

# DATA MOSAIC TOOL GUIDE

Data-driven tool to prevent violence  
and ensure the safety of children  
in detention



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## **Guide on using the “Data MOSAIC Tool: Data-driven tool to prevent violence and ensure the safety of children in detention”**

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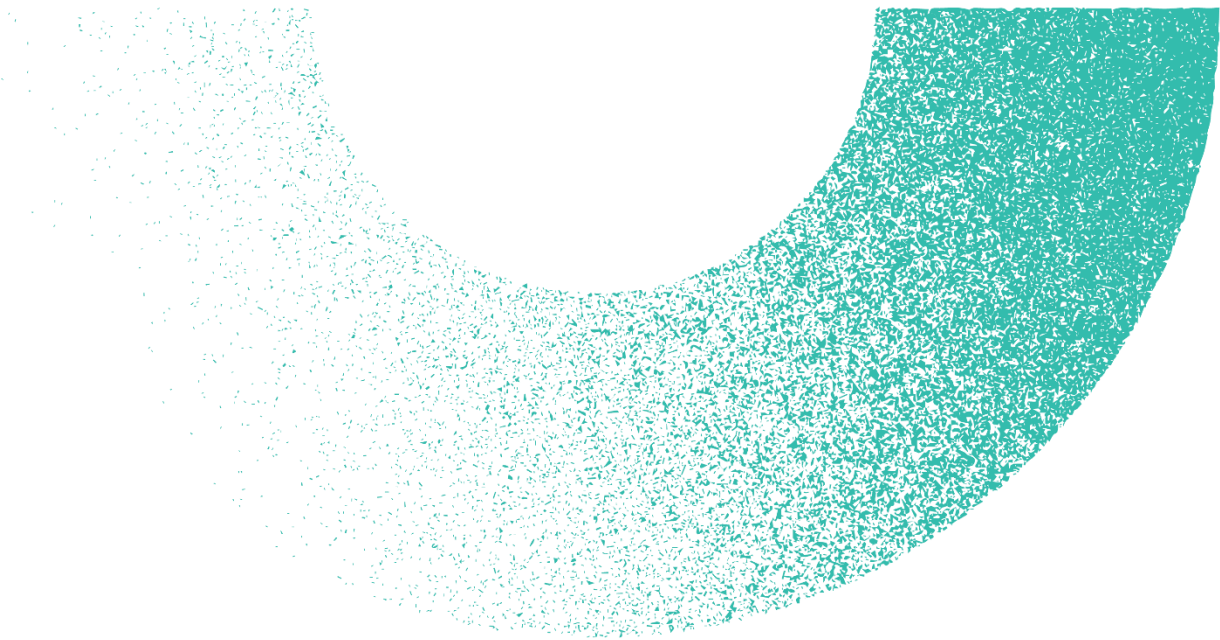
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# Introduction

Safeguarding children’s safety, including by preventing violence against children (VAC) in places of detention<sup>1</sup>, must be a priority for any criminal justice system.

Despite commitments by governments, including all European Union (EU) member states,<sup>2</sup> violence against children persists, particularly in detention settings, requiring a robust response. Detention itself exacerbates the risk of violence for children, and marginalisation and discrimination (with regard to intersectionality of identities) for specific groups like girls, LGBTI+ children leave them more exposed.

A key issue is data collection. Collecting data on violence against children, particularly within the criminal justice system, presents challenges and investment to bridge these gaps is strongly advocated by international policy instruments. Factors such as distrust of authorities, fear of reprisals, and limited awareness hinder children from reporting violence. Moreover, perceptions of prison primarily as punishment perpetuate violence. Insufficient training, support, and incentives for prison staff also contribute to violence in detention settings, where institutional policies and practices may not always be recognized as harmful. Finally, the lack of disaggregated data on children in detention and their limited involvement in monitoring and reporting exacerbate the complexity of the issue.

Data-driven tool to prevent violence and ensure the safety of children in detention: “*Data MOSAIC Tool*”, and this accompanying guide – realised in the framework of the Data for Monitoring the Safety of Imprisoned Children (**Data MOSAIC**<sup>3</sup>) project – aims to contribute to addressing this gap. This means taking a step toward better safeguarding children from violence during criminal justice detention by mapping and assessing current monitoring and data collection practices, identifying promising practices to learn from, and helping governments, administrators and, importantly, detention facilities to address identified gaps through the development of the data collection tool and this guide.

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<sup>1</sup> Detention in this Manual is defined as deprivation of liberty before or during trial or in relation to the lawful execution of a prison sentence.

<sup>2</sup> Addressing violence against children is a crucial aspect of the 2030 Agenda for Sustainable Development, aligning with the European Union (EU) strategy on the Rights of the Child and various other standards, policies and initiatives worldwide.

<sup>3</sup> The Data MOSAIC project is funded by the European Union’s CERV Programme (project 101096692) and implemented between March 2023 and June 2025 by Penal Reform International (PRI) in cooperation with Social Activities and Practice Institute (SAPI), Fundatia Terre des Hommes – Elvetia (TdH Romania) and Fundación Tierra de hombres (TdH Spain). Universidade NOVA de Lisboa is an associated partner of the project.

## What is this Guide for?

Research to map current data collection practices across justice systems in Europe and draw recommendations based on identified gaps and needs, human rights standards and promising practices has been carried out and informed the data collection tool and this accompanying guide.

The *Data MOSAIC Tool* and *Guide* have been developed through inputs from front-line staff, international experts and public authorities in three focus countries (Bulgaria, Ireland and Romania) where the tool is piloted (2024).

This Guide is to be used alongside the Tool. It provides guidance on how to use the Tool: it clarifies all definitions of key terms and expressions, and it gives instructions on the classification used and on how to use the tool in a way that allows comparability and thoroughness, while ensuring non-discrimination and data protection.

## Who should use this Guide?

The Guide is addressed to staff within child justice detention facilities. The actual reporting of incidents will be done by the staff that work at the frontline with children. They will thus need to be trained in the use of the tool, as well as on violence against children and on the ethical considerations mentioned in the first section of this Guide. See [Training manual].

# International framework and standards on monitoring and collecting data on violence against children in detention

Why you should use the Data-driven tool to prevent violence and ensure the safety of children in detention: *the Data MOSAIC Tool?*

Despite international law stipulating that detention of any child should be a last resort, thousands of children are in criminal justice-related detention on any given day across Europe. Their safety and protection of rights, including from any form of violence, must remain of paramount in any detention facility for children.

Their access to all rights enshrined in the UN Convention on the Rights of the Child and other relevant international standards should be ensured through a number of measures.

