ministr2ies of Justice, Health, Education, Welfare, Women's Affairs, Social Services and Labour, the Department of Public Prosecutions, the Zimbabwe Republic Police Victim Friendly Unit, traditional leaders, faith-based organizations, children's and youth representatives and development partners. The first protocol was produced in 2003, while the second was published following consultations in 2012. Each Regional Magistrate's Court has a Regional Victim Friendly System Sub-Committee which is responsible for coordination of service provision. Among the services that are offered to child and adolescent survivors of sexual violence are medical support including screening and testing; psychosocial support and placement in places of safety (including non-governmental organizations); legal services such as legal aid; trauma-informed pre- and post-trial services – including 'victim-friendly' hearings and closed testimonies; support for livelihoods; and support in developing curricular strategies and school-based programs including child-based child protection committees. Resources for the implementation of the protocol are ultimately held by the Chief Magistrate's Office.

An independent analysis of the VFS (using key informant interviews) published in 2020 illustrated some findings that shed light on the potential of the multisectoral protocol and its usage.[154] Among the findings were:

- The establishment, through policy and legislative change, of the VFS has given it legitimacy and made it a meaningful resource;
- Clear protocols aided in the management of expectations, responsibilities and delineation of tasks between service providers;
- The multisectoral nature of the VFS attracted resources from various interested parties and allowed for the sharing of these resources;
- The VFS allowed for exchange of ideas and sharing of best practices across different disciplines;
- Stakeholders in the VFS were accountable to each other and this created a sense of shared accountability and shared ownership;
- While there was an interest in multisectoral collaboration, the primary outcomes of interest for the VFS were legal in nature (ie. Conviction of offenders), perhaps reflecting where the ultimate responsibility and ownership resided. This meant that social, psychological and economic outcomes were neglected;
- Despite the concept of the VFS being 'victim-friendly', the emphasis was on perpetrators and supporting victims in the process of convicting perpetrators, with less attention actually paid to survivors of child sexual abuse once a conviction had been secured; and
- There was a lack of emphasis on rehabilitation, with focus instead being placed on conviction only.

The protocol of 2012 remains in operation at present and, while the findings related to the VFS may point to challenges, they also illustrate iterative progression (ie. From the 1997 amendment to the 2003 protocol and onward). This case study therefore highlights important policy challenges in promoting multisectoral collaboration while also demonstrating the significance of progress over time.

Multisectoral action is an important vector of implementation success, but it also tends to be 'single issue focused', often because of internal or external pressures to achieve specific results.[155] In other words, multisectoral action has been shown to be largely reactive in nature based on internal pressures, donor priorities or specific 'problems' rather than holistic or person-focused. Given that the prevention of adversity, violence and/or traumatic experiences is a key goal of agencies and stakeholders, further emphasis is needed on multisectoral solutions that focus on promotive and protective policy levers. While these are not wholly absent, they remain nascent, as illustrated by the example below.

Case Study

National Multisectoral Coordination Framework for Adolescent Girls in Uganda – 2017/2018-2021/2022[156]

According to the Ministry of Gender, Labour and Social Development in Uganda, during adolescence, gender disparities in social, education and health outcomes among boys and girls intensify, resulting in adolescent girls and young women (AGYW) being among the most vulnerable and disadvantaged demographic groups. This is especially the case for girls from poorer households and rural areas. Recognizing that this requires specific policy action in order to reduce disparities that might contribute to adversity, violence and/or trauma among AGYW, the Ministry inaugurated a National Task Force for Adolescent Girls' Technical Committee, including Ministries of Health, Finance, Education and Sports, Internal Affairs, Justice and Constitutional Affairs and Local government. The development of the framework also involved working with civil society organizations, international agencies and adolescent girls themselves. Among the issues that were identified for coordinated action for AGYW were:

- HIV/AIDS;
- Teenage pregnancy;
- Violence against children;
- Alcohol and substance use;
- Enrolment, transition and retention in school;
- Achievement in education;
- Child marriage;
- Scope for meaningful and positive participation in society; and
- Economic inclusion

The Ministry developed the Adolescent Girls Multilevel Vulnerability Index, a measure that focuses on individual, household and community-level concerns, although findings for the Index are difficult to obtain. The policy initiative demonstrated that an adolescent-centred approach was being undertaken, but it has been noted by researchers that a significant gap exists between policy provisions and local-level implementation in Uganda, particularly insofar as gender equality is concerned because of attitudinal barriers.[157] Since the policy extended to 2022, there has not been any renewal since, and in the interim, efforts to improve access to reproductive health for AGYW[158] have been rejected. This is indicative of the fact that an adolescent-centred and multisectoral initiative can have substantially meaningful results, but the 'implementation gap', encompassing social and attitudinal barriers as well as lack of appropriate and sustained resource allocation (including capacity) is a challenge even with strong policy measures in place.

6. **Caregiver engagement and caregiver wellbeing**

It is clear that many of the issues and challenges faced by practitioners and policymakers in relation working with and for adolescents will require adaptation and potentially significant reform. At the same time, the maturational imbalance alluded to in the science paper is also demonstrative of the need for an approach that recognizes potential ongoing vulnerabilities as well as legal status questions that have yet to be fully or clearly resolved. From the perspective of policy and practice, most adolescents remain under the 'care' or 'guardianship' of a caregiver, adding a layer of complexity around how best to engage these stakeholders, who bear a responsibility to protect adolescents while also recognizing their own needs and limitations and issues such as cultural and contextual factors that might contribute to differences in relational dynamics. As important stakeholders in the process of building policies and practices that contribute to improved or adverse outcomes for adolescents, engagement with caregivers, including to understand concerns and challenges, is necessary. Likewise, wellbeing of caregivers is intrinsically linked to the wellbeing of adolescents,[159] and this must be recognized and nurtured as a core policy imperative, including through the introduction of initiatives to reduce caregiver burnout.[160] It is also important to recognise that not all caregiving situations are alike, with situations such as humanitarian emergencies and complex trauma contributing to disproportionate stress for caregivers. This means it is essential to acknowledge that differentiated approaches may be necessary if the primary aim of supporting all adolescents to thrive is to be met.

Policy example
Models for Change

Research indicates that caregivers are either disengaged or feel 'blamed' or 'stigmatized' when their adolescent children are involved with the juvenile justice system.[161] They also have differential experiences with placement and probation services as well as interventions such as multi-systemic therapies and social worker intervention. Caregiver involvement in policy-making was identified as a core need in the Pennsylvania Juvenile Justice system because it was both imperative for successful probationary periods (ie. Reduced recidivism) as well as improved relationships between caregivers and the broader system.[162] Through a series of focus group discussions, the Models for Change study identified a number of potential avenues for supporting caregivers to better support adolescents who had been involved in the juvenile justice system, including through trauma-informed care that recognized the needs of caregivers (including through family advocates and peer-support for caregivers).[163] The Models for Change study was a grant-funded exercise, but family involvement was later incorporated into Pennsylvania's Juvenile Justice System Enhancement Strategy in 2012.[164] While this signifies some potential policy success, a study in 2023 noted that there was 'little empirical evidence' to suggest whether the family involvement strategy, along with supports for caregivers and potential changes in procedures had been accomplished.[165]

7. Data, monitoring and sustainability

Monitoring of progress with regard to policy reform is a key requirement, but evaluation is often an area that is left unconsidered or under-resourced.[166] Data is a necessary input but so too is the actual process of 'asking the right questions'.[167] In order to do this, engagement with appropriate duty bearers and with youth and caregivers needs to be considered as part of the overall process of programmatic design as well as being appropriately resourced and mandated in policy and law.[168] While policy change often represents institutionalization and entrenchment of a particular goal, it also requires substantial further planning, particularly for sustainability. Research suggests that the 'implementation gap' between sound policy decisions and actual implementation is often the result of resource constraints but also planning challenges.[169] An important ingredient for success of policy change therefore, is adequate sustainability planning for reforms to be institutionalized effectively over the long term.

8. Role of the private sector

Thus far, the paper has focused on the role that public duty bearers play in meeting the needs of adolescents. Nevertheless, the private sector, which can sometimes include health service provision, privatized justice systems, welfare provision and private education facilities should not be excluded from any conversation about the needs of adolescents and about their role in meeting them in ways that support 'optimization'. Nor should industries who sell or make available products and services to adolescents, such as technology corporations, manufacturers of regulated substances and large-scale industrial polluters. While many of the same recommendations presented above apply to the private sector, there is also a need to consider specific impacts that private sector actors may have on adolescent de velopment.

One such impact is the role that technology and social media in particular can have on wellbeing, offering both an avenue for adolescents to feel connected to each other[170] while also being a potential source of adversity, violence and/or trauma through experiences such as peer violence, online sexual exploitation and other forms of abuse.[171] The private sector plays a disproportionate role in the provision of such platforms, and therefore its duty to prevent adversity, violence and/or trauma from occurring or worsening is likewise especially important.[172] Working to reduce harms and eliminate risks to adolescent wellbeing in the online world is therefore a matter in which the private sector can lead, although it need not act alone.

Policy example

Youth led advocacy, research and litigation to alter tobacco advertising laws in Indonesia

Indonesia is one of the world's largest producers of tobacco, and it is estimated that one in five adolescents aged 13-17 has used a tobacco product.[173] New forms of tobacco products and advertising that is directed towards adolescents have been considerable challenges. In 2021, the Indonesian Youth Coalition for Tobacco Control (IYCTC) was formed, and it has been instrumental in holding public demonstrations as well as instituting legal action at the Supreme Court to curb advertisements related to tobacco advertising in the country.[174] Historically, adolescents have been at the forefront of these initiatives. Since 2010, young advocates in Indonesia have pushed for at least four of the six measures in the WHO's MPower framework for reducing tobacco demand. While tobacco usage in the country among adolescents and young adults remains a considerable challenge, the IYCTC continues to lead calls for protection from tobacco smoke, conduct research into corporate advertising practices that directly target adolescents and advocate for legislative reform, such as amendments the nation's Broadcasting Bill.[175]

The relationship between private actors and governments as well as multilateral agencies can significantly benefit all involved, promoting wellbeing and supporting the capacity of adolescents to thrive. Research indicates that there is a significant return on investment for private sector actors who engage in partnerships to support adolescent wellbeing, with a 23.6 times average return on spending because of costs recovered from losses in areas such as productivity and safety.[176] While the return on investment is indeed an important consideration, the obligation incumbent upon the private sector to protect and promote the rights of adolescents – as contained in the United Nations Global Compact and other instruments - should not be disregarded either. This includes regulation to ensure that adolescents are not being exposed to, or encouraged to consume, products that harm their health and wellbeing, circumventing measures to prevent them from accessing products such as alcohol and cigarettes, or being placed in institutional, recreational or online environments where they are at unacceptable risk of harm.

Case example

Global Coalition for Youth Mental Wellbeing[177]

UNICEF and Z Zurich Foundation are co-convenors of the Global Coalition for Youth Mental Wellbeing, a private-multilateral partnership which gathers stakeholders interested in investing in the wellbeing of adolescents (and young adults) through direct programming as well as indirect investment in program delivery, advocacy and knowledge sharing. The coalition brings together multiple stakeholders with a common vision and mission of seeing every adolescent and young adult thrive in their context.

