

The torture and ill-treatment of children in the context of juvenile justice: prevalence, impact, prevention, detection, assistance and accountability

Research plan

Note: This research plan is intended to provide general guidance for the development of research plans for each participating country. It, and the appended tools, have been revised in the light of discussions at the Kyiv meeting. Adjustments that may be necessary to adapt it to the circumstances of individual countries should be made in consultation with the UNICEF Regional Office.

1. Scope of the research

In all of the participating countries, the research will cover four main areas:

- i. an analysis existing laws and procedures for the prevention and detection of torture and ill-treatment, and for the protection, assistance and reparation of victims
- ii. the collection of data on complaints of torture and ill-treatment, or cases of alleged torture and ill-treatment investigated by the competent authorities, and the results thereof
- iii. a baseline survey of the prevalence of torture and ill-treatment
- iv. an analysis of the effectiveness of existing laws and mechanisms, and the factors that limit their effectiveness

Another fourth optional component of the research, namely, an analysis of the impact of torture and ill-treatment on children, will be conducted in those countries where civil society organisations provide assistance to victims of torture.

All the research reports will conclude with a list of actions that would help overcome the factors that limit the effectiveness of existing mechanisms.

2. The scope of the research on the areas mentioned above

- i. Existing norms and procedures for prevention and detection of torture and ill-treatment, and for the protection, assistance and reparation of victims

This component of the research will cover:

- a. legal requirements regarding the presence of lawyers, parents and others during questioning
- b. legal provisions regarding the exclusion of evidence obtained illegally
- c. legal requirements regarding medical and psychological examinations of detainees or prisoners
- d. legal norms recognising an obligation of public officials to report ill-treatment or take action on reports of ill-treatment
- e. mechanisms allowing children deprived of liberty to complain of ill-treatment
- f. mechanisms or procedures for monitoring the treatment of juveniles in the context of juvenile justice

- g. legal provisions concerning of the right of children deprived of liberty to medical and psychological care
- h. legal provisions concerning the right of victims of torture, ill-treatment or abuse of authority to reparations
- i. procedures or practices designed to protect victims of torture or ill-treatment from continued violence, threats or reprisals
- j. definitions of torture and ill-treatment in the criminal law, and the corresponding sanctions
- k. administrative offences applicable for ill-treatment of children by law enforcement or other public officials, including responsibility for failure to prevent, report or investigate ill-treatment, and the corresponding sanctions

ii. Data on complaints and investigations of alleged torture and ill-treatment and their results

Data will be collected from official sources on complaints of torture or ill-treatment of children in the context of juvenile justice made to competent authorities, or investigations of torture or ill-treatment of children in this context made by such authorities on the basis of other information. This component will include data regarding the Office of the General Prosecutor and the Ombudsman or Human Rights Commission.

It might also include, where relevant, the Commission on Minors or Commission on Child Rights and internal procedures of the relevant ministries or agencies (e.g. Ministries of Interior, prison or police departments)

It also will include data on the outcome of such complaints or investigations.

iii. Baseline survey

The survey will document the prevalence of reported torture and ill-treatment in the following contexts:

- a. contact between police and children, in the street, in police stations, in police interrogation facilities or elsewhere.
- b. in pre-trial detention (remand) facilities
- c. in correctional facilities

Coverage of in facilities for children at risk or children subject to educational measures (special schools, temporary reception centres) is optional.

It will cover all kinds of torture and ill-treatment, as defined in the concept paper. The results will be disaggregated, to the extent possible, by age, sex and ethnicity.

iv. the impact of torture and ill-treatment (optional)

The analysis of the impact of torture and ill-treatment on child victims will be primarily qualitative, and based on information provided by professionals that

provide services to victims. Practitioners will describe the physical, psychological, developmental and social impact of various forms of torture and ill-treatment experienced by their caseload. The relationship between the nature of the ill-treatment, the characteristics of the victim (e.g. age and sex) and the impact on the victim will be described, without compromising the identity and privacy of the victim and the confidentiality of the service-providers relationship with persons receiving assistance.