This tool aims to fulfil a gap that Penal Reform International, Terres des Hommes, and many others have identified<sup>4</sup>, that being the lack of systematic data collection and corresponding data-informed strategies to ensure children in detention settings are safe and protected from any form of violence.

Efficient and accessible monitoring to produce data and information related to safety and violence is one such critical measure to prevent and address safeguarding issues.<sup>5</sup> Rigorous data collection needs to be comprehensive, reliable and disaggregated so that it can enable authorities grasp the scope and characteristics of safety issues, including violence – in the many different forms that it entails – and support targeted systemic action and strategies aimed at prevention.

## Key international standards

The international legal and policy instruments that emphasise the key relevance of monitoring and collecting disaggregated data about VAC are numerous and a comprehensive collection of them can be found in the

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<sup>4</sup> *UN Global Study on children deprived of liberty*, 2019.

<sup>5</sup> *UN Global Study on children deprived of liberty*, 2019; UNICEF, *Hidden in plain sight: a statistical analysis of violence against children*, 2014; UN Office of the Special Representative of the Secretary General on VAC, *Prevention of and responses to violence against children within the juvenile justice system*, 2012; UNODC, *Manual for the Measurement of juvenile justice indicators*, 2006.

[“Compendium of international standards and practices on monitoring violence against children in criminal justice detention”](#) published in the framework of the Data MOSAIC project.

Within this variety of relevant legal and policy instruments, two guiding international instruments have been drawn on for the development of the Tool and this accompanying guide: General Comments to the Convention on the Rights of the Child (CRC) that provide guidance to the States on how to implement the rights Convention. They are paramount in the way they highlight the **specific need for data collection of VAC and children’s rights violations across settings**, for purposes of identification of violence, prevention, appropriate and non-discriminatory response, and accountability.

- **General Comment No. 5** emphasises the importance of comprehensive data collection and proper disaggregation to ensure the full enjoyment of children's rights without discrimination. It underscores the necessity of identifying individual children and groups whose rights may require special measures, stressing the need for data disaggregation to identify discrimination or potential discrimination. *“Collection of sufficient and reliable data on children, disaggregated to enable identification of discrimination and/or disparities in the realization of rights, is an essential part of implementation” [para 48].*<sup>6</sup>
- **General Comment No. 13** emphasises the importance of clear operational legal definitions of violence to ban all forms of violence in all settings, encouraging international standardization to facilitate data collection and exchange. Administrative measures include the establishment of comprehensive national data collection systems for systematic monitoring and evaluation, aligned with universal standards and locally established goals. Prevention measures highlight the role of research studies and data collection in informing policy and practice, emphasizing the development of measurable objectives and indicators. *“The Committee has consistently expressed its support for systems of accountability, including in particular through data collection and analysis, indicator construction, monitoring and evaluation as well as support for independent human rights institutions” [para 72].*<sup>7</sup>

In response to the international relevance and need for meaningful and comprehensive data collection on VAC, the *Data MOSAIC Tool* aims to ensure comparability and comprehensiveness, with the purposes highlighted by the Committee: **identification of violence, prevention of violence, appropriate and non-discriminatory response and accountability**.

The main instrument, developed at international level, that has been used as key reference in the development of this data collection tool and accompanying guide is the UNICEF International Classification

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<sup>6</sup> General comment no. 5 (2003): General measures of implementation of the Convention on the Rights of the Child, available at <https://digitallibrary.un.org/record/513415?ln=en&v=pdf>.

<sup>7</sup> General comment No. 13 (2011): The right of the child to freedom from all forms of violence, available at [https://www2.ohchr.org/english/bodies/crc/docs/crc.c.gc.13\\_en.pdf](https://www2.ohchr.org/english/bodies/crc/docs/crc.c.gc.13_en.pdf).

of Violence against Children (ICVAC), published in 2023.<sup>8</sup> This classification of VAC has been used for key definitions and adapted to the specific context of detention.

Other relevant classifications and tools that have been developed at international level to measure and collect data about violence against children in diverse settings and that have been used as key background documents for the drafting of this Guide are listed at the end of this guide among the resources.

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<sup>8</sup> UNICEF International Classification of Violence against Children (ICVAC), 2023, available at <https://data.unicef.org/resources/international-classification-of-violence-against-children/>.

# Collecting the data

## Who is involved?

### Variety of monitoring and data collection bodies and actors at international level

A diverse array of actors, organisations and institutions engaged in external monitoring of violence against children in detention, both nationally and internationally, as found by PRI's research.<sup>9</sup> This collaborative, multi-agency approach is essential for addressing the multifaceted and intricate nature of violence against children. It ensures independent oversight, aligning with global standards set for the detention settings. Despite variations across countries and challenges within the EU regarding human rights protection, many countries adhere to establishing monitoring bodies for children's detention facilities. However, the multitude of actors involved in data collection on children's rights violations in detention necessitates robust multi-stakeholder cooperation and coordination. This entails systematic analysis and synthesis to inform policy reforms and enhance accountability, and such collaborative efforts appear insufficient across the EU, as suggested by PRI's research.

Regarding internal, facility-based monitoring and data collection methods within EU countries, research indicates a growing adoption of multidisciplinary approaches.<sup>10</sup> This means collaboration, within each facility, among professionals like psychologists, other medical personnel, and law enforcement. Such a comprehensive strategy acknowledges the multifaceted nature of violence against children in detention, emphasising holistic responses and a commitment to addressing underlying causes.

The multifaceted and very complex nature of data collection of VAC in detention should thus be tackled with the use of a comprehensive data collection tool such as the one presented with this guide, filled with the collaboration of various professionals, as well as with regular self-reported violence surveys conducted among children in the facility.

### Who should use this tool: ensuring accessibility and shared responsibility

The tool will be used by all staff that work at the frontline with children in detention facilities: unit staff, programs, and care staff. Therefore, all staff in these roles should be trained on the tool and on data collection with it. Some sections of the tool will be filled in by data that is pulled out from existing database of information concerning each child in the facilities: information collected by specialised staff (providing medical, psychological, and legal support, among other) throughout the period of detention.

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<sup>9</sup> Penal Reform International, Data for MOnitoring the SAfety of Imprisoned Children: A European Study, June 2024.

<sup>10</sup> Ibid.

The roles encompassed in the “frontline staff” group (those working with children on a daily or regular basis) might differ between countries, hence the staff who will directly use the tool may vary from a country to another one.