9. Closing the implementation gap

The above examples demonstrate that a significant amount of guidance and well-intentioned policy has been developed at national and international levels, along with strong guidance documents that can support implementation of multisectoral approaches. For example, global guidance on best practices related to whole school approaches is well-developed and continues to be strengthened, while the joint UNICEF-UNESCO-WHO initiative Health Promoting Schools[178] has been developed for the purposes of recognizing the need for multisectoral solutions. Similarly, global guidance on engaging with adolescents in the justice system has been developed by UNODC[179] and multiple agencies, including UNICEF, the WHO, UNAIDS, UNESCO, UNFPA and others have collaborated on the AA-HA! (now 2.0) Global Framework for Accelerating Health for Adolescents.[180] This is important to recognize, because implementers need not 'start from zero' in order to meet the needs of adolescents, but can instead take advantage of technical guidance, much of which has been through the process of youth consultation, while utilizing their localized expertise to ensure contextual relevance.

The key question that then arises in regard to national policies as well as global best practice is why the implementation gap is so significant, and what can be done to alleviate it. A critical review that sought to answer these questions is presented in Annex 1, while recommendations for closing this gap are focused on below. Addressing the implementation gap is going to be critical to actually meeting the needs of adolescents, and this encompasses domestication of international guidance and best practice, stronger resource allocation and a variety of accountability measures (including measures that are accessible to adolescents themselves). Reversing attitudinal barriers to change will also be critical to success, and this requires addressing the need for greater awareness among policymakers and practitioners of the unique phase of development that adolescents find themselves in.

As noted, multisectoral collaboration is a critical feature of an approach that seeks to implement well-intentioned policy, and this too must be prioritized by supporting stable and supportive structures, shared accountability and ways of working that account for a common understanding of the needs and desires of adolescents. This should necessarily include a specific focus on regulation of the private sector, whose role in the lives of adolescents is substantial and whose contribution to adversity, violence and/or trauma can be mitigated through effective regulatory mechanisms. Ultimately, the most important goal that policy should have is to inculcate a standard of adolescent engagement that means all policies are relevant, developmentally appropriate, rights-based and evidence-informed. Ultimately, better policy can and should be developed, but it also requires robust implementation strategies along with accountability when implementation is lacking.

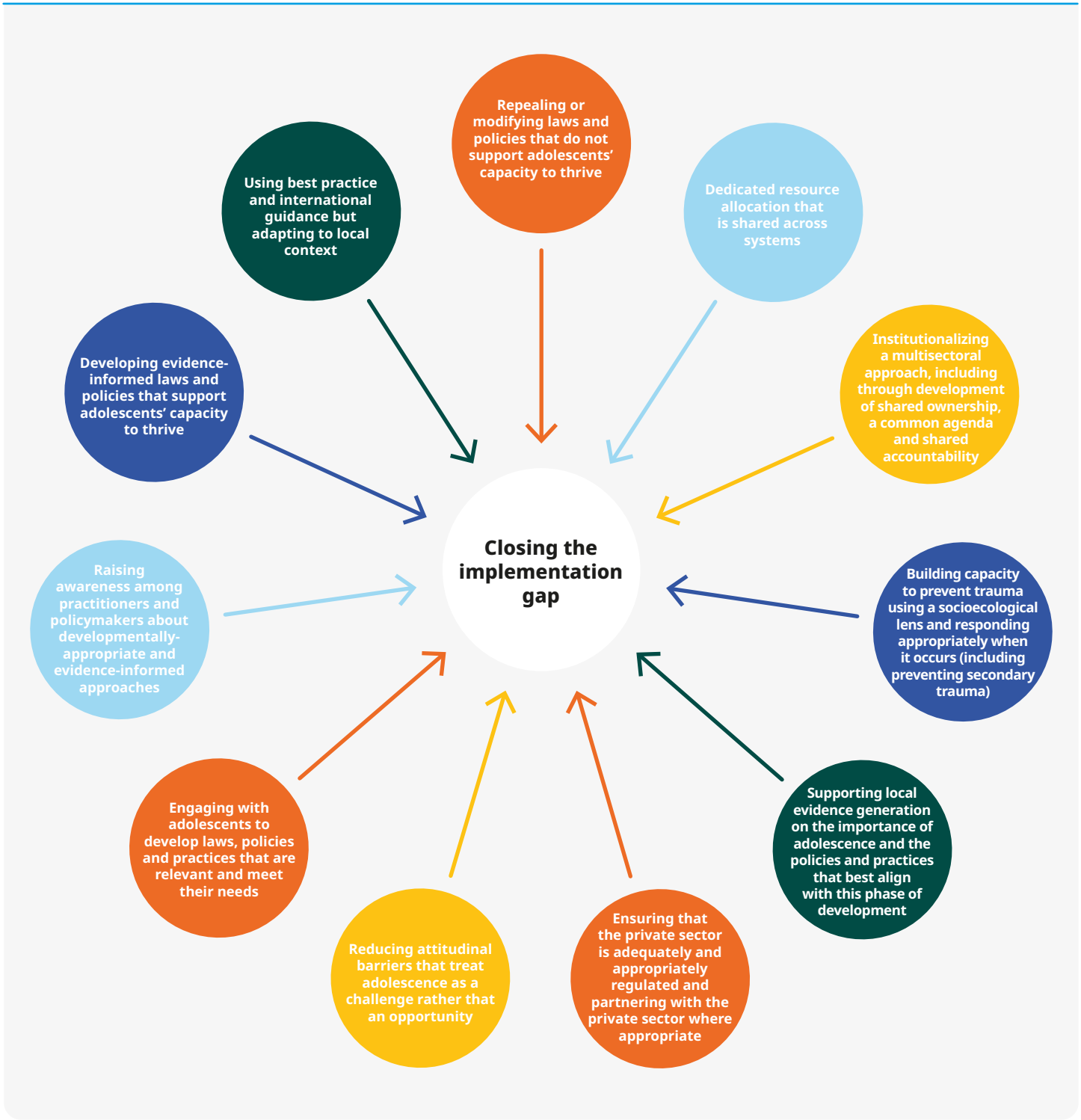

Figure 2: Recommended actions for building better policy and closing the implementation gap

10. **Conclusion**

This paper follows an initial examination of the relationship between neuroscience and adolescent behaviour, and the core developmental needs that adolescents experience, while also recognizing that, fundamentally, policies and practices do not closely match those needs. A particular emphasis was placed on adolescents who have experienced adversity, violence and/or traumatic events, and on how this manifests in behaviours that are considered to be conflict with the norms of society such as risk-taking, self-harm or behaviours labelled as 'disruptive'. Similarly, a strong emphasis was also placed on what neuroscience has been able to illustrate regarding the adolescent brain and the particular 'window of opportunity' that adolescence represents. By recognizing the potential opportunities that neuroplasticity represents, and by acknowledging that many stigmatized adolescent behaviours are actually rooted in adversity, violence and/or traumatic experiences, the paper sought to demonstrate that shifts in how these behaviours are understood and responded to can contribute substantially to promoting thriving.

At the same time, it was necessary to consider how these scientific findings can be better translated into stronger multisectoral and collaborative solutions that focus less on the 'problem' and instead emphasize the person. Because adversity, violence and/or trauma are not uniformly experienced and because there are numerous variables that might contribute to an adolescent's subjective sense of wellbeing, this person-centred approach is an essential consideration, and this is true for all adolescents regardless of their previous experiences. Therefore, this paper emphasizes placing the adolescent at the centre of policy and practice, recognizing the need to respond to adolescent behaviours but also a broader need to shift from reactionary approaches towards holistic, adolescent-centred ones.

This second paper highlights policies and practices that support the adolescent capacity to thrive. It considers emerging good practices and reviews critically what potential avenues exist for reform in and across systems. However, it should be noted that this paper is not a systematic review of practices or policies but rather a targeted examination of what exists, and what can be learned from the ways in which policies and practices operate. It also utilizes expert inputs from a conference held at Wilton Park, UK in February 2024, seeking to synthesize information and produce actionable next steps.

The analysis indicates that there are both paradigmatic and conceptual questions that need further examination as well as practical considerations that must be reconciled. Perceptions and attitudes towards adolescents ultimately can strongly shape how societies work with them and for them, and how well their rights are respected and their developmental needs fulfilled. These are complex questions that will require long-term interrogation and dialogue, but there are also immediate steps that can be taken within and across systems to better serve adolescents. Adolescent-centred policy-making should be given primacy, while restorative practices should also be institutionalized as a matter of urgency. Likewise, the case studies illustrate that the 'implementation gap' remains a considerable challenge even when good policies exist. Other challenges include the need to improve accountability and multisectoral collaboration and the need to work with donors to place people at the centre of policy making. The intricacy of the issues being faced in working with and for adolescents is substantial, but this paper also illustrates that progress can and should be made. While science refers to adolescence as a 'window of opportunity' for developmental purposes, this phase of life is also a resource for society and one that policymakers and practitioners would be remiss not to take notice of, not as 'problems' to be solved but as partners in the process of change.

Annex 1
Critical policy analysis

Among the many case study examples provided above are signifiers of progress as well as questions for critical reflection about how best to go about supporting developmentally appropriate practice and policy-making by and for adolescents, recognizing their evolving capacities. Within systems, there are also key considerations that require further distillation. Below is a narrative synthesis of some of key points that have been elicited from the case studies presented above as well as findings from the literature and from experts in the fields of adolescent neurodevelopment, human rights, welfare, education and health, convened at Wilton Park in the United Kingdom in February 2024. The synthesis should not be taken as a systematic review but instead as an overview of findings as well as considerations for reform. Inherent limitations include the fact that the vast majority of scientific studies related to adolescent development are concentrated in the Global North,[181] and the fact that the analysis focused exclusively on English-language publications because of the author's own language limitations. These limitations must therefore be taken into account in any reading of this and the preceding paper.