The case studies will be used for three purposes:

- to illustrate the consequences of torture and ill-treatment for the victim and for society, for purposes of advocacy and training;
- to understand obstacles to detecting cases of torture and ill-treatment;
- to understand the kinds of treatment required and the implications for the relevant service providers

v. the effectiveness of existing laws and procedures

This component of the research will involve an analysis of the effectiveness of the laws, procedures and mechanisms for prevention, detection protection and assistance, in the light of:

- a. data on complaints investigated, other investigations carried out, and their outcomes;
- b. the results of the survey on the prevalence of torture and ill-treatment;
- c. case histories of victims of torture (if prepared)
- d. interviews with key informants, including judges, prosecutors, police officials, prison officials, defence lawyers, NGOs and others

The analysis will identify factors and obstacles of all kinds (legal, administrative, social, cultural) that appear to contribute to tolerance, persistence and impunity for torture and ill-treatment in the context of juvenile justice.

vi. recommendations

Recommendations should be made as to the actions that appear appropriate or necessary to overcome the factors and obstacles identified in the previous component of research as contributing to tolerance, persistence and impunity for torture and ill-treatment, such as changes in legislation or administrative norms or policies, stricter application of existing law, training, programmes to raise awareness or change attitudes, modification of requirements for recruitment or promotion, changes in the programmes or services for children deprived of liberty, etc .

Recommendations should be realistic, in the sense that they should take into account the political, economic, social and cultural context of each country. Realism does not mean making concessions on definitions or key principles; it means having a strategic approach designed to be as effective as possible in the short, medium and long term, given existing circumstances. They should be designed mainly for implementation on the national level, but should also identify

opportunities for cooperation and sharing of resources amongst the eight participating countries. Recommendations addressed to or concerning international bodies also may be made, as relevant.

3. Research methods and tools

The following research methods and tools will be used:

- A. analysis of legislation, including significant jurisprudence, if any, and regulations concerning to implementation or application of the relevant legislative provisions, and
- B. description and analysis of relevant administrative norms or procedures (e.g. personnel policy)
- C. semi-structured interviews with juveniles, in particular those deprived of liberty or having been deprived of liberty recently, and/or young adults with recent experiences regarding juvenile justice.
- D. data collection and analysis (e.g. on complaints of torture and ill-treatment received by competent authorities and outcome)
- E. description and analysis of relevant services (e.g. health services in juvenile prisons etc.)
- F. semi-structured interviews with police officers, staff of facilities where juveniles are deprived of liberty, and prosecutors
- G. semi-structured interviews with defence lawyers, judges and NGOs

Draft tools for items 'a' to 'e' are attached. Guidelines for the interviews referred to in items "f" and "g" will be prepared in each country, after the research referred to in items 'a' to 'd' has been carried out.

A draft tool regarding the optional case studies by mental health professionals and analysis of impact of ill-treatment and care of victims also is attached. (Tool X)

Legislative and regulatory framework
regarding torture and ill-treatment of children

I. General legal framework

1. Are torture and ill-treatment* prohibited by the Constitution, or is the right to be free from torture and ill-treatment recognised by the Constitution?
2. Do the Criminal Code, Code of Criminal Procedure, Code on the Execution of Sentences, and any basic laws on the human rights or the rights of children prohibit torture and ill-treatment, or recognize the right to be free from torture and ill-treatment?
3. Do any of the legal acts referred to above recognize an equivalent right, such as the right to personal integrity, dignity or to humane treatment?
4. Is there any significant jurisprudence on the rights or prohibitions mentioned above? If so, please identify and summarize them.
5. Have any international legal acts containing norms on torture and ill-treatment been incorporated directly into the national law? If so, have they ever been applied in a legal proceeding concerning a child allegedly victim of such practices?