Each incident can be reported following different paths:

- Witnessed by frontline staff during their regular duties
- Reported by children (victim/s, witnesses, or other parties in the incident)
- Reported by other staff (teachers, healthcare providers, psychologists, social workers, probation officers, educators, etc...)
- Reported by external actors: teachers and other professionals that come in the facilities to offer services; volunteers; lawyers or legal guardians; family members and other visitors of the children, etc...

#### How to collect data: ethical and practical considerations

Several ethical and practical considerations need to be taken into account when collecting data on the safety of children, including VAC. Ethical issues concerning research on VAC – in a variety of settings – have been discussed and emphasised in several international instruments and guidelines, and they usually refer to “privacy and confidentiality, child protection, disseminating information and findings following the completion of the research, and welfare of members of the research team”.<sup>11</sup>

While these international instruments mostly refer to research and to VAC in broad terms – without specificities explicitly applicable to detention settings – some key elements can be transferred to the context. Considerations from the unique context of detention, such as limited freedom of children and the participation and consent to actions that concern them need to be somehow re-defined, as explained below.

#### ⇒ **Protection of children**

- Protection from further victimisation when reporting: Children need to be protected from secondary victimisation, when disclosing for example the details of an incident they were victims of and from which they may have suffered trauma. Psychological support and any other kind of appropriate support (parents, significant adults, ...) need to be provided promptly. This principle encompasses protecting children who can be identified even if the data is anonymised, for example, if there is a single girl detained throughout the reporting phase in a specific facility. In these

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<sup>11</sup> UNICEF 2012, Ethical principles, dilemmas and risks in collecting data on violence against children: a review of available literature. See also Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R., 2013, Ethical Research Involving Children. Florence: UNICEF Office of Research - Innocenti.

circumstances, expanding the reporting period, providing less or more information or abstaining from publicly sharing the information may be preferable to avoid further harm.

- Protection from the person who caused the harm: Child victims of a harm need also to feel safe and protected from further victimisation and/or retaliation from the person responsible of this harm: this aspect can result particularly complex in a detention facility, where people who are hurt and those who have caused the harm may continue to be detained in the same facility together (or in the case of staff, be supervised by) despite the incident/s. This is nevertheless a necessary safeguard that facilities' staff must take carefully into consideration and ensure, also in order to build the trustful environment needed to facilitate reporting.
- Protection from reactions from other children and staff (in case of child 'perpetrators'): children who are responsible of harm to other children or to the staff also need to be protected from retaliation. They need to be ensured responses that are proportional and respectful of their dignity and their rights, and the procedural safeguards they are entitled to.

#### ⇒ **Participation**

Not all violent incidents are apparent and known to the staff. Reporting from children – as direct victims, or witnesses or bystanders – is key and requires building trust in the environment. When there is trust, meaningful participation to data collection can be real, and the reporting will be spontaneous/voluntary, without the need to impose something is instead perceived as a threat: **Trust = participation = voluntariness and consent.**

- Meaningful participation is also ensured through the availability and access for children to the tool regardless of their age, development and other circumstances:

*The competence, dependence and vulnerability of children should not determine their inclusion or exclusion from research. It should inform how their participation takes place.<sup>12</sup>*

Participation in this context means also to **provide children with information** about how this data is going to be used and why it is important to report and collect. Children need to be able to report, by knowing the process, the steps and consequences, and without fear of negative consequences and of retaliation.

- There are several ways in which children's voices could and should be included in the process of data collection and reporting:
  - Regular review sessions with children on the data collected, where they have a chance to reflect on the details, on the trends noted, etc.
  - Children should be put in the position to access the reporting on an individual basis
  - Children should be informed and involved in any incident follow-up

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<sup>12</sup> Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R., 2013, Ethical Research Involving Children. Florence: UNICEF Office of Research – Innocenti, p. 14.

- Consent concerns mostly the **details about an incident that children are open to disclose** (see above about trust). It also **concerns the kind of background information** that is collected about the child and that can ensure a thorough analysis of incidents' data. Children need to give their consent to disclose personal information (like gender identify, sexual orientation, ethnicity, etc...) and they should be ensured safety if they do so.

### ⇒ Privacy and confidentiality

- Privacy needs to be ensured in the first place in the ways and moments in which the staff fill the form and the children report: practical measures should be taken to **ensure that reporting happen in private and safe spaces**, where all parties involved will not be overheard and their identities and status protected.

Privacy is also key when it comes to the kind of background information about the child, and the **principle of collecting-sharing data on a need-to-know-basis**. Protecting privacy requires greater effort if the information concerns gender identity and sexual orientation as any disclosure can be extremely sensitive. The need to collect this information is related to the identification of forms of VAC to which children from specific groups are subjected to and of targeted responses and prevention strategies. If the information is not used for these purposes, then it should not be collected (o a “need to know” basis). In any event, it should be shared with care and only when guarantees of data protection are in place.

- While digitalisation facilitates data sharing and can bring greater efficiency, attention must be given to what data is shared, to whom, for what purposes, and in what can/should be more or less easily accessible. **Digitalisation should thus go hand in hand with confidentiality and data anonymisation**, especially where more disaggregation is required to properly analyse the data. Higher disaggregation means in fact that data and children are more identifiable, especially when the number of children in detention is relatively small, as is the case in several European countries. This requires **significant investment in training of the personnel and providing appropriate infrastructure** as the necessary starting point.  
Poor implementation, e.g., too detailed disaggregation without appropriate anonymisation and without appropriate attention to confidentiality and data sharing can result in collateral harm and lead to (further) victimisation and discrimination.
- Confidentiality in this context also means **protection of the identify of children when data is stored**, which should be in full respect of data protection principles and ensuring anonymisation.

## ⇒ Child-sensitive practices of data collection

The following sets out how to ensure child-sensitive practices of data collection:

- When a child reports an incident, **ask questions that are appropriate to their age and development**; as well as to their **literacy**, understanding of the language, and to their **circumstances** and/or belonging to a specific minority group (principle of non-discrimination).
- When a child reports an incident, take into account any **intellectual disabilities and/or mental health issues**, and adapt the questions accordingly – with the support of specialised staff whenever needed.
- Especially for the most severe cases of violent incidents, **trauma- informed techniques** are needed to collect information from the child/children involved, as well as support of appropriate specialised staff. Whilst serious cases are rare, they can have the greatest impact on victims and often involve the most vulnerable children including those with previous trauma.<sup>13</sup>