Critical analysis of	Findings from	Avenues for reform
What is the central goal of a policy or practice? Why?	• Various policies and practices place reduction of 'risk' or 'recidivism' as central. Others prioritize security, seeing adolescents as 'problems' and community security as essential (ie. Treating these as tradeoffs) • Many policies and practices are prohibitive or punitive - under the assumption that they work or the belief that adolescents require 'corrective' methods because of the 'problem' their developmental needs represent • Adversity, violence and/or traumatic experiences and their impacts are not well understood and efforts to ameliorate their impacts on development are not broad-based • Neuroscience and evidence about the second window of opportunity is fairly recent, and has yet to be translated into policy and practice	• Wellbeing should be the central and ultimate goal, recognizing that there may be needs for restorative behavioral management in some instances (particularly where an adolescent has infringed on another's rights). This requires changing practices away from punishment and towards developmentally appropriate approaches that do not exacerbate adversity, violence and/or traumatic experiences

	• There is often a 'problem' focus in adolescent-related policy and practice, placing the 'problem' at the centre rather than the person. • There are some practices and policies that place adolescent well-being at the centre and prioritize developmentally appropriate policy and practice. However, they are not as well-defined or well-represented. This may be for various reasons, including the absence of adolescent representation in decision-making, the difficulty of tailoring policies to evolving capacities, or the desire to 'protect' adolescents who are seen as children and therefore vulnerable.	• Awareness efforts are needed within and across systems to highlight the impact of adversity, violence and/or traumatic experiences, and to institutionalize approaches that promote rehabilitation and harness neuroplasticity. This may benefit from advocacy efforts and partnerships with civil society • A more balanced approach to addressing adolescent needs is required. This includes ensuring agency and autonomy needs are respected and fulfilled, including through youth-equitable policymaking.
Who has decided the central goal of a policy or practice? Who has been left out?	• It is largely adults who have designed practice and policy. Often, decisions are made on the basis of practicality, expediency (eg. To keep classrooms 'under control'), cost-effectiveness, resource availability, for the 'common good' (eg. To keep communities safe) or acting in the best interests of adolescents who are still seen as children • Male dominated discourses and the impact of colonialism have also meant that a number of policies have been 'exported' to other parts of the world, with Western-centric views prevailing • External actors, such as donors, are often key drivers of a goal. This isn't necessarily a problem, but it requires an analysis of who has been left out and a recognition that domestic resource mobilization might be required for sustainability • Youth engagement models can be tokenistic or instrumentalist, although efforts have been made to make them more equitable or youth-led. These remain nascent but show promise • There may be some tensions and tradeoffs associated with adolescent-centred strategies and those that are 'problem-centred' or focused on outcomes related to funding or political priorities	• Adolescent-centred policymaking and practice design is essential to fulfil rights and needs of adolescents. This should take into account the developmental importance of reasonable risk-taking, while acknowledging the needs and constraints of adults, including caregivers and educators • Policymakers can consider their own role as vectors of adversity, violence and/or traumatic experiences or as contributors to restorative outcomes through their practices. This should be continuous rather than ad hoc. • Goal-oriented policies and practices can be an outcome of youth-equitable engagement, but goals should not be dictated at the expense of such engagement strategies, nor supplant the significance of analysing who has been 'left out' as well as the need for sustainability • Donors can consider their role in shifting policymaking from a 'problem' focus to a 'person' focus by recognizing developmental needs and rights first and foremost, followed by system-specific goals or outcomes. Funders and their beneficiaries should also prioritize sustainability beyond grant life cycles as core to change processes

		• Private sector considerations may win out when there is a strong profit motivation and lack of political will (or deliberate pressure from private sector actors) to alter the potential harms that are inherent in the system's actions.
What needs to change and why?	• The actual basis of many practices and policies are rooted in binary approaches to childhood and adulthood • Too many adolescents are still exposed to adversity, violence and/or traumatic experiences • There is a significant need for greater equity in policymaking and practical decision-making. • Attitudinal barriers remain a core challenge – adolescents are still perceived as 'vulnerable' or in other cases as 'problems' • Multisectoral collaboration is often hindered by obstacles such as resource limitations, territoriality or differential understandings of goals	• Further consideration should be given to the binarization of childhood and adulthood and the ways in which adolescence and evolving capacities can be better reflected in policy and practice, including through adolescent-equitable participatory strategies that are developmentally appropriate • Efforts to address 'root causes' of adversity, violence and/or traumatic experiences, including their implications for development, should be considered as preventative measures. • Awareness raising of the developmental significance of adolescence, the importance of certain behaviours, challenging as they may be, and the agency of adolescents is needed in policymaking and practice-defining spheres. Here too, advocacy and engagement in strategic partnerships with civil society can be instrumental • Multisectoral collaboration is essential, and efforts to improve common agenda setting, resource pooling, permanent structures for coordination and improved efficiencies between and across systems that engage with adolescents should be considered.

		• Further emphasis on regulation of private sector contributors to adolescent wellbeing, or to factors that might contribute to trauma (such as online peer violence, sexual exploitation, deliberate exposure to substances and inducement to use substances) should be prioritized, and this should be done regardless of the profit motivation or the pressures from private sector actors.
What is needed to sustain change over time?	• Political will is a key factor in sustainability, with shifts in policy as well as attitudinal barriers being a considerable challenge to sustained change • Relevance of practices and policies can improve their sustainability through fostering buy-in • Resource allocation and capacitation is a necessary feature to ensure that systems do not reify or worsen existing adversity, violence and/or traumatic experiences • Permanent coordination can support multisectoral collaboration • Shifting social norms towards recognition of adolescence as a pivotal period of the life course	• Advocacy that focuses on the reduction of adverse, violent and/or traumatic experiences and the amelioration of systemic approaches that exacerbate them, is needed • Addressing questions of political will can be significantly helped through the development of strong stakeholder partnerships, including with civil society • The relationship between adolescent-equitable decision-making, relevance and buy-in should be acknowledged and harnessed • Capacity building, including of adolescents themselves is an important avenue through which sustainability can be fostered • Budgeting, including youth-equitable budgeting, to prevent and restoratively address adversity, violence and/or traumatic experiences, should be considered as part of efforts to make policy and practice more relevant as well as more sustainable • Permanent and well-resourced coordination structures can support interoperability/ multisystemal collaboration. Shared ownership of a permanent structure or body can be useful for long-term sustainability • Research and monitoring evaluation of effectiveness, cost effectiveness and return of investment of models of systems affecting the lives of adolescents.

What will successful change look like? What metrics and data are needed?	• Shifts in and across systems that focus on 'person' focused rather than 'problem' focused approaches, including to adolescents who display problematized behaviours • Interoperable solutions that recognize the need to prevent adversity, violence and/or traumatic experiences and have the necessary resources to ameliorate their effects when they occur • Elimination of unnecessarily or developmentally inappropriate approaches to adolescent behaviour, including punishment (recognizing that restorative discipline may be required in some cases), segregation or incarceration and violence. • Youth-equitable policymaking and practice, focusing on relevance, inclusion, restoration and sustainability • Data on outcomes may recognize reduction of 'risk' or 'problems' as ancillary benefits, but their core focus should be on wellbeing of adolescents	• A paradigmatic shift towards improved person-centred approaches is required. This may be supported by coalition-building, advocacy and research that generates evidence to support uptake. Partnerships with civil society can support such a paradigm shift • Permanent coordination mechanisms need to be established to support adolescent-centred practice and policy (with a specific but not exclusive focus on preventing adversity, violence and/or traumatic experiences or reducing their impacts when they occur), with shared ownership and pooled resources for implementation • Engagement with adolescents in designing policy and practice in an equitable rather than tokenistic way will likely be a significant determinant of success. This includes working with adolescents to 'ask the right questions' for monitoring and accountability purposes • Governments using regulation and other available policy levels to act in the interests of adolescents through the creation of health and safety promoting environments online and offline.

Annex 2
Practice checklist

The checklist below focuses on practical changes that can be made to address the behavioural outcomes associated with adversity, violence and/or traumatic experiences, while also recognizing the need to address 'root causes', meaning supporting adolescents to thrive rather than merely to 'correct' behaviours. The checklist is designed to aid in addressing some key considerations in practice and policy by offering suggested practical changes that can be undertaken. It is divided by system and is non-exhaustive.

Education system

Considerations for practitioners and policy-makers	Evidence-informed avenues for reform
Is the curriculum developmentally appropriate and supportive of socioemotional skills building?	Education professionals, particularly those involved in curriculum design, should consider the significance of these subject areas in curriculum development (including through engagement with learners). This includes delivery strategies that support teachers to support skills building in classrooms. UNESCO's Guidance on 'Rethinking Learning' as a core strategy for building curriculums that are developmentally appropriate and support life skills is a key resource.[182]
Does the educator have the necessary skills to address negative affectivity or impulsive behaviours? Are supports in place for the educator?	Increasingly, educators are considered frontline supporters for young people experiencing distress because of their proximity. Basic training and supportive skills for helping an adolescent cope with immediate risk of distress using programs such as Psychological First Aid for Schools[183] can be beneficial, although it also requires support for educators themselves.
For learners who have experienced adversity, violence and/or trauma, are there referral pathways for psychosocial support?	The building of appropriate linkages with other sectors will be beneficial to support young people, while also improving mental health literacy and offering supports to educators who may otherwise struggle to cope with adolescents who display signs of trauma (including problematized behaviours). In order to do this, a thorough landscape analysis and examination of situational and contextual factors (including barriers and means to mitigate them) must be undertaken and formalized and non-formalized supports included in such pathways.[184]
For learners who exhibit 'problem' behaviours, are intervention strategies punitive or rehabilitative?	'Problem' behaviours should be considered alongside the individual's life history and in view of data which illustrate that punitive approaches actually worsen academic outcomes, potentially through social, psychological or neurological processes.[185] Guidance for educators and administrators should explicitly reinforce rehabilitation over punishment, and include an assessment of pre-existing special needs, recognizing the bidirectional relationship between neurocognitive impairment and problematized behaviours.[186] Moreover, discipline should also be combined with positive reinforcement of prosocial behaviours including through peer mechanisms.[187]

Is there sufficient stimulation for the developmental phase the adolescent is in?	Methods for teaching should incorporate an emphasis on engaging all areas of the brain through age-appropriate stimulation. Studies indicate that efforts to stimulate and engage students, such as the 'Thinking Actively in an Academic Context' (TAAC) curriculum can be beneficial for learning outcomes.[188] Creativity is a significant source of stimulation for adolescents, and UNESCO's Framework for Arts and Culture in Education is a useful resource on how best to harness adolescent skills and abilities.[189]
For adolescents who exhibit hyperarousal, negative affectivity or other signifiers of distress, are practices to mitigate these part of the curriculum or other intervention strategies?	Introduction of socio-emotional skills-building into curriculums, focusing on aspects such as emotional regulation and interpersonal skills and stress management can support young people to mitigate the effects of hyperarousal elsewhere and thus harness the benefits of neuroplasticity.[190] More evidence is needed on strengths of different practices, with some studies suggesting that mindfulness is particularly useful for addressing hyperarousal,[191] while others indicate otherwise.[192]
If a caregiver is involved, what is their own emotional state? Do they exhibit signs of negative affect?	Addressing caregiver hyperarousal or other psychological symptoms can support the adolescent as well as altering patterns that contribute to conflict in the relationship, including the reduction of any existing violent behaviours of the caregiver. WHO INSPIRE[193] is a tool that can aid in addressing violent behaviour management, while Helping Adolescents Thrive (HAT)[194] is a toolkit for supporting communication and conflict management between caregiver and adolescent.
Where peer violence (including online) is exhibited, are efforts made to address the potential trauma of those experiencing violence and those perpetrating it?	Because of the window of opportunity that adolescence presents, there are prospects for addressing peer violence as well as the neurological response of being subjected to it through intervention with both subject and perpetrator (the latter of whom may be perpetrating because of their own exposure to adversity, violence and/or trauma).[195]
Is there an approach to addressing adolescent needs that takes into account their evolving capacity for engaging in participatory design and/or instruction?	Student disengagement in didactic approaches[196] can be mitigated by participatory approaches that recognize the need for active engagement in learning and teaching.[197] This can and should include engagement in curriculum design.

