

CPT European Committee for the Prevention of Torture
and Inhuman or Degrading Treatment or Punishment



The CPT and the Protection of Children, who are deprived of their liberty.

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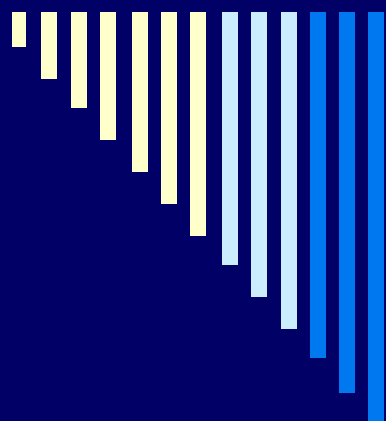
Working Area of the CoE





Important CoE Actors in Protecting/Promoting Children's rights

1. European Court on Human Rights
 2. Commissioner for Human Rights
 3. European Committee for Social Rights
 4. Committee for the Prevention of Torture and Inhuman and Degrading Treatment or Punishment (CPT)
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European Court on Human Rights and the Protection of Childrens' rights

- * ECtHR is based on European Convention of Human Rights (1950),
- * Is a retro-active mechanism,
- * Its Judgments are binding,
- * The Main issues dealt with by the court with respect to children concern violations of art. 2, 3 and art. 8 ECHR.



Commissioner for Human Rights and the Protection of Children's rights

* The work of the Commissioner consists mainly in visiting care institutions, schools, facilities where children are detained, places where children live in precarious conditions, and organisations providing services to children.

* Focus is on three areas of concern:

- 1) the persisting problem of statelessness among children in various member states;
- 2) the still widespread practice of placing some groups of children, including Roma and children with disabilities, in segregated educational settings; and
- 3) the human rights situation of migrant children, especially unaccompanied minor migrants.

* He addresses –not legally binding- recommendations to national authorities on how they could improve their records on children's rights.



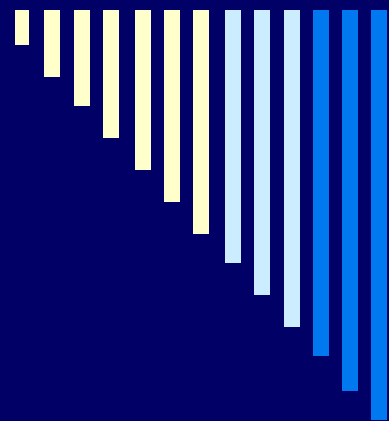
Committee for Social Rights and the Protection of Children's rights

- * The Committee monitors and evaluates the compliance in the CoE Member States to the European Social Charter (1961, revised 1996),
 - * Two articles in the Charter are explicitly dealing with Children's Rights (art. 7 and 17), but do not refer specifically to children, who are deprived of their liberty,
 - * The Committee Acts as complaints mechanism and monitors the compliance to the European social Charter via the periodic reports that Member States have to send to the Committee, which result in –not legally binding- recommendations,
 - * Main complaints concerning juveniles concern: corporal punishment, work, education etc in non-custodial setting
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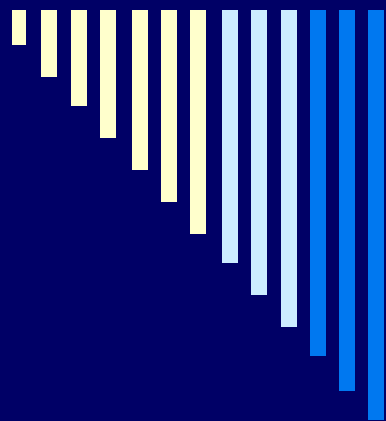
CPT and the Protection of Children's rights

- * The CPT is a pro-active, preventive mechanism based on the European Convention on the Prevention of Torture etc (1989),
 - * The task of the CPT is to monitor in the CoE Member States the compliance to art. 3 ECHR as far it concerns people that are deprived of their liberty and to support Member States in avoiding situations that are not in compliance with art. 3 ECHR.
 - * Special focus is on vulnerable persons: women, children, mentally ill detainees and foreigners,
 - * Main working method is to visit places of detention and to record its observations in visit reports, that are send to the Member State together with –not legally binding- recommendations.
 - * The CPT is also playing an important role as standard setting body.
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Four different actors, but with mutual impact

- All actors are operating within the framework of the Council of Europe,
- This means that there are regular contacts and exchange of views,
- Judgements, standards and recommendations are important sources for other bodies of the Coe, such as the Penological Council and for other CoE recommendations (e.g. Prison Rules, Rules on Juvenile Offenders),
- In their judgements or publications the ECtHR, The Commissioner, the Committee for Social Rights and the CPT are frequently referring to each other publications, recommendations and standards.