## ⇒ Other key practical considerations include:

- **Timely recording of incident data:** to prevent factual errors and ensure that any incident is dealt with in a timely manner and effectively to ensure that there is no more harm caused.
- **Consistent and coherent data collection and reporting:** there is a need for shared and common understanding of the definitions of incident and violence among all staff, and for common understanding of the process, the steps and the overall objectives of the reporting.
- **Consistent with children’s views:** if for any reason the view of the reporter on the incident does not correspond to the perspective of a child involved (for example, concerning the reasoning behind the incident, the reporter can enter the reason they perceive but one of the children involved may disagree or have a different perspective), then the reporter will report what the child thinks (about the reason of the incident like in this example, or about the relevant issue) under “other details”.
- **Continuous training of the staff:** to make the staff familiar not just with the purpose and cruciality of data collection tools and instruments, but also to develop a common understanding and practice in data collection on VAC incidents in detention in order to prevent that to happen and to respond with targeted interventions.
- **Timely and comprehensive analysis of the data collected:** from both a practical and ethical perspective, all data collected needs to be relevant for analysis purposes and for the ultimate goal of improving conditions and safeguarding the safety of children in detention. ***Analysing data on safety and violence is not just an ethical imperative to honour the trust and privacy of those affected but also a practical necessity to address systemic issues and prevent future harm***, for a number of reasons:
  - Child victims of violence who would freely decide to share their experiences, would do that with the understanding that it will be used to improve systems and prevent future harm. Failing to

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<sup>13</sup>UNICEF, Trauma-informed approach. Introductory Handbook, 2023. Available at <https://www.unicef.org/northmacedonia/media/12261/file/Trauma%20Informed%20Approach.pdf>.

meaningfully analyse relevant data would breach that trust and disregard the privacy of those who shared their often deeply personal and painful experiences.

- By thoroughly analysing data there is acknowledgement from authorities (and the wider justice system) of the suffering endured by those affected. On the other hand, failure to analyse can entail ignoring or hiding this data which perpetuates a cycle of silence and neglect and can compound the trauma experienced by victims.
- Comprehensive analysis of victimisation data provides insights into the root causes and systemic failures that contribute to violence. Without thorough analysis, these issues remain unaddressed, perpetuating harm and injustice.
- Child victims of violence deserve timely responses and actions to prevent further harm. Thorough analysis enables prompt interventions and policy changes to improve systems and support victims effectively.

## How to use this tool

### Prepare the ground

Before using any data collection tool necessary steps should be undertaken in each detention facility and system to prepare the foundations and make the data collection efficient and consistent:

#### Preparing the staff:

- **Staff should be trained on VAC and children safeguarding** in the first place, and on the use of this specific tool.
- Training on the tool should be integrated in the induction of all staff. In addition, awareness should be raised, and information disseminated among children and among all staff and all people in contact with the children (including external staff and visitors) on the existence of this tool and the process of reporting, so to ensure accessibility.
- The ratio between children detained and frontline staff should be reduced: while sounding utopic in some realities, this is the first step that should be taken to build that trustful environment that is necessary to ensure meaningful participation and reporting.

#### Preparing the technical integration:

- The tool is to be linked to institutional records in order to use already existing data stored in the file management systems of facilities and ensure time-efficiency. Facilities might prefer integrating the tool into their existing systems which can be carried out by the technical and supported by the frontline staff.
- The tool is fed by background data on the children that should be collected at intake and kept for personal records. Before applying any tool on VAC, it is thus **key to ensure quality demographic/background data is collected in general, and if this is not the case, that exiting systems are adjusted.**
- The tool should be linked to the staff listing. The integration can be limited to the data needed for the analysis's proper functioning. Facilities can use personnel numbers instead of names.
- **Variables and categories should be consistent and uniform between the VAC tool** and the intake records, to avoid duplication and conflicting information. Particularly sensitive categories, that may vary greatly between countries and facilities, are those concerning ethnicity, disabilities, sexual orientation and gender identity. For comprehensive monitoring and responding to VAC, it is important that the data can be disaggregated and properly analysed to safeguard all children.
- Categories/variable across the tool need to be reviewed, as relevant, to ensure available options align with facility needs (e.g. incident location; response measures; etc...).
- Appropriate data storage and management infrastructure and processes need to be put in place, to allow a comprehensive analysis while ensuring privacy and confidentiality.

## Establish and use common language

The purpose of this tool is to record all the people – children and staff – involved in an incident, meaning all the people who were either harmed by the incident, witnessed it, intervened in it, or where causing/contributing to cause the harm.

<b>Guide to the core terminology</b>	
<b><i>Term used in the tool</i></b>	<b><i>Definition</i></b>
<i>Child</i>	Persons under the age of 18 years (see Article 1, UN Convention on the Rights of the Child)
<i>Incident</i>	Any intentional act/ instance where there is an assessment of harm or potential harm to one or more children.
<i>Reporter</i>	The reporter is the member of staff who completes the data of the specific incident.
<i>Person who was harmed by the incident</i>	Commonly referred to as victim/s. More than one person can be harmed by an incident, both from the detainees and from the staff. Furthermore, the term “victim” tends to attribute to the person an overall specific “identity”, while the expression used in this tool emphasises the act, and the consequences of the act, without labelling people involved.
<i>Person who has caused or contributed to cause harm with the incident</i>	Commonly referred to as offender/perpetrator. The expression used in this tool is considered more appropriate as the terms “offender” and “perpetrator” entails that a crime has been committed and the responsibility of the person has already been ascertained (and are stigmatising). Furthermore, the terms offender/perpetrator – as well as the term “victim” – tend to attribute to the person an overall specific “identity”, while the expression used in this tool emphasises the act, and the consequences of the act, without labelling people involved. Offender is also a stigmatising term.
<i>Witness</i>	Person who has seen/assisted to the incident, without actively intentionally being harmed and without actively contributing to the harm done.

<i>Person engaged in the incident</i>	“Engaged” refers to generally having a role/part in the incident, i.e. being harmed, being likely to be harmed or causing harm.
<i>Person involved in the incident</i>	Involved refers to staff or child(ren) involved in the incident either by engaging it or by witnessing it.

The table above includes the **core terms that are used throughout the tool**, for which a common understanding is necessary, and that the reporter will have to keep in mind while filling the questionnaire in.

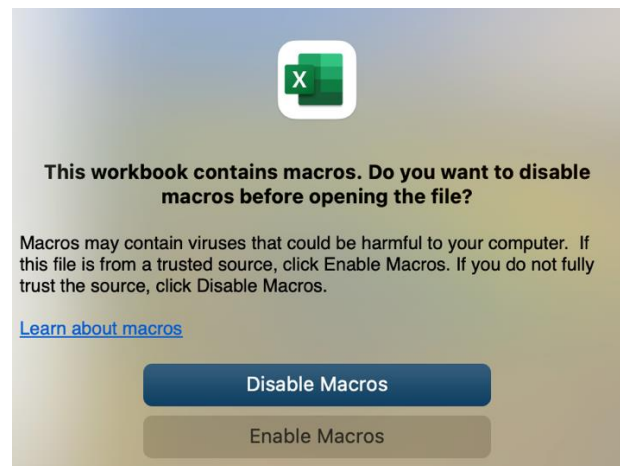
In the following sections of this Guide, other key definitions will be provided that relate to specific questions and answers, in order to guide the reporter in how to interpret the question and how to appropriately fill the questionnaire in.