Health system

Considerations for practitioners and policy-makers	Evidence-informed avenues for reform
Do health promotion and education efforts recognize the importance of peer relationships in their interventions?	Health promotion efforts that engage peers in educating adolescents about health behaviours have demonstrated some success.[198] Utilizing peer information networks can offer prosocial peer rewards while also being developmentally appropriate given the degree to which social cognition influences behaviour at this stage of life.[199]
If an adolescent presents with trauma symptoms, are they provided with developmentally appropriate and evidence-based psychosocial support?	Health systems should offer psychosocial support that has been demonstrated to harness neuroplasticity for the purposes of reducing hyperarousal, impulsivity and negative affectivity. Cue-centered therapy[200] and trauma-focused cognitive behavioural therapy[201] have shown promise in this regard. Similarly, interventions that illustrate their capacity to reduce presence of stress hormones may show promise.[202] The use of digital technologies for health service delivery may also be more age appropriate and supportive of wellbeing, particularly in situations where an adolescent might feel stigmatized for help-seeking or may be in hard-to-reach areas.[203]
Are health professionals sufficiently capacitated to identify and address the affective impacts of adversity, violence and/or traumatic events?	While mental health professionals may have some experience in supporting adolescents with experience of adversity, violence and/or traumatic events, it is often frontline workers as well as nurses and other staff who may be called upon to provide psychosocial support. All health care workers will thus need capacitation in trauma-informed responses.[204] This should include consideration of an approach to screening that is evidence-based and supportive of appropriate referral or placement.[205] In-service training and supervision will thus be needed. mhGAP[206] is an example of capacitation for frontline health workers who may be non-specialists in the field of mental health.
Are adolescent health facilities youth-friendly and able to provide services in ways that do not exacerbate existing exposure to adversity, violence and/or trauma?	Adolescent-friendly health services comprise of a developmentally-appropriate set of services provided in a space that is specifically provided for adolescents, taking into account their evolving capacities as well as the needs for privacy, confidentiality and lack of judgment, which may be experienced as adversity.[207]
If an adolescent displays signs of risk-taking behaviour such as substance use or other forms of risk taking, is an integrated, trauma-informed lens applied?	Research indicates that adolescents are more likely to engage in risk-taking behaviours, including substance use when there is evidence of trauma that might impact on the risk-reward system and critical reasoning.[208] This means that integrated supports that focus on an integrated trauma-informed lens should always be applied, and that appropriate capacity for trauma-informed integrated services should be prioritized.

If a caregiver is involved, what is their own emotional state? Do they exhibit signs of negative affect?	Addressing caregiver hyperarousal or other psychological symptoms can support the adolescent as well as altering patterns that contribute to conflict in the relationship, including the reduction of any existing violent behaviours of the caregiver. WHO INSPIRE[209] is a tool that can aid in addressing violent behaviour management, while Helping Adolescents Thrive (HAT)[210] is a toolkit for supporting communication and conflict management between caregiver and adolescent.
Is there an approach to addressing adolescent needs that takes into account their evolving capacity for engaging in participatory approaches to health?	The development of strong guidelines that are implementable and provide for meaningful participation can be supplemented by national, regional and local-level implementation plans. An example of such guidelines is ENGAGED AND HEARD!, UNICEF's Guidelines on Adolescent Participation and Civic Engagement, which supports health and other systems.[211]

Child protection system

Considerations for practitioners and policy-makers	Evidence-informed avenues for reform
Is a system-wide approach to trauma-informed child protection adopted?	Trauma-informed child welfare should be a matter of policy as well as practice, with a recognition of the need for capacitation as well as the establishment of appropriate strategic partnerships which provide support for child welfare services that can significantly improve the trauma responsiveness of the entire welfare system, including for survivors of systemic violence who are exposed to judicial or quasi-judicial proceedings as part of their protection.[212]
In conducting needs assessments as well as psychometric assessments, is the child protection system able to identify both needs and strengths?	Child welfare systems are often over-reliant on 'risk-based' assessment to ascertain how best to support beneficiaries, recognizing that there may be inherent needs that are precipitated by risks. However, inherent needs are also precipitated by strengths, and these tend to be overlooked.[213] Welfare systems also overwhelmingly utilize the 'best interests' standard in which a determination is based on an adult's assessment of adolescent needs.[214] Strength-based and participatory assessments can aid in supporting adolescents to utilize their inherent capacities (including their evolving capacity for agency and need to be a part of decisions affecting them) to determine the best course of action in welfare decision-making.[215]
Are adolescents who have experienced adversity, violence and/or traumatic life events offered accommodations such as youth-friendly services to access social support?	Youth-friendly social services serve the dual purpose of engaging youth in developmentally appropriate ways while also preventing further exposure to adverse, violent and/or traumatic experiences. Physical space, referral for specific support needs and recognition of agency, privacy and confidentiality are some aspects of youth-friendly support services.[216]
Are child protection professionals sufficiently capacitated to address the affective impacts of adversity, violence and/or traumatic events?	Capacitation of welfare officials on trauma-informed care has shown promise for addressing the developmental and psychosocial needs of adolescents, improving mental health outcomes but also improving placement stability.[217] Included in such training packages are efforts to alleviate distress (including hyperarousal) as well as efforts to address instability within the family system.[218] Instability, along with familial disruption, can be considered an adverse event.[219]

Where segregation is utilized, is there sufficient stimulation for the developmental phase the adolescent is in? Are there sufficient opportunities for peer engagement?	Alleviation of boredom through developmentally appropriate stimulation can reduce post-placement risk-taking.[220] Stimulation and supportive peer relationships are key components of adolescent development. Peer mentoring has demonstrated utility in reducing problematized outcomes,[221] and in stimulating the experience of reward through positive peer relationships.[222]
If a support person or caregiver is involved, what is their own emotional state? Do they exhibit signs of negative affect?	Addressing caregiver hyperarousal or other neuropsychological symptoms can support the adolescent as well as altering patterns that contribute to conflict in the dyad, including the reduction of any existing violent behaviours of the caregiver. Trauma-informed welfare systems have shown potential for reducing caregiver stress in previous studies.[223] WHO INSPIRE[224] is a tool that can aid in addressing violent discipline, while Helping Adolescents Thrive (HAT)[225] is a toolkit for supporting communication and conflict management between caregiver and adolescent.
Is there an approach to addressing adolescent needs that takes into account their evolving capacity for engaging in participatory approaches to welfare and protection?	This remains a nascent field, but practices that support child and adolescent participation in their own protection should be considered part of supporting their growth and development. Examples such as the use of Family Welfare Conferences[226] as part of the social welfare determination process should be considered as guiding practice.
Apart from meeting basic survival needs, is the welfare system well suited to actually support adolescents to thrive?	Supporting the adolescent capacity to thrive is a considerable undertaking that encompasses all of the individual's developmental needs. This can be done through, for example, enhancing opportunities for stimulation and creativity, including in welfare settings, building social support structures that support adolescents to adapt and engage with each other, and promoting autonomy and participation in welfare decision-making.

Justice system

Considerations for practitioners and policy-makers	Evidence-informed avenues for reform
When an adolescent is exhibiting 'problem' behaviours, is a trauma-informed approach utilized if they are in contact with the law enforcement?	If an adolescent has been apprehended or detained by law enforcement, it is essential that this contact does not contribute to or worsen existing adversity, violence and/or trauma. Efforts to de-escalate situations that may contribute to hyperarousal and to engage in approaches that are non-violent should always be utilized.[227] In addition, appropriate supports such as debriefing support should be offered to adolescents exposed to contact with law enforcement.
If an adolescent is exhibiting 'problem' behaviours, are there appropriate alternatives to the formal justice system?	Engagement with the justice system is likely to be a significant source of distress, while at the same time often not supporting effective rehabilitation and reintegration interventions. Alternatives include diversion (alternative to formal judicial proceeding) with adolescents using other forms of activity and peer administered supports[228] as well as restorative approaches that eschew the traditional justice system.[229]
Are there specific needs that arise when an adolescent is a witness, victim or offender? Are law enforcement and judicial or non-judicial justice systems appropriately capacitated to meet these needs?	All adolescents will require assessment, interviewing, testimony and the provision of information that is trauma-informed and developmentally appropriate. This is true whether they are a victim of an alleged crime, a witness to it or an alleged offender, although it is also important to recognize that these needs may differ to some extent. Law enforcement and justice systems that embed trauma-informed care focus on recognizing the impact of life history on behaviour while also seeking to prevent retraumatization.[230] Trauma informed assessment, interviewing and testimony may include measures such as the use of age-specific language, the use of places of safety for interviewing and other procedures and the availability of appropriate psychosocial support professionals who are trained to debrief and reduce the severity of the trauma inherent in contact with the law enforcement and judicial systems.[231]
Where segregation is utilized, is there sufficient stimulation for the developmental phase the adolescent is in? Are there sufficient opportunities for peer engagement?	Alleviation of boredom through developmentally appropriate stimulation can reduce post-detention risk-taking.[232] Stimulation and supportive peer relationships are key components of adolescent development. Peer mentoring has demonstrated utility in reducing recidivism,[233] and in stimulating the experience of reward through positive peer relationships.[234] In all cases, deprivation of liberty should only be considered as a last resort given its potential for contributing to adversity, violence and/or trauma.[235]
Is there caregiver or family involvement in engagement with law enforcement or diversion? If so, what is the emotional state of the caregiver?	It is important to recognize that adolescents who have experienced adversity, violence and/or trauma are also more likely to have caregivers who have also experienced similar challenges. A family systems lens to addressing problematized behaviours is therefore of essential importance. In cases where a caregiver is absent, abusive or neglectful, this too should be acknowledged as it is ultimately a contributor to adversity, violence and/or trauma for an adolescent. Efforts to address caregiver-related violence are essential and may involved engaging directly with socioemotional needs of a caregiver.[236] Similarly, it is important to recognize that efforts at diversion must incorporate an emphasis on the family system and the caregiver's role as a participant in the diversion process. Research indicates that diversion efforts that reach caregivers are more successful than those that do not.[237]

How does the justice system engage with adolescents who infringe on the rights of others?	Adolescents who have experienced adversity, violence and/or trauma are more likely to infringe on the rights of others, including children and other adolescents.[238] This is a complex challenge that requires recognition of the specific needs that alleged offenders as well as victims of those offences present with. Restorative approaches are needed for both parties, and research indicates that restorative approaches – incorporating elements such as trauma-informed counselling, family conferencing and engagement in community service - significantly reduce the likelihood of re-offending in the case of adolescents who have infringed on the rights of others.[239]
Is there an approach to addressing adolescent needs that takes into account their evolving capacity for engaging in participatory approaches to justice?	Participatory approaches to justice for youth appear to be under-developed. However, promising practices, such as Engaging Young People in Resettlement,[240] can support the development of more participatory mechanisms.

References

1 Preamble of the United Nations Convention on the Rights of the Child, A/RES/GA/44/25

2 United Nations. (2024). Pact for the future: Zero Draft. https://www.un.org/sites/un2.un.org/files/sotf-co-facilitators-zero-draft_pact-for-the-future.pdf

3 UN General Assembly. (1989). Convention on the Rights of the Child, United Nations, Treaty Series, vol. 1577, p. 3, available at: https://www.refworld.org/docid/3ae6b38f0.html

4 Hamilton, VE. (2016). Adulthood in Law and Culture. Faculty Publications. 1824. https://scholarship.law.wm.edu/facpubs/1824

5 Peleg N. (2023). A Children's Rights Dilemma – Paternalism versus Autonomy. In The Rights of the Child. Leiden, The Netherlands: Brill | Nijhoff. https://doi.org/10.1163/9789004511163_003.

6 Wagner M, Johann D, Kritzinger S. (2012). Voting at 16: Turnout and the quality of vote choice. Elect Stud.31(2):372-383. doi: 10.1016/j.electstud.2012.01.007.

7 McQuoid-Mason D. (2010). Termination of pregnancy and children: consent and confidentiality issues. SAMJ: South African Medical Journal, 100(4), 213-214.