II. Standards regarding the use of force and related issues

1. In what circumstances do the legislation and regulations allow the use of physical force with regard to children, in particular by the police or other law enforcement officials, the staff of correctional or detention facilities, or special schools?
2. In what circumstances, if any, do the relevant legislation and regulations authorize police or other law enforcement officials, and the correctional or detention facilities to use, with regard to a child:
 - a. firearms
 - b. handcuffs
 - c. other weapons or instruments of constraint
3. Do the laws and regulations impose, on police officers, correctional officers and other public officials authorized to use force against children in specific circumstances, an obligation to report any incident in which they have used force? If so, to whom are such reports made and who reviews them to ensure that the relevant rules have been respected?

* The term "ill-treatment" is used as synonym for all forms of cruel, inhuman or degrading treatment or punishment, as defined by the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

4. In what circumstances and for what reasons do the relevant legislation and regulations allow children to be placed in solitary confinement? What safeguards or special procedures, if any, must be respected if a child is, for any reason, confined in a cell alone?

5. What rules and procedures apply to children deprived of liberty who become involved in a violent incident or demonstrate acute psychiatric symptoms?

III. Safeguards against ill-treatment during apprehension and interrogation

1. Does the law require that the parent(s) or guardian(s) of a child be informed immediately when a child is apprehended or taken into custody by the police or any other law enforcement agency? If not, what is the time limit for notification? Who does the law require be notified if the child's parents or guardian cannot be notified? Who is responsible for notifying, and what sanctions does the law provide for those who fail to notify as required?

2. Does the law require a lawyer to be present during questioning of a child suspected of involvement in a criminal act (juvenile suspect)? Does a juvenile suspect have the right to free legal assistance?

3. Does a juvenile suspect or his legal representative have the right to renounce the right to have a lawyer present during questioning?

4. Do parents have a right to be present when a child suspect is questioned? Is the presence of a parent required?

5. Is the presence of any other professional or paraprofessional (e.g. educator, representative of child protection agency) required during the questioning of a juvenile suspect? If so, in what circumstances?

6. If a juvenile suspect provides a law enforcement officer with information in the absence of a lawyer, or other person whose presence is required by law, can that information be used as evidence during legal proceedings?

7. Does the law provide that a child suspected or accused of participation in criminal activity may not be deprived of liberty except as a last resort? If not, how are the circumstances that permit deprivation of liberty for purposes of questioning or investigation defined?

8. Does the law limit the period that a juvenile may be held by the police or other law enforcement officials for questioning without a judicial order to 24 hours, as recommended by the Committee on the Rights of the Child? If not, how long may the police keep a child in custody for purposes of questioning without a court order?

9. How long may the police keep a child in custody (i.e. restrict the child's freedom of movement) before formally registering that the child is in custody?

10. Does the law require that any police officer or other law enforcement officer who questions a child with regard to suspected participation in criminal activity have special qualifications and training for this purpose?

11. Does the law require the presence of a psychologist or similar professional during interrogation by a police officer or other law enforcement official?

IV. Legal standards regarding children deprived of liberty^{*}

1. Does the law require that a medical examination be performed on children upon admission to any facility where they will be deprived of liberty? If so, who performs the examination, and what is the time limit within which it must be performed?

2. If a medical examination shows signs of physical, psychological or sexual violence or harm, what action does the law require to be taken to notify the appropriate authorities and/or investigate the possible ill-treatment? What measures does the law require be taken, in such circumstances, to protect the child against the risk of further ill-treatment?

3. Does the law prohibit the use of corporal (physical) punishment?

4. Does the law prohibit placement in solitary confinement? If not, for what reasons and in what circumstances is it allowed?

5. Does the law prohibit psychological violence or abuse of children deprived of their liberty? If so, how is such violence defined?

6. Does the law recognise the right of children confined of liberty to complain of ill-treatment? If so, what does the law provide with respect to the duty of the competent authorities to investigate the complaint and to protect the child?

7. Does the law recognise the right of children confined of liberty to legal assistance? Is free legal assistance available?

8. Do civil society organizations have access to juvenile prisons and detention facilities where juveniles may be confined?

9. Do the staff of closed facilities, or other persons having access to them, have a legal obligation to report complaints or evidence of ill-treatment of children confined in the facility?