## Use the tool: a step-by-step guide

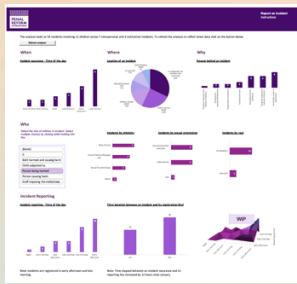
This section goes into the details of the tool, section by section, item by item, with purpose and explanations of the process. Practical examples are offered to accompany staff who are responsible for completing or filling in data collection tools (the form, for instance) and classifying the information.

## What the tool looks like

**If you are using the Tool in the Excel form, remember to click on “Enable macros”.**



Once you open the tool, enabling Macros, you will find an Excel form consisting of several tabs as explained in the table below, with their name, purpose and functioning.

Structure of the tool		
Name of the component	Purpose	How it will function and who will use it
<b>Dashboard</b> 	<p>This is the tab where all the compiled data is analysed to portray trends and issues regarding VAC incidents occurring at the facility. It analyses all incidents entered into the tool, enabling facility management to take evidence-based measures and policies, i.e. location or the time of the day when VAC incidents occur the most frequently.</p>	<p>The dashboard is a built-in feature of the tool. It will use data entered into the tool without requiring additional work. It can be used to develop evidence-based measures against VAC or improve available response measures, including treatment and investigation. This analysis should form the starting point. The guide strongly encourages facilities to review collected data regularly to interpret it and identify key points that may require further data collection and analysis in order to tackle VAC better.</p>
<b>Questionnaire</b>	<p>It consists of three tabs where VAC incident data are entered:</p> <ul style="list-style-type: none"> <li>• Preliminary &amp; Incident Info</li> <li>• Demographics &amp; Background Info</li> <li>• Impact &amp; Incident Info</li> </ul> <p>Each tab and its content will be explained in detail in the next section of the Guide.</p>	<p>This part is filled by the frontline staff who reports the incident. Depending on the availability of a digital CMS, some data points can be pulled from children's existing personal files. In line with the above, facilities are encouraged to improve the questionnaire with new questions. For example, the tool includes a question about the reason for the incident. In time, the facility would be able to understand the most common reason(s) causing VAC incidents to emerge and might want to investigate further to come up with the best procedure and policy that can decrease the VAC incidents.</p>

		Nevertheless, it is crucial to avoid deducting any question from the tool and protect the current format as the basis to ensure cross-national and comparable data collection on VAC.
<b>Children and staff lists</b>	To link the incident with the people involved in the incident, the tool is linked with two lists: <ul style="list-style-type: none"> <li>- one including the names and demographic/ background information of all children staying at the facility and</li> <li>- one including the names and relevant information on staff working at the facility.</li> </ul> This enables choosing the name(s) of the child(ren) and staff involved in the incident and populate relevant data into the tool.	Facilities that already have a digital file management system can link their children and staff lists with the tool. Those who don't, can fill out this list before starting to use the tool and link it with the relevant parts of the tool, including <ul style="list-style-type: none"> <li>- Q.10.2 and Q.10.3 of the Preliminary Incident Tab,</li> <li>- All questions under the Demographic and Background Info Tab.</li> <li>- The data collected about each person under each list will be in line with the purposes of the tool and the national law of implementation countries.</li> </ul>
<b>Incident database(s) and other tabs for analysis</b>	These are the tabs necessary for the analysis parts of the tool.	They are built-in to the tool and do not require additional work for the data collection process. Relevant staff can use them for the analysis purposes.

## The questionnaire

The questionnaire is the component of the Excel form that will have to be filled by the relevant staff – as identified in the previous section of this Guide – for each incident recorded. It is divided into **three tabs**/sections and each of them will be **presented in detail in the following pages**, by explaining the variables included, the purpose of the questions, and the practicalities that will be important to know for the reporters.

The **estimated time required** to complete the questionnaire depends on factors such as the type and complexity of the incident. Considering the sensitivity of the topic and the need for thoughtful questions and responses, a completion time of approximately 5-15 minutes should be envisaged, depending on the complexity and the information exchange between the person bringing the incident to the attention of the reporter. This duration strikes a balance between gathering comprehensive information and respecting participants' time and attention. The questionnaire includes only a few open-ended questions requiring participants to recall detailed experiences, if necessary.

## Preliminary & Incident Info

Questions under this tab aims to record **preliminary and general information about the incident**, including the registration details, the interval between incident registration and incident’s occurrence, the location, the type of incident, the reasoning behind the incident and the details of the involvement of everyone who was in any way part of the incident.

By collecting data on the prevalence and nature of incidents experienced by children in prisons, the questionnaire helps in understanding the scope and severity of the issues at stake. This data can provide insights into the frequency, types, and people involved in violent incidents within facilities.

Questions and variables	Guidelines for the reporter/s
<p><b><u>Q1: Registration – How the incident became known to the reporter:</u></b></p> <p>Reporter witnessed the incident</p> <p>Reported by a child who witnessed the incident</p> <p>Reported by a child who was engaged in the incident</p> <p>Reported by staff who witnessed the incident</p> <p>Reported by staff who was engaged in the incident</p> <p>Reported by family</p> <p>Other</p>	<p><b>Purpose:</b> This first question aims to identify the status of the reporter and their link with the incident. In countries where anonymous reporting is not possible, recording the status of the reporter is important for their safeguarding. Further, it could <i>enable understanding the efficiency of VAC incident reporting mechanisms</i>. The low ratio of incidents that are reported by children who engaged or witnessed the incident can indicate reluctance or even fear of using the available complaint mechanisms provided for children.</p> <p><b>In practice:</b> For the purpose of this question, “engaged” is preferred, instead of involved. This is done to differentiate incidents that are reported by children who were directly part of the incident and those reported by children who only witnessed it. If the child reporting the incident is has suffered or had the likelihood of suffering harm, then they should be entered as “engaged”. If the staff entering the incident is the one who requested/implemented institutional measure, then the staff should record themselves as "reporter witnessed the incident".</p> <p><b>Q1.1: If select “Other”, specify how the incident became known to the reporter</b></p>
<p><b><u>From Q2 to Q7: date and time of incident’s registration and date and time of incident’s occurrence</u></b></p>	<p><b>Purpose:</b> time-relevant information is crucial in documenting incidents. Within the scope of the tool, this information is used to calculate the time interval between the occurrence of the incident and its reporting and registration. These specific time intervals are key in understanding trends: they allow not only to take stock of the internal processes in each facility but also to have insights into the characteristics of certain</p>

forms of incidents and on actual responses. In particular, the start and end time/date of the incident occurrence will allow facilities to monitor the duration of all incidents, including isolation, separation of a child from the other detainees, or use of restraints.