8 Harmon C. (2017). How effective is compulsory schooling as a policy instrument?. IZA World of Labor: 348 doi: 10.15185/izawol.348

9 Timberlake H. (2019). Why there is no such thing as a 'normal' brain. https://www.bbc.com/future/article/20191008-why-the-normal-brain-is-just-a-myth

10 Graham P. (2018). Against the Stream: lowering the age of sexual consent. BJPsych Bull. 42(4):162-164. doi: 10.1192/bjb.2017.26.

11 Coleman-Minahan K, Jean Stevenson A, Obront E, Hays S. (2020). Adolescents Obtaining Abortion Without Parental Consent: Their Reasons and Experiences of Social Support. Perspect Sex Reprod Health. 52(1):15-22. doi: 10.1363/psrh.12132.

12 Zeglovits E. (2013). Voting at 16? Youth suffrage is up for debate. European View, 12(2), 249-254. https://doi.org/10.1007/s12290-013-0273-3.

13 Loveday M, Goga A, Dhai A, Labuschaigne M, Roussouw T, Burgess T, Strode A, Wallace M, Blockman M, Daniels B, Spooner E, Bekker LG. (2022). Ethically acceptable consent approaches to adolescent research in South Africa. South Afr J HIV Med. 23(1):1385. doi: 10.4102/sajhivmed.v23i1.1385.

14 Beckman M. (2004). Neuroscience. Crime, culpability, and the adolescent brain. Science. 30;305(5684):596-9. doi: 10.1126/science.305.5684.596.

15 Valois, R.F. (2014). Adolescent Problem Behavior. In: Michalos, A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht. https://doi.org/10.1007/978-94-007-0753-5_31

16 Civil Rights Project. (2000). Opportunities Suspended: The Devastating Consequences of Zero Tolerance and School Discipline. https://civilrightsproject.ucla.edu/research/k-12-education/school-discipline/opportunities-suspended-the-devastating-consequences-of-zero-tolerance-and-school-discipline-policies/crp-opportunities-suspended-zero-tolerance-2000.pdf

17 Kanguade GD, Skelton A. (2018). (De)Criminalizing Adolescent Sex: A Rights-Based Assessment of Age of Consent Laws in Eastern and Southern Africa. Reproductive Health in Sub-Saharan Africa-Original Research, October-December, 1-12.

18 Noguera P. (2003). Schools, Prisons, and Social Implications of Punishment: Rethinking Disciplinary Practices. Theory into Practice, 42, 4, 341-350.

19 Lunga P, Koen M, Mthiyane MN. (2021). School and the community: Managing disruptive learner behaviour in rural learning ecologies. Perspectives in Education, 39(4), 72-88. https://doi.org/10.18820/2519593X/pie.v39.i4.6

20 Free American News. (n.d.) Why "Just Say No" To Drug Abuse Failed. https://freeamericannews.com/why-just-say-no-to-drug-abuse-failed/

21 Ibid.

22 Anne E Casey Foundation. (2023). How Youth Incarceration Undermines Public Safety. https://www.aecf.org/blog/reviewing-the-evidence-how-youth-incarceration-undermines-public-safety

23 Penal Reform International. (2022). Global Prison Trends 2022. https://cdn.penalreform.org/wp-content/uploads/2022/05/GPT2022.pdf

24 Perry BD, Ablon JS. (2019). CPS as a Neurodevelopmentally Sensitive and Trauma-Informed Approach. In: Pollastri A, Ablon J, Hone M. (eds) Collaborative Problem Solving. Current Clinical Psychiatry. Springer, Cham.

25 National Clearinghouse on Families and Youth for the Family and Youth Services Bureau (2007). Putting Positive Youth Development into Practice: A Resource Guide

26 Ibid.

27 Dimitrova, R. (Ed.). (2018). Well-being of youth and emerging adults across cultures: Novel approaches and findings from Europe, Asia, Africa and America (Vol. 12). Springer.

28 Lee JS, Taxman FS, Mulvey EP, Schubert CA. (2022). Who Will Become Productive Adults? Longitudinal Patterns of Gainful Activities Among Serious Adolescent Offenders. Youth & Society, 54(7), 1150-1177. https://doi.org/10.1177/0044118X21996386

29 UNICEF. (n.d.) Adolescents. https://data.unicef.org/topic/adolescents/overview/

30 Brown DW, Riley L, Butchart A, Meddings DR, Kann L, Harvey AP. (2009). Exposure to physical and sexual violence and adverse health behaviours in African children: results from the Global School-based Student Health Survey. Bulletin of the World Health Organization, 87(6), 447-455.

31 Edwards J. (2017). A just system? How punitive youth justice systems increase the risk of crime. Children Australia, 42(4), 233-239.

32 Forkey H, Szilagyi M, Kelly ET, Duffee, J. (2021). Trauma-informed care. Pediatrics, 148(2).

33 Duckworth, MP, Follette, VM. (2012). Retraumatization: Assessment, treatment, and prevention. Routledge.

34 Goldfarb Y, Grayzman A, Meir LG, Grundman SH, Rabinian M, Lachman M, Epstein PG, Ben-Dor IA, Naaman A, Puschner B, Moran GS. UPSIDES Mental Health Peer Support in Face of the COVID-19 Pandemic: Actions and Insights. Community Ment Health J. 2024 Jan;60(1):5-13. doi: 10.1007/s10597-022-01030-9.

35 Bowen EA, Murshid NS, Brylinski-Jackson A, Gabel SG. (2019). Moving Toward Trauma-Informed and Human Rights-Based Social Policy: The Role of the Helping Professions. Trauma and Human Rights: Integrating Approaches to Address Human Suffering, 55-74.

36 Day A, Malvaso C, Boyd C, Hawkins K, Pilkington R. The effectiveness of trauma-informed youth justice: a discussion and review. Front Psychol. 2023 Sep 8;14:1157695. doi: 10.3389/fpsyg.2023.1157695.

37 Bowen EA, Murshid NS. (2015). Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy. Am J Public Health. 2016 Feb;106(2):223-9. doi: 10.2105/AJPH.2015.30297.

38 Sedillo-Hamann, D. (2023). Building adolescent self-efficacy and resilience through social action. Child and Adolescent Social Work Journal, 40(3), 409-417.

39 Center for Social Innovation. (2020). Avoiding Tokenism when Engaging Young People. https://c4innovates.com/wp-content/uploads/2020/01/CDLWR-3476__YESS_Tokenism-TipSheet_v4.pdf

40 Hart R. (1992). Children's Participation from Tokenism to Citizenship. Florence: UNICEF Innocenti Research Centere. Retrieved from: https://www.unicef-irc.org/publications/pdf/childrens_participation.pdf

41 Brunzell T, Norrish J. (2021). Creating Trauma- Informed Strengths-Based Classrooms. London: Jessica Kingsley Publishers.

42 Jolles J, Jolles DD. (2021). On Neuroeducation: Why and How to Improve Neuroscientific Literacy in Educational Professionals. Front Psychol;12:752151. doi: 10.3389/fpsyg.2021.752151.

43 Madua AE. (2022). Teaching English to the rythm of the brain. Journal of Neuroeducation, 3(1).

44 Cullen R, Hill RR. (2013). Curriculum Designed for an Equitable Pedagogy. Education Sciences 3, 1: 17-29. https://doi.org/10.3390/educsci3010017

45 Jucksch V, Salbach-Andrae H, Lenz K, Goth K, Döpfner M, Poustka F, ... & Holtmann M. (2011). Severe affective and behavioural dysregulation is associated with significant psychosocial adversity and impairment. Journal of Child Psychology and Psychiatry, 52(6), 686-695.

46 Poulou M. (2015). Teacher-student relationships, social and emotional skills, and emotional and behavioural difficulties. International Journal of Educational Psychology, 4(1), 84-108.

47 Irby DJ (2014). Trouble at school: Understanding school discipline systems as nets of social control. Equity & Excellence in Education, 47(4), 513-530.

48 Mireles-Rios R, Rios VM, Auldridge-Reveles T, Monroy M, Castro I. (2020). I Was Pushed out of School": Social and Emotional Approaches to a Youth Promotion Program. Journal of Leadership, Equity, and Research, 6(1), n1.

49 UNESCO. (2006). Positive discipline in the inclusive, learning-friendly classroom: a guide for teachers and teacher educators. https://unesdoc.unesco.org/ark:/48223/pf0000149284

50 Gotbaum B. (2002). Pushing Out At-Risk Students: An Analysis of High School Discharge Figures.

51 Heekes SL, Kruger CB, Lester SN, Ward CL. (2022). A systematic review of corporal punishment in schools: Global prevalence and correlates. Trauma, Violence, & Abuse, 23(1), 52-72.

52 UN Committee on the Rights of the Child (CRC). (2007). General comment No. 8 (2006): The Right of the Child to Protection from Corporal Punishment and Other Cruel or Degrading Forms of Punishment (Arts. 19; 28, Para. 2; and 37, inter alia), CRC/C/GC/8, https://www.refworld.org/legal/general/crc/2007/en/41020

53 Hyman IA, Zelikoff W, Clarke J. (1988). Psychological and physical abuse in the schools: A paradigm for understanding post-traumatic stress disorder in children and youth. Journal of Traumatic Stress, 1, 243-267.

54 Bear GG. (1998). School discipline in the United States: Prevention, correction, and long-term social development. School psychology review, 27(1), 14-32.

55 McCallum F, Price D. (2015). Teacher wellbeing. In Nurturing wellbeing development in education (pp. 112-132). Routledge.

56 UNESCO/UNICEF/WHO. (2022). Five essential pillars for promoting and protecting mental health and psychosocial wellbeing in schools and learning environments. https://www.unicef.org/media/126821/file/Promoting%20and%20protecting%20mental%20health%20in%20schools%20and%20learning%20environments.pdf

57 Haffejee S, Mbowa S, Patel L. (2023). An integrated multisystemal and multidisciplinary community of practice collaboration to enhance child wellbeing in South Africa. Journal of Integrated Care, 31(4), 401-416.

58 Carello J, Butler LD. (2015). Practicing what we teach: Trauma-informed educational practice. Journal of Teaching in Social Work, 35(3), 262-278.

59 UNICEF. (2023). Retorno de la Alegria. https://www.unicef.org/costarica/media/1631/file/El-retorno-de-la-alegria-Manual.pdf

60 Rowe F, Stewart D. (2009). Promoting connectedness through whole-school approaches: a qualitative study. Health Education, 109(5), 396-413.

61 Venter, E. (2013). Bullying: A whole school approach. Journal of Social Sciences, 35(3), 241-249.

62 UNESCO. (2021). Whole school approach. https://openlearning.unesco.org/assets/courseware/v1/1554885be57ff8c7ed500abe187e6eca/asset-v1:UNESCO+UNESCO-04+2021_01+type@asset+block/Whole_school_approach.pdf

63 Ozeki-Hayashi R, Nakazawa E, Akabayashi A. (2022). Curriculum Proposal for Social Justice Education: A Case Study within High School and College in Japan. Youth. 2(4):505-514. https://doi.org/10.3390/youth2040036

64 Dorado JS, Martinez M, McArthur LE, Leibovitz T. (2016). Healthy Environments and Response to Trauma in Schools (HEARTS): A whole-school, multi-level, prevention and intervention program for creating trauma-informed, safe and supportive schools. School Mental Health, 8, 163-176.

65 Blitz LV, Lee Y. (2015). Trauma-informed methods to enhance school-based bullying prevention initiatives: An emerging model. Journal of Aggression, Maltreatment & Trauma, 24(1), 20-40.