^{*} In principle these questions apply to any residential facility for “children in conflict with the law” or at risk, including street children, runaways, children who commit offences while too young to be prosecuted, juvenile suspects, accused juveniles, juveniles serving sentences and juveniles placed in an educational or medical facility as an alternative to confinement in a correctional facility. However, participants may opt to limit the scope to juvenile prisons, detention centres and interrogation facilities if time and resources are limited.]

V. Criminalisation of torture and ill-treatment

1. For what offences may a public official who tortures a child, or who subjects a child to cruel, inhuman or degrading treatment or punishment, be prosecuted?
2. What are the elements of the offences mentioned above? Are they defined so as to recognise that age and physical or mental development may be a relevant factor in determining whether an act constitutes torture or ill-treatment?
3. Which agencies or officials are responsible for investigating cases of torture or ill-treatment of children? What are their responsibilities and obligations?
4. What are the sentences attached to the offences of torture, ill-treatment or other offences mentioned above? Do they vary in function of the age or vulnerability of the victim?

VI. Reparations

1. Does the law recognise the responsibility of the State to pay damages, or provide any other forms of compensation, to victims of torture or ill-treatment, or to their families, if the victim is deceased? Please summarise the relevant law.
2. Does a child who claims to be a victim of torture or ill-treatment have the right (standing) to take legal action in person, if his or her parents are unwilling to do so?

Administrative standards and procedures regarding human resources

1. If there are police investigators especially designated to investigate crimes committed by juveniles, is a commitment to assisting children and respecting their rights a prerequisite for recruitment or appointment to this position? Is there any requirement that they demonstrate relevant knowledge or skills?
2. If the juvenile police participate in activities that involve deprivation of liberty (e.g. raids to apprehend street children and runaways) is a commitment to respecting the rights of children a prerequisite for recruitment or appointment to this position?
3. Is a commitment to assisting children and respecting their rights a prerequisite for hiring or appointing the staff of facilities where children are deprived of liberty, such as special schools, detention centres for juveniles and correctional facilities for juveniles?
4. Is respect for the rights of children recognised as a factor relevant to the promotion of police officers, correctional officials, the staff of special schools or other similar institutions?
5. If police officers, correctional officials, the staff of special schools are required to have training on child rights, is the issue of torture and ill-treatment part of the curricula?
6. If any of the requirements referred to above exist, how are they applied or enforced?

Survey of children's experiences

The main aim of the survey is to estimate the prevalence of torture and ill-treatment in the context of juvenile justice in the countries covered by the project. This estimate will be used for these purposes:

- to form a baseline that can be used to evaluate the effectiveness of efforts to eliminate torture and ill-treatment during the project, and for years to come;
- to inform advocacy and demonstrate the importance of the issue;
- to obtain information that can be used to determine the sectors of juvenile justice where efforts to eliminate torture and ill-treatment should be focused, in each country.

Previous research on this issue in the CEE-CIS region suggests that interviews should focus on four contexts where these practices seem most likely to occur:

- contact between children and the police
- children in pre-trial detention centres
- children in 'special schools'
- juveniles in correctional facilities

At least one recent survey included interviews in the juvenile correctional facility, with no reported adverse consequences for those interviewed (the whole population). The acceptability of surveying the existing population of juvenile correctional or detention facilities, or special schools, must be considered on a country-by-country basis.

Information about the prevalence of torture and ill-treatment in closed facilities also may be obtained by interviewing persons having been recently released from such facilities or transferred to other correctional facilities (i.e. for adults).

Information about the treatment of juveniles by the police may be obtained from children in closed facilities not operated by the police, including special schools and correctional facilities, and those involved in community-based programmes for children at risk. Bodies responsible for assisting children released from special schools, detention or prison also may be able to help locating children having relevant information.

Since one of the purposes of this component is to establish a baseline, the focus should be recent. Participants in individual countries may decide whether surveys will cover 2010, 2011, 2012 or some combination of these years. The geographic scope of the survey will be decided on a country-by-country basis, but should include at least one city or region outside the capital. The sample should include both boys and girls. The size of the sample and method for selecting individuals to be interviewed should be determined in consultation with the UNICEF Regional Office.