Facilities are encouraged to monitor the duration of such incidents and, if necessary, apply strategies to reduce the duration of such measures, in compliance with international standards, and to reduce the time between the occurrence of an incident and its reporting.

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In practice: forms of incidents and on actual responses. In particular, the start and end time/date of the incident occurrence will allow facilities to monitor the duration of all incidents, including isolation, separation of a child from the other detainees, or use of restraints.

Facilities are encouraged to monitor the duration of such incidents and, if necessary, apply strategies to reduce the duration of such measures, in compliance with international standards, and to reduce the time between the occurrence of an incident and its reporting.

In practice: Determining the time an incident started and ended will largely depend on the incident and on the circumstances. Although the determination is straightforward for institutional measures, it might be more complicated when an interpersonal incident occurs. To give some examples, in the case of a fight, the starting moment is when the altercation begins (either physically or verbally), and the end moment is when the people in the fight are separated or someone intervenes to stop it. In a very different situation, the start of an incident of self-harm can be identified with the first cut (or other form of self-injury) reported by the child or by a witness, and the end with the reporting of the incident and, if appropriate, the therapeutic/medical care/treatment of the child.

While the need for internal procedures and some flexibility depending on the type of incident are acknowledged, facilities are encouraged to monitor the time intervals between an incident occurrence and its reporting, and identify the gaps and needs, i.e. the shortage of staff or complexity of reporting, etc, preventing the reporting to be done as short as possible.

<p><b>Q8: Location of incident's occurrence'</b></p> <p>In room/cell  Administrative areas  Outdoor activity areas  Indoor service areas  Residential unit (outside room/cell)  Education/school unit  During transport  Other</p>	<p><u>Purpose:</u> location information is essential in documenting incidents. In addition, some locations might be more prone to violence due to variety of reasons and the tool can be instrumentalised to identify those spots. <i>Facilities are encouraged</i> to review location data analyses and zoom into the areas that are the scene of VAC incidents more frequently. By adding sub data points into location categories, for ex, looking into kitchen, common bathrooms, corridors, etc under the “residential unit”, they can identify the specific place(s) where children are more exposed to VAC and take necessary safeguarding measures.</p> <p><u>In practice:</u> Locations will greatly vary across facilities, but the categories offered in the drop-down menu for the answer should be able to cover this variety. To give some clarifications:</p> <p>“Room/cell” refers to the space where children sleep and keep their personal belongings. It does not have to be the room/cell of a child involved in the incident.</p> <p>“Administrative areas” refer to staff offices, where administrative functions are carried out.</p> <p>“Outdoor activity areas” refer to all the areas where children can spend time outside the walls of the facility, either to carry out recreational activities, doing sports, work or other activities.</p> <p>“Indoor service areas” refer to all the areas where children carry out various activities and access different services while in detention, inside the walls of the facility (ex.: spaces for vocational training; canteen; ...).</p> <p>“Residential unit” refers to the spaces outside the rooms/cells and outside the other spaces mentioned above (ex.: the corridors, the common bathrooms, etc...).</p> <p>“Education/school unit” refers to the spaces where children conduct school/educational activities.</p> <p>“During transport” refers to those spaces “in between”, when children are moved from one facility to another, or when they are taken to outside activities, or to court, or somewhere else outside the facility. Elevators would fall into the category in which they are located. If the elevator is located in the administrative area, then the reporter should select that variable as the answer.</p> <p><b>Q8.1: If select “other”, please specify the location you refer to.</b></p>
<p><b>Q9: Type of incident</b></p>	<p><u>Purpose:</u> The question aims to identify the type of the incident.</p> <p><u>In practice:</u> Choose between Interpersonal incident or Institutional Measure. If the incident is among peers or between a child(ren) and staff, then it should be recorded as interpersonal. If the incident is related to the imposition of an institutional measure, then the latter should be selected.</p>

### Q9.1: If Interpersonal incident, indicate the type of incident

In practice: When filling the form in, you are encouraged to choose the answer that mostly correspond to the circumstances reported, even when not completely overlapping. In cases where the type of incident seems different for each person involved, reporters are able to select the type of incident different for each. If the child involved in the incident through multiple acts, for example the child threatens another child and then physically assaults them, please select the most severe/ harmful type from the tool and add any other information into the “other details” question.

Below we provide the explanation for each answer. Talking about the below terms and ensuring a common understanding towards each is highly important in ensuring the coherency of the data collection process. You also have the possibility to choose “Other” if the circumstances reported do not correspond to any of the options in the list. Please then specify what you refer to.

Altercation/fight: a heated, angry dispute or argument between two or more people that can escalate into physical violence.

Assault: “Intentional or reckless application of minor or serious physical force inflicted upon the body of a child resulting no immediate physical injury, minor injury or severe injury” ([ICVAC](#)).

Q9.1.1.: If you select “Assault”, you are asked to specify if “minor or severe”:

Illustrative examples of severe assault: wounding; battery or beating a child; acid attack; poisoning; assault with an object or weapon; burning; choking; abusive head trauma; torture.

Illustrative examples of minor assault: physical bullying; throwing or knocking a child down; smacking; slapping; pushing; hitting; spanking; kicking; scratching; pinching; biting; pulling hair; boxing ears; forcing a child to stay in an uncomfortable position; scalding; hazing.

Self-harm: “Any behaviour that causes harm to oneself as a way to deal with difficult emotions. It most frequently takes the form of cutting, burning, non-suicidal self-injury or other high-risk behaviours” ([UNICEF](#)).

Rape: “Vaginal, anal or oral penetration of a sexual nature of the body of a child with any bodily part or object, with or without the use of force and without consent because the child is too young to consent or consent is not given” ([ICVAC](#)).

Sexual assault: “Touching the private parts of a child or making a child touch the private parts of someone else (not including penetration), with or without the use of force and without consent because the child is too young to consent or consent is not given” ([ICVAC](#)).