66 Paulus FW, Ohmann S, Möhler E, Plener P, Popow C. (2021). Emotional Dysregulation in Children and Adolescents With Psychiatric Disorders. A Narrative Review. Front Psychiatry. 25;12:628252. doi: 10.3389/fpsyt.2021.628252.

67 Baams L. (2018). Disparities for LGBTQ and gender nonconforming adolescents. Pediatrics, 141(5).

68 Ministry of General Education (2016). 2015 Education Statistical Bulletin. ZEPH, Lusaka, Zambia.

69 Bhana D, Nkani N. (2016). What can I do, the child is already here? Caregivers, gender, poverty and the contradiction of care in supporting teenage mothers at school. South Afr. Rev. Sociol. 47 (2), 3–18. https://doi.org/10.1080/21528586.2015.1132082.

70 UNESCO. (2016). Education for People and Planet: Creating Sustainable Futures for All. UNESCO, Paris.

71 Ministry of Education. (1996). Educating Our Future: National Policy on Education. Ministry of Education, Lusaka.

72 Zuilkowski SS, Henning M, Zulu J, Matafwali B. (2019). Zambia's school re-entry policy for adolescent mothers: Examining impacts beyond re-enrollment. International Journal of Educational Development, Elsevier, vol. 64(C), pages 1-7.

73 Ibid.

74 World Health Organization. (n.d.) Health Promotion. https://www.who.int/health-topics/health-promotion#tab=tab_2

75 World Health Organization. (2012). Making health services adolescent friendly. https://iris.who.int/bitstream/handle/10665/75217/9789241503594_eng.pdf

76 Bryan CJ, Yeager DS, Hinojosa CP, Chabot A, Bergen H, Kawamura M, Steubing F. (2016). Harnessing adolescent values to motivate healthier eating. Proceedings of the National Academy of Sciences, 113(39), 10830-10835.

77 Mikhail JN, Nemeth LS, Mueller M, Pope C, NeSmith EG. (2018). The social determinants of trauma: a trauma disparities scoping review and framework. Journal of Trauma Nursing| JTN, 25(5), 266-281.

78 Marsac ML, Kassam-Adams N, Hildenbrand AK, Nicholls E, Winston FK, Leff SS, Fein J. (2016). Implementing a trauma-informed approach in pediatric health care networks. JAMA pediatrics, 170(1), 70-77.

79 Lewis NV, Bierce A, Feder GS, Macleod J, Turner KM, Zammit S, Dawson S. (2023). Trauma-Informed Approaches in Primary Healthcare and Community Mental Healthcare: A Mixed Methods Systematic Review of Organisational Change Interventions Health & Social Care in the Community. https://doi.org/10.1155/2023/4475114

80 Koly KN, Baskin C, Khanam I, Rao M, Rasheed S, Law GR, Sarker F, Gnani S. (2021). Educational and Training Interventions Aimed at Healthcare Workers in the Detection and Management of People With Mental Health Conditions in South and South-East Asia: A Systematic Review. Front Psychiatry. 11;12:741328. doi: 10.3389/fpsyt.2021.741328.

81 Blum RW, Lai J, Martinez M, Jessee C. (2022). Adolescent connectedness: cornerstone for health and wellbeing BMJ; 379 :e069213 doi:10.1136/bmj-2021-069213

82 Mabil-Atem JM, Gumuskaya O, Wilson RL. (2024). Digital mental health interventions for the mental health care of refugees and asylum seekers: Integrative literature review. Int J Ment Health Nurs. doi: 10.1111/inm.13283. Epub ahead of print. PMID: 38291740.

83 USAID/NORC. (2021). Community-based trauma healing in Colombia. https://pdf.usaid.gov/pdf_docs/PA00XRCK.pdf

84 Ibid.

85 Ntsayagae E, Sabone M, Mogobe KD, Seboni NM, Sebego M, Brown MS. (2008). Cultural considerations in theories of adolescent development: a case study from Botswana. Issues Ment Health Nurs. 29(2):165-77. doi: 10.1080/01612840701792571.

86 Petersen AC, Joseph J, Feit M, (2014). New Directions in Child Abuse and Neglect Research. Washington (DC): National Academies Press (US). The Child Welfare System. Available from: https://www.ncbi.nlm.nih.gov/books/NBK195980/

87 Chartier S, Blavier A. (2023). Are children in foster care in better psychological health than children in institutions? What factors influence the outcome? Child & Family Social Work, 28(1), 25–36. https://doi.org/10.1111/cfs.12938

88 UNESCO. (2024). Draft Framework for Culture and Arts in Education. https://www.unesco.org/sites/default/files/medias/fichiers/2024/01/Draft%201_UNESCO%20Framework%20for%20Culture%20and%20Arts%20Education_EN_0.pdf?hub=86510

89 UNICEF South Africa. (2014). General Comments of the Committee on the Rights of the Child: A Compendium for child rights advocates, scholars and policy makers. https://www.unicef.org/southafrica/media/1541/file/ZAF-general-comments-committee-on-rights-of-the-child-2014.pdf

90 Larson SA, Lakin KC. (1991). Parent attitudes about residential placement before and after deinstitutionalization: A research synthesis. Journal of the Association for Persons with Severe Handicaps, 16(1), 25-38.

91 Maiter S, Stalker CA, Alaggia R. (2009). The experiences of minority immigrant families receiving child welfare services: Seeking to understand how to reduce risk and increase protective factors. Families in society, 90(1), 28-36.

92 Lietz CA. (2009). Critical thinking in child welfare supervision. Administration in Social Work, 34(1), 68-78.

93 Caringi JC. (2008). Secondary traumatic stress and child welfare. International Journal of Child & Family Welfare, 11(4), 172-184.

94 Mehra S, Sogarwal, R, Nair, V, Satpati, M, Tiwari R, Dwivedi, K. (2013). Determinants of Youth Friendly Services Influencing Client Satisfaction: A Study of Client's Perspectives in India. Indian Journal of Public Health Research & Development, 4(2), 221.

95 Global Fund to End Modern Slavery. (2021). Making trauma-informed care the norm for survivors. https://gfems.org/uncategorized/making-trauma-informed-care-the-norm-for-survivors/

96 Conradi L, Wherry J, Kisiel C. Linking child welfare and mental health using trauma-informed screening and assessment practices. Child Welfare. 2011;90(6):129-47.

97 Zeanah, CH, & Sonuga-Barke, EJ. (2016). The effects of early trauma and deprivation on human development–from measuring cumulative risk to characterizing specific mechanisms. Journal of Child Psychology and Psychiatry, 57(10), 1099-1102.

98 Vivrette RL, Briggs EC, Lee RC, Kenney KT, Houston-Armstrong TR, Pynoos RS, Kiser LJ. (2018). Impaired caregiving, trauma exposure, and psychosocial functioning in a national sample of children and adolescents. Journal of child & adolescent trauma, 11, 187-196.

99 Goemans A, van Geel M, Vedder P. (2016). Psychosocial functioning in Dutch foster children: The relationship with child, family, and placement characteristics. Child Abuse & Neglect, 56, 30-43.

100 Troller-Renfree S, McDermott JM, Nelson CA, Zeanah CH, Fox NA. (2014). The effects of early foster care intervention on attention biases in previously institutionalized children in Romania. Developmental science 18(5), 713-720.

101 Greenberg AL, Partskhaladze N. (2014). How the Republic of Georgia has nearly eliminated the use of institutional care for children. Infant Mental Health Journal, 35(2), 185-191.

102 Verngren L. & Hung LQ. (2019). Developing Foster Care in Vietnam: A Literature Review. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://bettercarenetwork.org/sites/default/files/2019-11/Developing_Foster_Care_in_Vietnam_A_Lite.pdf

103 Ulybina, O. (2020). Transnational agency and domestic policies: The case of childcare deinstitutionalization in Georgia. Global Social Policy, 20(3), 333-351.

104 Convention on the Rights of the Child, Article 40(3).

105 Article 40(1) CRC. See also United Nations General Assembly Resolution 40/33, Rules 5 and 17.1 and the accompanying commentary to both rules.

106 Committee on the Rights of the Child, General Comment No. 24, Children's Rights in the Child Justice System, CRC/C/GC/24, 18 September 2019, paragraph 29.

107 Committee on the Rights of the Child, General Comment 10. https://www.unicef-irc.org/portfolios/general_comments/GC10_en.doc.html

108 Committee on the Rights of the Child, Note 106 above.

109 Hollarek M, Lee NC. Current understanding of developmental changes in adolescent perspective taking. Curr Opin Psychol. 2022 Jun;45:101308. doi: 10.1016/j.copsyc.2022.101308.

110 Sanders J, Joseph-McCatty A, Massey M, Swiatek E, Csiernik B, Igor E. (2023). Exposure to Adversity and Trauma Among Students Who Experience School Discipline: A Scoping Review. Review of Educational Research, 0(0). https://doi.org/10.3102/00346543231203674

111 Rosenberg A, Groves AK, Blankenship KM. Comparing Black and White Drug Offenders: Implications for Racial Disparities in Criminal Justice and Reentry Policy and Programming. J Drug Issues. 2017;47(1):132-142. doi: 10.1177/0022042616678614.

112 Committee on the Rights of the Child, Note 111 above.

113 Ezell, J. M., Richardson, M., Salari, S., & Henry, J. A. (2018). Implementing trauma-informed practice in juvenile justice systems: What can courts learn from child welfare interventions? Journal of Child & Adolescent Trauma, 11(4), 507–519. https://doi.org/10.1007/s40653-018-0223-y

114 Mehari KR, Rodgers CRR, Blanton MA, Turner LA. (2021). Evaluation of a police training on de-escalation with trauma-exposed youth. International Journal of Law, Crime and Justice, 66, Article 100491. https://doi.org/10.1016/j.ijlcj.2021.100491

115 Melinder, A., Magnusson, M. & Gilstrap, L.L. What Is a Child-Appropriate Interview? Interaction Between Child Witnesses and Police Officers. Int. Journal on Child Malt. 3, 369–392 (2021). https://doi.org/10.1007/s42448-020-00052-8

116 UNODC/UNICEF. (2015). Training Programme on the Treatment of Child Victims and Child Witnesses of Crime. https://www.unodc.org/documents/justice-and-prison-reform/Training_Programme_on_the_Treatment_of_Child_Victims_and_Child_Witnesses_of_Crime_-_Prosecutors_anf_Judges.pdf

117 Convention on the Rights of the Child, Article 12.

118 Ezell JM, Richardson M, Salari S, Henry JA. (2018). Implementing trauma-informed practice in juvenile justice systems: What can courts learn from child welfare interventions? Journal of Child & Adolescent Trauma, 11(4), 507–519. https://doi.org/10.1007/s40653-018-0223-y

119 Ibid.

120 UNODC. (2023). The Role of Law Enforcement Officers in Drug Use Prevention within School Settings. https://www.unodc.org/res/prevention/prevention-guidelines_html/A_Guiding_Document_-_The_Role_of_Law_Enforcement_Officers_in_Drug_Use_Prevention_within_School_Settings_Update.pdf

121 UNODC. (2020). Handbook on Restorative Justice Programmes.

122 Ibid.

123 Ibid.

124 UNICEF. (n.d.) Restorative Justice. https://www.unicef.org/belarus/en/justice-children-and-adolescents

125 Article 40(3) of the CRC. Also see Beijing Rule 11, Vienna Guidelines 15 and 42 and Tokyo Rule 2.5.

126 United Nations General Assembly. (2014). United Nations Model Strategies and Practical Measures on the Elimination of Violence against Children in the Field of Crime Prevention and Criminal Justice, adopted by the General Assembly. A/RES/69/194.