The reliability of information obtained through the surveys will be assessed by comparing it with information from other sources, including a survey of parents, and interviews of defence attorneys, NGOs, and other juvenile justice actors. Although some such actors have interests that may influence their replies, comparing the replies of a wide range of actors will allow a general appreciation of the reliability of the results of the survey.

Since the essential aim of this survey is to obtain information about highly sensitive questions, they should begin with some general information about what happened to the child, to put the child at ease and establish a relationship of trust. When the children who is to be interviewed has been identified because of his or her involvement in a community-based programme, he or she should be asked if they would like a staff member of his or her choice to be present.

The interviewers should be aware of the ethical standards regarding interviewing children, and parental consent should be obtained where required by law. If possible interviewers should have experience interviewing children, and should work in teams of two persons, including a psychologist or medical doctor. At least one member of the team should be a woman, when girls are interviewed.

Interviews should have four parts:^{*}

1. Information about the project

- The interviewer should introduce himself or herself by name, and identify the organization he or she works for. The interviewer might ask the child if she or he has heard of the organization.
- The aims of project and the interview should be explained. It is not necessary to use the terms “torture and ill-treatment”; the aims should be described honestly, but more general terms may be used (e.g. “how children are treated”, “whether children are treated properly”, or “whether children’s rights are respected”). The idea that it is important to listen to children and take their views into account should be mentioned when explaining the reasons for the interview.
- The fact that the project is taking place in several countries and supported by UNICEF should be mentioned. The national organization(s) cosponsoring the project also should be mentioned, if different from the interviewer’s employer.
- This part of the interview should conclude by asking whether the child has any questions and, once any questions have been answered, whether she or he agrees to be interviewed.

2. General background

The purpose of this part of the interview is, in part, to obtain background information and in part, to put the child at ease and help begin telling the story we are interested in.

^{*} This is general guidance to be adopted to the circumstances of each country.

- The child's age. Where he or she is from. Ethnicity.
- General information about why the child is in the facility, or involved in the programme (as appropriate). How long he or she has been involved/confined/placed there. Whether he or she has been taken into custody before.
- When, where and why was the child taken into custody by the police? Were others were 'captured' at the same time?
- General information about the chain of events from capture to the present situation.

3. Information relative to implementation in practice of legal safeguards against ill-treatment

- When were the child's parents notified (if the child was not living in an institution, and if he or she knows). The first time he or she saw them or heard from them.
- When the child was questioned for the first time. Where? Who was present? (parents? lawyer?)
- When did the child talk with a prosecutor for the first time? How many days after being taken into custody, if relevant? When did he or she talk with a judge for the first time?
- General questions about contact with a lawyer, prosecutor and judge. How long did the meeting last? What did they talk about? Did the judge, prosecutor or lawyer seem interested in what the child had to say? (These questions are especially relevant if the child had been ill-treated, but no one asked about this.)
- Was the child ever examined by medical personnel? If so, when? What kind of questions did they ask him or her?

4. Treatment

- How was the child treated by the police?
- If the child is in a closed facility (apart from the police station) or was, how was he or she treated?
- Does the child think his or her rights have been respected? If not, or if the reply is evasive, why not?
- If any kind of ill-treatment is mentioned, was it an isolated event, or recurring?
- Who knew about it? Did the child ever tell anyone else about it? If he or she did, what happened? If not, why not?
- If the child mentions any kind of ill-treatment (i.e. what we would consider ill-treatment), why does he or she think it was done? How has it affected him or her? Has it made him or her different in any way?
- If the child says that he or she was not mistreated, were other children? How, why?
- If the child expresses some criticism of the way he or she has been treated, what does he or she think should be done to improve the situation, to prevent others from receiving the same treatment?