CPT and its preventive role



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Main Characteristics of the CPT

-1-

- Aim: Preventing ill-treatment of persons deprived of their liberty in Europe:
 - The CPT organises visits to places of detention, in order to assess how persons deprived of their liberty are treated. These places include prisons, juvenile detention centers and other closed centers for juveniles, police stations, holding centers for immigration detainees, psychiatric hospitals, social care homes, military detention places, ICCI prisoners, removal flights, etc.
 - CPT delegations have unlimited access to places of detention and all files and documents (even medical files) , and the right to move inside such places without restriction. They interview persons deprived of their liberty in private, and communicate freely with anyone who can provide information.
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Main Characteristics of the CPT

-2-

- Monitoring is based on: Cooperation, confidentiality and immunity.
- Visits are carried out by multi-disciplinary teams (including medical/psychiatric experts). Each country has **1 member**, known for their competence in the field of human rights or having professional experience in the areas covered by the Convention.
- If necessary, the Committee may immediately communicate observations to the competent authorities of the Party concerned.
- Visits (regular, follow-up or ad hoc visits) are in majority unannounced.



Main Characteristics of the CPT

-3-

- After each visit, the CPT sends a detailed report to the State concerned. This report includes the CPT's findings, and its recommendations, comments and requests for information. The CPT also requests a detailed response to the issues raised in its report. These reports and responses form part of the ongoing dialogue with the States concerned.
- If the Party fails to co-operate or refuses to improve the situation in the light of the Committee's recommendations, the Committee may decide by a majority of two-thirds of its members to make a public statement on the matter (10,2 procedure).



Focus of the CPT -1-

Focus is on Torture or Inhuman or Degrading Treatment (=ill-treatment). This includes a.o.:

1. Violence by staff and inter-prisoner violence (including impunity),
2. Length of stay in police facility
(*for juveniles: maximum is 24 hrs and separated from adults*),
3. Overcrowding,
4. Placement and regime,
(*juveniles should be accommodated in centres specifically designed for this age group, offering regimes tailored to their needs and staffed by qualified persons*). *Juveniles should be allowed to have at least two hours exercise of which at least one hour in the open air. Education and vocational training should be similar to that in the community. Female juveniles should not receive less care, education, protection, assistance and training than male juveniles.)*



Focus of the CPT -2-

5. Material Conditions (Size of cells/programs/hygiene/, state of repair),

(juveniles should normally be accommodated during the night in individual bedrooms, large dormitories should be avoided, single cells should measure at least 10 m² and juveniles should be allowed to wear own clothing)

6. Contact with the outside world,

(juveniles should benefit from a visiting entitlement of more than one hour every week, should be able to receive visits at weekends, visits should take place, as a rule, under open conditions and juveniles should have a regular and frequent access to a telephone and have the opportunity to regularly and unremittingly exercise their right to correspondence),



Focus of the CPT -3-

7. Discipline and isolation,

(restorative conflict resolution should be given priority over formal disciplinary procedures and solitary confinement as a disciplinary measure should under no circumstances be longer than three days),

8. Safeguards: a) Complaints and inspection procedures,

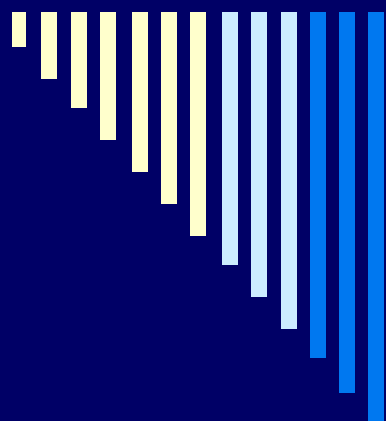
b) Information on rights

(written in a language that the juvenile understands)

9. Staffing issues (quality and quantity),

10. Health care (e.g. access to doctor, confidentiality, file keeping, reporting evidence of cases of ill-treatment to Public Prosecutor)).

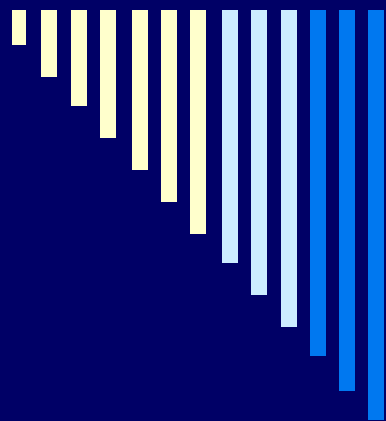
(upon admission all juveniles should benefit from a comprehensive individual medical, psychological and social needs assessment)



Some main findings after 25 year

-1-

1. ILL-treatment takes place frequently and consists mostly of physical and psychological threats, kicks, punches, blows with truncheons, handcuffing etc).
2. Basic safeguards (access to lawyer, notification, doctor, special safeguards for juveniles) are often neglected,
3. Overcrowding is a fertile soil for all forms of ill-treatment,
4. Insufficient control by independent inspection and complaints procedures,
5. Material Conditions are often inhuman or degrading (Hygiene, cell size, lack of fresh air, natural light),



Some main findings

-6-

- 6) Inter-prisoner and inter prisoner-staff violence takes often place, in particular sexual violence (especially juveniles by adults),
- 7) Lack of purposeful programmes and contacts with the outside world,
- 8) Inadequate Treatment of vulnerable groups,
- 9) Low quality and quantity of medical/psychological care,
- 10) Practices of solitary confinement.