127 UNODC. (2020). Handbook of Restorative Justice Programmes; Tokyo Rule 8.2.

128 United Nations General Assembly, Note 131 above.

129 Committee on the Rights of the Child, General Comment No. 24 (2019), Children's Rights in the Child Justice System, CRC/C/GC/24, paragraph 16; Beijing Rule 11.2.

130 United Nations General Assembly, Note 126 above.

131 Penal Reform International. (2022). Global Prison Trends. https://www.penalreform.org/global-prison-trends-2022/children/#:~:text=Around%20261%2C200%20children%20are%20estimated,(UNICEF)%20in%20November%202021.

132 Tolou-Shams M, Bath E, McPhee J, Folk JB, Porche MV, Fortuna LR. Juvenile Justice, Technology and Family Separation: A Call to Prioritize Access to Family-Based Telehealth Treatment for Justice-Involved Adolescents' Mental Health and Well-Being. Front Digit Health. 2022 May 23;4:867366. doi: 10.3389/fdgth.2022.867366.

133 Human Rights Watch. (2016). World Report 2016: Children Behind Bars. https://www.hrw.org/world-report/2016/country-chapters/africa-americas-asia-europe/central-asia-middle-east/north

134 Beijing Rules 17.1(b) and (c), and 19. This is also echoed in Rules 1 and 2 of the Havana Rules, which state that a sentence involving deprivation of liberty should be limited to exceptional cases.

135 Fleming CM, Nurius PS. (2020). Incarceration and adversity histories: Modeling life course pathways affecting behavioral health. American Journal of Orthopsychiatry, 90(3), 312.

136 Beijing Rule 26.1: 'The objective of training and treatment of juveniles placed in institutions is to provide care, protection, education and vocational skills, with a view to assisting them to assume socially constructive and productive roles in society". See also Beijing Rule 26.3; Article 40(1), CRC; Article 10(3) ICCPR; Havana Rule 20.

137 Ybarra, ML, Thompson RE. (2018). Predicting the emergence of sexual violence in adolescence. Prevention science, 19(4), 403-415.

138 US Department of Justice. (2008). Sexually Assaulted Children: National Estimates. https://www.ojp.gov/pdffiles1/ojjdp/214383.pdf

139 Seyfarth LH. (2014). Child Soldiers to War Criminals: Trauma and the Case for Personal Mitigation. Chi-Kent J Int'L & Comp L, 14.

140 Hagan MP, Gust-Brey KL. (2000). A ten-year longitudinal study of adolescent perpetrators of sexual assault against children. Journal of Offender Rehabilitation, 31(1-2), 117-126.

141 Ohlert J, Seidler C, Rau T, Fegert J, Allroggen M. (2017). Comparison of psychopathological symptoms in adolescents who experienced sexual violence as a victim and/or as a perpetrator. Journal of child sexual abuse, 26(4), 373-387.

142 Muthaphuli P. (2017). Using diversion as a re-entry and treatment practice for young sexual offenders : a case study. Child Abuse Research in South Africa, 18, 2. https://hdl.handle.net/10520/EJC-ad507997f

143 McCamey Jr, J. D. (2010). Reducing recidivism in adolescent sexual offenders by focusing on community reintegration. Residential Treatment for Children & Youth, 27(1), 55-67.

144 Desai SR. (2019). "Hurt people, hurt people": The trauma of juvenile incarceration. The Urban Review, 51(4), 638-658.

145 Buckingham S. (2016). Trauma informed juvenile justice. Am. Crim. L. Rev., 53, 641.

146 Suharto E. (2021). Restorative Justice in Indonesian Law on Juvenile Criminal Justice System and Its Implications for Social Work. International Journal of Criminology and Sociology, 2021, 10, 881-890.

147 Pearce T, Maple M, Wayland S, McKay K, Woodward A, Brooks A, Shakeshaft A. (2022). A mixed-methods systematic review of suicide prevention interventions involving multisystemal collaborations. Health research policy and systems, 20(1), 40.

148 Amri M, Chatur A, O'Campo, P. (2022). Intersystemal and multisystemal approaches to health policy: an umbrella review protocol. Health Res Policy Sys 20, 21. https://doi.org/10.1186/s12961-022-00826-1

149 Ratzan SC et. al. (2019). Guiding Principles for Multisystem Engagement for Sustainable Health. M-RCBG Associate Working Paper No. 106. Cambridge, MA: John F. Kennedy School of Government, Harvard University.

150 Ibid.

151 Ibid.

152 Efevbera Y, Haj-Ahmed J, Lai J, Hainsworth G, Levy M, Sirivansanti N, Winnie A, Zurak M, Petroni S. (2020). Multisystemal Programming for Adolescent Health and Well-being in Sub-Saharan Africa-Insights From a Symposium Hosted by UNICEF and the Bill & Melinda Gates Foundation. J Adolesc Health. Jul;67(1):24-25. doi: 10.1016/j.jadohealth.2020.04.007.

153 Judicial Service Commission of Zimbabwe. (2012). Protocol on the Multi-Systemal Management of Sexual Abuse and Violence in Zimbabwe. https://files.mutualcdn.com/tfg/assets/files/Multi_Systemal_Protocol_2012-Zimbabwe.pdf

154 Muridzo GN, Mahunste LS, Chikadzi V, Mafa I. (2021) Legal shortcomings in multisystemal forums responding to child sexual abuse (CSA): Lessons from a Zimbabwe case study. African Journal of Social Work, 11(1), 32-39

155 Gopinathan U, Watts N, Hougendobler D. et al. (2015). Conceptual and institutional gaps: understanding how the WHO can become a more effective cross-systemal collaborator. Global Health 11, 46 https://doi.org/10.1186/s12992-015-0128-6

156 Republic of Uganda. (2018). National Multi-Sectoral Coordination Framework for Adolescent Girls 2017-2018 – 2021-2022. https://resourcecentre.savethechildren.net/pdf/national_multi-systemal_coordination_framework_for_adolescent_girls_.pdf/

157 Overseas Development Institute. (2013). Adolescent girls and gender justice: Understanding key capability domains in Uganda. https://odi.cdn.ngo/media/documents/8822.pdf

158 Muia W. (2023). Ugandan MPs reject birth control for 15-year-old girls. https://www.bbc.com/news/world-africa-67074626

159 Shenderovich Y, Boyes M, Esposti MD. et al. (2021). Relationships with caregivers and mental health outcomes among adolescents living with HIV: a prospective cohort study in South Africa. BMC Public Health 21, 172. https://doi.org/10.1186/s12889-020-10147-z

160 Yuan Y, Wang, W, Song T, Li, Y. (2022). The mechanisms of parental burnout affecting adolescents' problem behavior. International journal of environmental research and public health, 19(22), 15139.

161 Vidal S, Woolard J. (2016). Parents' perceptions of juvenile probation: Relationship and interaction with juvenile probation officers, parent strategies, and youth's compliance on probation. Children and Youth Services Review, 66, 1–8. https://doi.org/10.1016/j.childyouth.2016.04.019.

162 Pennsylvania Council of Chief Juvenile Probation Officers. (2009). Models for Change: Systems Reform in Juvenile Justice. https://www.modelsforchange.net/publications/238/Family_Involvement_in_Pennsylvanias_Juvenile_Justice_System.pdf

163 Ibid.

164 Pennsylvania Juvenile Justice. (2012). Pennsylvania's Juvenile Justice System Enhancement Strategy. https://www.pachiefprobationofficers.org/docs/JJSES_Monograph.pdf

165 Dir AL, Pederson C, Khazvand S. et al. (2023). Caregiver and Juvenile Justice Personnel Perspectives on challenges and importance of caregiver engagement and the potential utility of a peer navigator program in the Juvenile Justice System. Health Justice 11, 30. https://doi.org/10.1186/s40352-023-00231-y

166 Preskill H, Mack K. (2013). Building a strategic learning and evaluation system for your organization. Boston, MA: FSG.

167 Cohen S, Morrison S, Price K. (2020). Asking the Right Questions: A Tool for Initiative Planning and Adaptation. Center for the Study of Social Policy. https://cssp.org/ resource/evidence-tool.

168 Holte-McKenzie M, Forde S, Theobald S. (2006). Development of a participatory monitoring and evaluation strategy. Evaluation and program planning, 29(4), 365-376.

169 Egels-Zandén N, Rosén M. (2015). Sustainable strategy formation at a Swedish industrial company: bridging the strategy-as-practice and sustainability gap. Journal of Cleaner Production, 96, 139-147.

170 Van Zalk, N. (2020). Online peer engagement in adolescence: Moving away from "good vs. bad" to brave new frameworks. In N. Van Zalk & C. P. Monks (Eds.), Online peer engagement in adolescence: Positive and negative aspects of online social interaction (pp. 1–17). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780429468360-1

171 WHO/UNICEF. (n.d.) Violence Against Children Online: What health systems and health care providers can do. https://cdn.who.int/media/docs/default-source/documents/child-maltreatment/online-violence final.pdf?sfvrsn=d8d2053f_2&download=true#:~:text=Online%20violence%20encompasses%20a%20wide,adolescents%20in%20sexual%20activities%20online.

172 Ong B, Toh DJ. (2023). Digital Dominance and Social Media Platforms: Are Competition Authorities Up to the Task?. IIC 54, 527–572: https://doi.org/10.1007/s40319-023-01302-1

173 WHO. (2019). Global School-Based Student Health Survey 2015 – Indonesia. https://extranet.who.int/ncdsmicrodata/index.php/catalog/489

174 United Nations University. (2021). Indonesia's Young People Are Taking on Big Tobacco. https://unu.edu/article/indonesias-young-people-are-taking-big-tobacco#:~:text=The%20Indonesian%20Youth%20Coalition%20for,advocacy%20by%20various%20youth%20movements.

175 Ibid.

176 Stelmach R, Kocher EL, Kataria I et al. (2022). The global return on investment from preventing and treating adolescent mental disorders and suicide: a modelling study. BMJ Global Health;7:e007759.

177 UNICEF. (2022). The Global Coalition for Youth Mental Health. https://www.unicef.org/partnerships/coalition-youth-mental-wellbeing

178 World Health Organization. (2021). Making every school a health promoting school: Implementation guidance. https://iris.who.int/bitstream/handle/10665/341908/9789240025073-eng.pdf?sequence=1

179 United Nations Office on Drugs and Crime. (2013). Justice in Matters Involving Children in Conflict with the Law. https://www.unodc.org/documents/justice-and-prison-reform/Justice_Matters_Involving-Web_version.pdf

180 World Health Organization. (2023). Global Accelerated Action for the Health of Adolescents (AA-HA!) - Second edition. https://iris.who.int/bitstream/handle/10665/373300/9789240081765-eng.pdf?sequence=1

181 Johnson SB, Blum RW, Giedd JN. (2009). Adolescent maturity and the brain: the promise and pitfalls of neuroscience research in adolescent health policy. Journal of adolescent health, 45(3): 216-221.