Tool D

Data concerning complaints and investigations

It will not be easy to collect reliable data on torture and ill-treatment in the context of juvenile justice. Many victims, like victims of other kinds of violence, are reluctant to report torture and ill-treatment to the competent authorities. There are many possible reasons for this, and the project will attempt to identify the most significant ones, as well as measures designed to overcome them, to the extent possible.

Official reluctance to disclose information that does exist, such as, for example, the number of complaints of ill-treatment investigated and the outcome of such investigations, can be expected. Torture and ill-treatment are sensitive subjects, the more so when the victims are children.

The data component of the project will focus on official data, both published and unpublished. One of the aims of this component is to establish a baseline that will allow the impact of the project to be assessed; another is to promote a culture of transparency in this sensitive area.

Official data is not expected to provide reliable information on the prevalence of torture and ill-treatment. Information on that subject will be sought through other methods, in particular the survey of children, and possibly their parents. The results of the survey will be compared by the results of interviews with key observers such as defence attorneys, NGOs, police officers and others.

Indicators

1. The number of complaints of torture or ill-treatment of children in the context of juvenile justice registered by the Office of the General Prosecutor during 2010 or 2011. Requests for information should be worded in the way that is most likely to obtain the relevant data. Where the national law does not recognise torture and inhumane treatment as a crime, it may be necessary to use terms recognised by the criminal code e.g. abuse of authority, infliction of physical injury, violation of the right to humane treatment, etc.

Data available should be disaggregated, to the extent possible, by:

- the nature of the act complained of (electric shock, suffocation, beating, sexual abuse, degrading treatment...)
- the identify of the complainant (victim, parent, victim's attorney, public official such as social worker or health care provider, witness such as fellow prisoner, other)
- the age, sex and ethnicity of the purported victim
- the place where the act occurred (street, police station, etc)
- the context (capture, interrogation, disobedience...)

1 bis. The outcome of the matter complained of e.g.

- lack of physical evidence to prove alleged act took place

- conclusion that treatment occurred but was not illegal (e.g. force was necessary because child resisted capture)
- child or parent withdrew complaint or did not cooperate with investigation
- investigation still pending
- investigation closed for reasons unknown
- administrative sanctions imposed (if so indicate nature)
- perpetrator prosecuted (if so, result of criminal proceedings including sentence, if any)
- compensation of victim
- outcome unknown

2. The number of complaints of torture or ill-treatment of children in the context of juvenile justice registered by the ombudsman or human rights commissioner during 2010, disaggregated, to the extent possible, by the factors indicated above.

2 bis. The outcome of the matter complained of (see list of possible outcomes above)

3. The number of complaints of torture or ill-treatment of children in pre-trial detention or prison registered by the correctional authorities during 2010, disaggregated, to the extent possible, by the factors indicated above.

3 bis. The outcome of the matter complained of (see list of possible outcomes above)

4. The number of complaints of torture or ill-treatment of children by police officers registered by the competent police or Ministry of Interior official during 2010, disaggregated, to the extent possible, by the factors indicated above.

4 bis. The outcome of the matter complained of (see list of possible outcomes above)

5. (optional) The number of complaints of torture or ill-treatment of children in special schools or similar facilities registered by the Ministry of Education during 2010, disaggregated, to the extent possible, by the factors indicated above.

5. bis. The outcome of the matter complained of (see list of possible outcomes above)