Non-contact sexual acts: “Any form of verbal or non-verbal non-physical conduct, whether isolated or persistent, that involves unwanted reference to the body, sexual organs or sexuality of the child, including conduct facilitated via technology ([ICVAC](#)).

Verbal or non – verbal threats (of violence or harm): “at minimum, is an intentional behaviour that causes fear of injury or harm” ([ICVAC](#)).

Harassment: “any improper and unwelcome conduct that might reasonably be expected or be perceived to cause offence or humiliation to a child. Harassment may take the form of words, gestures or actions that tend to annoy, alarm, abuse, demean, intimidate, belittle, humiliate or embarrass another or that create an intimidating, hostile or offensive environment. Harassment normally implies a series of incidents” ([ICVAC](#)).

Spurning or humiliation: “Repeated interactions with a child that convey that he/she is worthless, flawed, unloved, unwanted, endangered or only of value in meeting others’ needs” ([ICVAC](#)).

Exposure of a child to violence: “Exposure of a child to violence with a high likelihood of resulting in psychological, social, emotional and behavioural problems”. Some illustrative examples: exposure of a child to gang violence or organized crime’s violent activities; unwanted exposure of a child to the use of guns/weapons; witnessing the sexual abuse or torture of another detainee; exposure of a child to gun attacks ([ICVAC](#)).

Other: The option “other” could refer to all other acts and circumstances not classified above and that nevertheless harm the child, including forms of neglect, which is “The deliberate, unwanted and non-essential failure to meet a child’s physical or psychological needs, protect a child from danger, or obtain medical, educational or other services”. Illustrative examples: ongoing inadequate nutrition; ongoing failure to protect a child from harm through lack of supervision; constantly leaving a child with a dirty or smelly appearance, unwashed or in improper clothing for the season; constantly letting a child live in an unsuitable/unhealthy environment; constant lack of any emotional support and love, chronic inattention to a child; caregivers being constantly ‘psychologically unavailable/inaccessible’ by overlooking a young child’s cues and signals – particularly relevant in the case of self-harm; ongoing failure to provide or allow needed care in accord with recommendations of a competent health-care professional for a physical injury, illness, medical condition or physical or psychological impairment; ongoing failure to seek timely and appropriate medical care for a serious health problem ([ICVAC](#)).

If select other, please specify further details under Q13: Other details.

#### **Q9.2: If institutional measure, indicate the institutional measure**

Use of physical force: It refers to the direct use of physical force for example to separate two or more children involved in a fight or intervene in an assault incident.

Use of restraints: It refers to the use of instruments that limit the freedom of movement of a person (for example, handcuffs, straps, straitjackets, or restraining beds). It is important to record these instances, to ensure they occur in the respect of children’s rights and compliance with international standards: “Restraint or force can be used only when the child poses an imminent threat of injury to himself or herself or others, and only when all other means of control have been exhausted. Restraint should not be used to secure compliance and should never involve deliberate infliction of pain. It is never to be used as a means of punishment” (General Comment 24, 95(f)).

Isolation: Isolation refers to separation of a child from the rest of the children, which may include halting the education and other daily activities. The practice may amount to solitary confinement, which according to international standards, must be prohibited (Havana Rules, 67; Nelson Mandela Rules 45(2)).

The definition of solitary confinement can vary from country to country, but generally refers to the placement of a detainee alone, without contact with other people, usually in response to behaviours that threatens their safety or others for 22 hours or more in a day. (UN Nelson Mandela Rules, Rule 44) The same practice is known by other terms such as administrative segregation, separation, isolation, secure housing, room confinement, involuntary commitment or involuntary hospitalisation. They are all equivalent practices and equally harmful in their effect. The tool analyses isolation practices to inform facilities so that they can act to increase cases amounting to solitary confinement.

Separation: Can refer to any act that results in separating the child from the rest of the population. It may have reasonable purposes, such as to calm the child and initiate restorative measures. However, if applied longer than necessary, it can amount to solitary confinement (see above).

Restriction of movement/social interactions: limiting the movement and the interactions with others to a child or a group of children to prevent the risk of incidents, to respond to an incident or to protect them/others from incident's occurrence.

Search: It refers to measures that are taken to prevent the entry and contraband of dangerous or prohibited items in the facility. Search can be room search, as well as body search. Owing to their intrusive nature, body searches are an infringement of a person's privacy and should therefore only be resorted to when strictly necessary and in a manner that respects the detainee's dignity (PRI). Which is why also in this case it is important to record the instances in which search occurs with modalities that may amount to violations of children's rights and that can harm or potentially harm the child.

Other: If select other (Under Q9.2), please specify further details under Q13: Other details.

**Q9.2.1: If use of restraints, specify the restraint method used:**

Physical

Mechanical (handcuffs)

Mechanical (other)

Medical

Other - Q9.2.1.1: If select other, please specify

**Q9.2.2: If use of restraints, specify if there was supervision of the child by staff throughout the duration of restraint: Yes, No, Unknown**

According to the international standards, children should be accompanied by the staff while they are under restraints. Facilities should monitor this practice and make sure that staff has the necessary knowledge/ time to comply with this rule. Otherwise, facilities should act upon.

**Q9.2.2.1: If select yes, specify prison staff (name or identifier number) – The reporter will be able to select the name of the staff from the list.**

**Q9.2.3: If isolation, specify the position of the person who authorised the decision:**

The prison director/governor/warden

Principal prison officer

Senior prison officer

Prison officer

Other – If select other, please specify further details under Q13: Other details.

The isolation decision must be authorised by a superior. This data is important to support the implementation of this rule as well as to document decisions.

**Q9.2.3.1: Specify prison staff (name or identifier number) – The reporter will be able to select the name of the staff from the list.**

**Q9.2.4: If isolation, specify if there was supervision of the child by staff throughout the duration of the isolation: Yes, No, Unknown**

**Q9.2.4.1: If yes, specify prison staff (name or identifier number) - The reporter will be able to select the name of the staff from the list.**