182 UNESCO. (2020). Rethinking Learning: A review of Social and Emotional Learning for Education Systems. https://d1c337161ud3pr.cloudfront.net/files%2Fc1178d56-5c72-460b-bd58-02bfba9a6abd_RL_Rethinking%20Learning%20-%20A%20Review%20of%20Social%20and%20Emotional%20Learning%20For%20Education%20System.pdf

183 Brymer M, Taylor M, Escudero P, Jacobs A, Kronenberg M, Macy R, Mock L, Payne L, Pynoos R, Vogel J. (2012). Psychological First Aid For Schools: Field Operations Guide, 2nd Edition. Los Angeles: National Child Traumatic Stress Network.

184 SAMHSA. (2015). School Mental Health Referral Pathways Toolkit. https://www.escneo.org/Downloads/NITT%20SMHRP%20Toolkit_11%2019%2015%20FINAL.PDF

185 Lewis-Pankratz R. (2020). The Absence of Punishment in Our Schools. https://www.pacesconnection.com/blog/the-absence-of-punishment-in-our-schools?reply=489540502465450953

186 Department for Education (UK). (2022). Behaviour in Schools: Advice for headteachers and school staff. https://assets.publishing.service.gov.uk/media/651d42d86a6955001278b2af/Behaviour_in_schools_guidance.pdf

187 Shelton HL. (2002). Increasing Students' Awareness and Perception of Peer Prosocial Behavior: An Investigation of Tootling. PhD diss., University of Tennessee. https://trace.tennessee.edu/utk_graddiss/2670

188 Lizarraga MLS, Baquedano MTSA, Oliver MS. (2010). Stimulation of thinking skills in high school students, Educational Studies, 36:3, 329-340. DOI: 10.1080/03055690903425003

189 UNESCO, Note 88 above.

190 Transforming Education. (n.d.) How social emotional learning can mitigate the effects of trauma. https://transformingeducation.org/how-social-emotional-learning-can-mitigate-the-effects-of-trauma/

191 Ito D, Kubo Y, Takii A, Watanabe A, Ohtani T, Koseki S. (2021). The effects of short-term mindfulness-based group intervention utilising a school setting for Japanese adolescents with trauma. Journal of Psychologists and Counsellors in Schools, 31(2): 221-226.

192 Wellcome Trust. (2023). Mindfulness in schools doesn't improve mental health. Here's why that's a positive. https://wellcome.org/news/mindfulness-schools-doesnt-improve-mental-health-heres-why-thats-positive

193 World Health Organization. (n.d.) Inspire: Seven strategies for ending violence against children. https://www.who.int/teams/social-determinants-of-health/violence-prevention/inspire-technical-package

194 WHO/UNICEF. (n.d). Helping Adolescents Thrive. https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/who-unicef-helping-adolescents-thrive-programme

195 Galle SA. (2021). Neuroplasticity in the Vortex of Adolescence: Mind and Matter. Journal of the Academy of Medical Psychology, 8(1): 38.

196 Denworth L. (2021). Adolescent Brains Are Wired to Want Status and Respect: That's an Opportunity for Teachers and Parents. Scientific American, May 1st, 2021. https://www.scientificamerican.com/article/adolescent-brains-are-wired-to-want-status-and-respect-thats-an-opportunity-for-teachers-and-parents/

197 Martens SE, Meeuwissen SE, Dolmans DH, Bovill C, Könings KD. (2019) Student participation in the design of learning and teaching: Disentangling the terminology and approaches, Medical Teacher, 41:10, 1203-1205, DOI: 10.1080/0142159X.2019.1615610

198 Dodd S, Widnall E, Russell AE. et al. (2022). School-based peer education interventions to improve health: a global systematic review of effectiveness. BMC Public Health 22: 2247. https://doi.org/10.1186/s12889-022-14688-3

199 Ibid.

200 Carrión VG, Kletter H, Weems CF, Berry RR, Rettger JP. (2013). Cue-Centered Treatment for Youth Exposed to Interpersonal Violence: A Randomized Controlled Trial. Journal of Traumatic Stress, 26(6): 654–662. 10.1002/jts.21870

201 Garrett A, Cohen JA, Zack S, Carrion V, Jo B, Blader J, Rodriguez A, Vanasse TJ, Reiss AL, Agras WS. (2019). Longitudinal changes in brain function associated with symptom improvement in youth with PTSD. Journal of Psychiatric Research, 114: 161–169. 10.1016/j.jpsychires.2019.04.021

202 Lupien, S.J., Ouellet-Morin, I., Trepanier, L. et al. (2013). The DeStress for Success Program: Effects of a stress education program on cortisol levels and depressive symptomatology in adolescents making the transition to high school, Neuroscience, 26(249):74-87. doi:10.1016/j.neuroscience.2013.01.057

203 Philippe TJ, Sikder N, Jackson A, Koblanski ME, Liow E, Pilarinos A, Vasarhelyi K. (2022). Digital health interventions for delivery of mental health care: systematic and comprehensive meta-review. JMIR mental health, 9(5), e35159.

204 WHO. (2008). Integrating mental health into primary health care: A Global Perspective. https://www.who.int/publications/i/item/9789241563680

205 Akin BA, Collins-Camargo C, Strolin-Goltzman J, Antle B, Nathan Verbist A, Palmer AN, Krompf A. (2021). Screening for trauma and behavioral health needs in child welfare: Practice implications for promoting placement stability. Child Abuse Negl. 122:105323. doi: 10.1016/j.chiabu.2021.105323.

206 Kokota D, Lund, C, Ahrens J. et al. (2020). Evaluation of mhGAP training for primary healthcare workers in Mulanje, Malawi: a quasi-experimental and time series study. Int J Ment Health Syst 14(3): https://doi.org/10.1186/s13033-020-0337-0

207 WHO, Note 74 above.

208 Basedow, L. A., Kuitunen-Paul, S., Roessner, V., & Golub, Y. (2020). Traumatic events and substance use disorders in adolescents. Frontiers in psychiatry, 11, 559.

209 WHO, Note 193 above.

210 WHO/UNICEF, Note 194 above.

211 UNICEF. (2020). ENGAGED AND HEARD! Guidelines on Adolescent Participation and Civic Engagement. https://www.unicef.org/media/73296/file/ADAP-Guidelines-for-Participation.pdf

212 Global Fund to End Modern Slavery, Note 101 above.

213 Early TJ. (2001). Measures for practice with families from a strengths perspective. Families in Society: The Journal of Contemporary Human Services, 82, 225-232.

214 Farmer, E. (1997). Protection and child welfare: Striking the balance. In Nigel Parton (Ed.), Child protection and family support (pp. 146-164). London: Routledge.

215 Schiller U. (2015). Exploring Adolescents' Participation in decision making in related Foster Care Placements in South Africa. Social Work/Maatskaplike Werk, 51(2). https://doi.org/10.15270/51-2-413

216 Ministry of Health and Family Welfare of Bangladesh. (2007). National Standards for Youth-Friendly Health Services. https://healtheducationresources.unesco.org/sites/default/files/resources/iiep_national_standards_for_yfhs.pdf

217 Bunting L, Montgomery L, Mooney S, MacDonald M, Coulter S, Hayes D, Davidson G. (2019). Trauma Informed Child Welfare Systems-A Rapid Evidence Review. Int J Environ Res Public Health. 16(13):2365. doi: 10.3390/ijerph16132365.

218 Kerns SEU, Pullmann, MD, Negrete A, Uomoto JA, Berliner L, Shogren D, Silverman E, Putnam B. (2016). Development and Implementation of a Child Welfare Workforce Strategy to Build a Trauma-Informed System of Support for Foster Care. Child Maltreatment, 21(2): 135-146. https://doi.org/10.1177/1077559516633307

219 Bunting, Note 217 above.

220 Bengtsson TT. (2012). Boredom and Action—Experiences from Youth Confinement. Journal of Contemporary Ethnography, 41(5): 526-553. https://doi.org/10.1177/0891241612449356.

221 Creaney S. (2020). Children's Voices--Are We Listening? Progressing Peer Mentoring in the Youth Justice System. Child Care in Practice, 26(1): 22-37.

222 Confer LM, Mowen TJ, Boman JH. (2023). Do Peers Protect People or Put Them at Risk of Recidivism? Friendship Quality and Peer Crime Among Justice-Involved Youth. Crime & Delinquency, 0(0): https://doi.org/10.1177/00111287231151874

223 Bunting, Note 217 above.

224 World Health Organization, Note 193 above.

225 WHO/UNICEF, Note 194 above.

226 Kennan D, Brady B, Forkan C. (2018). Supporting children's participation in decision making: A systematic literature review exploring the effectiveness of participatory processes, British Journal of Social Work, 48(7), 1985–2002.

227 Mehari KR, Rodgers CRR, Blanton MA, Turner LA. (2021). Evaluation of a police training on de-escalation with trauma-exposed youth. International Journal of Law, Crime and Justice, 66, Article 100491. https://doi.org/10.1016/j.ijlcj.2021.100491

228 Center for Juvenile Justice Reform, National Center for Mental Health and Juvenile Justice, National Juvenile Defender Center (2011). National Youth Screening and Assessment Project, & Robert F. Kennedy Children's Action Corps.

229 Carse M. (2023). Restorative, teen-administered juvenile justice past and present. https://www.penalreform.org/blog/restorative-teen-administered-juvenile-justice-past-and-present/

230 Day A, Malvaso C, Boyd C, Hawkins K, Pilkington R. (2023). The effectiveness of trauma-informed youth justice: a discussion and review. Front Psychol. 14:1157695. doi: 10.3389/fpsyg.2023.1157695.

231 NHS Education for Scotland. (2023). Trauma informed Justice. https://transformingpsychologicaltrauma.scot/media/2tzbc0lf/trauma-informed-justice-knowledge-and-skills-framework.pdf

232 Bengtsson, Note 220 above.

233 Creaney, Note 221 above.

234 Confer LM, Mowen TJ, Boman JH. (2023). Do Peers Protect People or Put Them at Risk of Recidivism? Friendship Quality and Peer Crime Among Justice-Involved Youth. Crime & Delinquency, 0(0): https://doi.org/10.1177/00111287231151874.

235 Desai, Note 144 above.

236 Bartle-Haring S, Slesnick N, Carmona J. (2015). Reciprocity in Adolescent and Caregiver Violence. J Fam Violence. 30(2):149-159. doi: 10.1007/s10896-014-9659-5.

237 Littell JH, Pigott TD, Nilsen KH, Green SJ, Montgomery OLK. (2021). Multisystemic Therapy for social, emotional, and behavioural problems in youth age 10 to 17: an updated systematic review and meta-analysis. Campbell Systematic Reviews. 17(4). DOI: 10.1002/cl2.1158

238 Franzén, AG, Gottzén L. (2022). Childhood Adversities and Individual Responsibility as Explanations for Criminality in Incarcerated Young Men's Narratives. Deviant Behavior, 43(9), 1021–1035. https://doi.org/10.1080/01639625.2021.1952121

239 Jülich S, Landon F. (2017). Achieving justice outcomes: participants of Project Restore's restorative processes. In E. Zinsstag & M. Keenan (Eds.), Restorative responses to sexual violence: Legal, social and therapeutic dimensions (pp. 192-212). New York, NY: Routledge, Taylor & Francis Group.

240 Beyond Youth Custody. (2014). Young People and Resettlement: Participatory Approaches. http://www.beyondyouthcustody.net/wp-content/uploads/Participatory-approaches-for-young-people-in-resettlement-a-practitioner%E2%80%99s-guide.pdf

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