Description and analysis of health services

Questions to be answered

1. When the law or regulations requires a medical examination of a child after admission to any facility in which he or she is deprived of liberty, who makes the examination? Is he or she part of the service or agency who operates the facility?
2. Do such professionals have training in identifying physical evidence of possible torture or ill-treatment? Are they qualified to assess evidence of mental or psychological stress or ill-treatment? Is a tool for assessing the risk of self-injury used?
3. If evidence of possible physical, sexual or psychological violence or ill-treatment is detected, what protocol does the person who performed the exam follow to preserve the evidence, inform the responsible authorities and assist the victim? What steps should be taken?
4. What kind of health services are available in correctional facilities for juveniles? What are the professional qualifications of their staff? Is the professional relationship between the health service provider and child confidential? Does the health service provider have an obligation to report evidence that the child has been a victim of torture or ill-treatment? If so, to whom is the report made?
5. In what circumstances can a juvenile deprived of liberty have access to independent medical services?
6. Are the medical staff of correctional facilities for juveniles – including women's facilities where juvenile girls are present - qualified to identify mental health problems? What is the caseload of each mental health professional? Are protocols for assessment of mental health based on international standards?
7. What kind of health services are available in other facilities where children may be deprived of liberty, such as special schools or pre-trial detention facilities? What are the professional qualifications of their staff? Is the professional relationship between the health service provider and child confidential? What kind of information obtained by the health service provider is confidential? Does the health service provider have an obligation to report evidence that the child has been a victim of torture or ill-treatment? If so, to whom is the report made?
8. Are medical staff qualified to evaluate and treat gynecological problems available in facilities where girls may be deprived of liberty?

Impact on Children of Torture and Ill-treatment in the Context of Juvenile Justice

This component will involve the preparation of two products: case studies of child and adolescent victims of torture and violence in the context of juvenile justice, and an analysis of the impact of torture and ill-treatment on children in this context, and the kinds of treatment or assistance needed to repair the consequences.

Guidelines for case studies

The subjects of case studies should be children or adolescents who have been victims of torture or ill-treatment in the context of juvenile justice, chosen by a mental health professional who has treated the individual or supervised treatment. The subject should give consent and, if he or she is under the age of 18, the consent of a parent or legal guardian also should be obtained. He or she should be informed of the aims of the project and the purpose of case studies by the author of the case study, and also should be advised by an attorney in order to ensure that consent is informed and freely given. Case studies should be prepared so as to protect the identity of the subject.

Case studies will have two main purposes:

- to illustrate for purposes of advocacy and training the adverse impact of torture and ill-treatment for the victim and society, and
- to inform an analytical paper, in particular with regard to the types of treatment and assistance needed to repair the impact of torture and ill-treatment

An effort should be made to select subjects for case studies that illustrate the diverse dimensions of the topic, e.g. younger and older children, boys and girls, torture, sexual abuse and other forms of ill-treatment.

Issues to be addressed in the case studies include:

- the sex and ethnicity of the victim, and age at the time of the torture or ill-treatment
- the background of the victim (family structure, quality of family life, schooling, medical and psychological profile prior to torture or ill-treatment)
- the circumstances that brought the victim into contact with juvenile justice
- the nature of the torture or ill-treatment, the reasons or circumstances in which it occurred
- the consequences for the victim (and secondary consequences for his or her family, if known and relevant)
- the diagnosis, treatment provided and outcome of treatment to date or to the time it was discontinued
- factors that influenced positively or negatively the ability of the service providers to identify the victim, diagnose the consequences of torture and ill-treatment and provide appropriate treatment
- if known, whether or not the torture or ill-treatment was reported to the competent authorities and, if not, the reasons therefore

- if known, the social impact of torture and ill-treatment in areas such as employment, education, drug or alcohol abuse, inter-personal relations, rehabilitation/reoffending
- other information that the author considers relevant

Outline of the analytical document

1. Introduction. Presentation of the authors and explanation of the methodology used, and any constraints or provisos.
2. The prevalence of torture and various forms of ill-treatment, and factors that are associated with torture and ill-treatment, based on the experience of the authors.
3. The impact of torture on physical and mental health, and the moral, intellectual and social development of children and adolescents, in particular in the context of juvenile justice.
4. Most effective forms of treatment, therapy and assistance.
5. The implications of the right to effective assistance and treatment for the law, for the administration of justice, for the correctional system and public health system.
6. Implications, if any, for the prevention of torture and ill-treatment. Selection, screening and training of professionals and paraprofessionals working in juvenile justice. The effectiveness or ineffectiveness of safeguards. Are some children more vulnerable, and can vulnerability be reduced? Implications for the detection and reporting of torture and ill-treatment, by victims and others. Reflections on the effectiveness of deterrence. Reparation from the perspective of mental health.