**Q9.2.5: If search, specify what kind of search:**

Body search

Room/cell search

Urine test

**Other – Q9.2.5.1: If select other, please specify**

<p><b>Q10: Person(s) involved in incident:</b></p> <p>Detained child  Facility staff  Detained adult  External staff  Third party/visitor  Other</p>	<p><u>Purpose:</u> In addition to documenting the incident, this question aims to find whether a single child or multiple children are involved in the incidents disproportionately more than the rest.</p> <p><u>In practice:</u> By linking the tool with facility’s existing file system, there will be a list of children and staff that can be selected from.</p> <p>"Involvement in the incident" refers to anyone who was there, including witnessing the incident. “Engagement” refers to being engaged with the incident, i.e. being harmed, being likely to be harmed, causing harm.</p> <p>It is important to keep in mind for the reporter/s that even when a child/children are responsible for causing harm to other children or staff, they remain entitled to protection of their rights and to procedural safeguards, as well as to responses that aim to reparation and safeguarding of everyone’s integrity.</p> <p><b>Q10.1: If select other, specify</b></p> <p><b>Q10.2: If select facility staff, specify the name or identifier number</b> – The reporter will be able to select the name of the staff from the list.</p> <p><b>Q10.3: If select child, specify the name or identifier number</b> – The reporter will be able to select the name of the staff from the list.</p>
<p><b>Q11: Specification of the type of involvement</b></p> <p>Person being harmed  Person causing harm  Both harmed and causing harm  Child subjected to institutional measure  Staff imposing the institutional measure  Witness  Unclear/unknown  Other</p>	<p><u>Purpose:</u> In addition to documenting the incident, this question aims to find whether a single child or multiple children are involved in the incidents with the same role, especially as the party being harmed, disproportionately more than the rest. This analysis could mean that the child might be in need of other safeguarding measures.</p> <p><u>In practice:</u> For each person involved in the incident and included in answer to previous question Q10, the type of involvement is asked to be specified with this question. It is important thus that the incidents records are linked with the internal management system of the facility, staff records and details.</p> <p>When providing the answer, refer to the definition given at the beginning of this guidance about person being harmed and person causing harm.</p> <p><b>Q11.1: If select other, please specify the type of involvement</b></p>
<p><b>Q12: Possible reasons/explanations for incidence occurrence</b></p>	<p><u>Purpose:</u> Staff should note any precipitating or causal factors that can explain or contribute to explain the occurrence of an incident. The questions about the reasons/triggers to the incident aim to understand the rationale and the motives behind, in order to identify targeted prevention strategies and responses.</p>

<p>Drugs/alcohol influence  Gang/groups rivalries/membership  Targeted bullying of the harmed child(ren)  Retaliation/former problems  Immediate onset of aggression  Disciplinary or protective measure  Unclear/Unknown  Other</p>	<p><i>Illustrative examples:</i></p> <ul style="list-style-type: none"> <li>- If bullying on the ground of disability or of perceived/self-identified sexual orientation occurs, facilities should look for solutions to raise awareness and sensitise children and staff on inclusion and particularly on disabilities and LGBTI+ vulnerabilities and needs.</li> <li>- If retaliation and/or an existing problem (also related to a previous incident) is a common reason behind incidents, the facilities are encouraged to analyse and understand the most common issues that cause incidents, and focus on investing in restorative dialogues and practices, and conflict resolution strategies to resolve every-day issues and de-escalate.</li> </ul> <p><u>In practice:</u> The reason of the incident may vary for each children or the staff involved. Therefore, the tool allows entering different reasons for each person involved separately. Including the children`s opinion while determining this data would be the best practice. If no one involved in the incident reports any reason behind the fight, then the staff can enter the reason they perceive or consider to be true.</p> <p><b>Q12.1: If select “targeted bullying of harmed child(ren)...” please specify the ground of targeted bullying:</b></p> <ul style="list-style-type: none"> <li>Gender identity/Sexual orientation</li> <li>Disabilities</li> <li>Race/Ethnicity or cultural background</li> <li>Nationality/Migratory status</li> <li>Unclear/Unknown</li> </ul> <p><b>Q12.1.1: If other, specify please the ground of bullying</b></p> <p><b>If more than one answer is applicable, please specify further details under Q13: Other details.</b></p> <p><b>Q12.2: If select “self-harm upon bullying” please specify the reasoning of the self-harm:</b></p> <ul style="list-style-type: none"> <li>Gender identity/Sexual orientation</li> <li>Disabilities</li> <li>Race/Ethnicity or cultural background</li> <li>Nationality/Migration status</li> <li>Unclear/Unknown</li> </ul>
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	<p><b>Q12.2.1: If other, specify please</b></p> <p><i>If more than one answer is applicable, please specify further details under Q13: Other details.</i></p> <p><i>If select other (Under Q12), please specify further details under Q13: Other details.</i></p>
<p><b><u>Q13: Other key/relevant incident details</u></b></p>	<p>Any other relevant information regarding the incident can be added her.</p>

## *Demographics and Background info*

**Data under this section will be pulled from the existing files of children.** Staff at facilities that do not have a digital CMS need to enter relevant data by hand. **Columns in the form will be provided for each person involved and relevant data will be listed under each of them.**

This section aims to collect data on **children who belong to groups deemed vulnerable or are in a vulnerable situation.** Facilities are encouraged to analyse data to address intersectional vulnerabilities of children belonging to specific groups, and whether they cause increased risk of being harmed or targeted by violence.

The absence of specific analysis when it comes to the most vulnerable among children in detention is most likely the greatest and most uniformly observed gap across European systems.

**Minority groups, including girls, LGBTI+ children, children with disabilities, foreign nationals and racialised groups including Roma children, among others,** in the context of detention and justice systems more generally, face unique challenges and their particular needs may not receive appropriate recognition and attention. The first step to fill this gap is thus to collect data that are also disaggregated on the basis of these variables. It will allow to identify the extent and characteristics of incidents that have children from certain groups being targeted. Consequently, specific prevention measures and responses for vulnerable children can be developed at the level of single facility and at system's level.

“Due to the limited data collection capacities as well as lack of awareness, children are usually represented as a homogenous group and States rarely provide disaggregation by other features than age and sex. At the same time, during the research phase some groups were found to be particularly vulnerable, e.g., children with disabilities, foreign nationals or LGBTI children. Lack of properly disaggregated data significantly impedes mitigating, identifying and counteracting discrimination.”<sup>14</sup>

This set of questions include very sensitive data that not all facilities collect and not all national legislation allows to collect. With this tool, we encourage to expand the variables provided in existing instruments and to cover as much as possible the experiences of minority groups, for the sake of offering targeted prevention and responses strategies to the violence targeted to them.

Questions and variables	Guidelines for the reporter/s
<p><b><u>Q1: Reasons for detention – Procedural status</u></b></p> <p>Convicted On remand Other</p>	<p><u>In practice:</u> This question aims to frame the situation of the children involved in the incident, and to record if they are convicted or on remand.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p> <p><b>Q1.1:</b> <i>If select convicted, specify the length of current sentence</i></p> <p><b>Q1.2:</b> <i>If select other – Indication of procedural status</i></p>
<p><b><u>Q2: Gender identity</u></b></p> <p>Male Female Transgender Non-binary/Gender diverse Gender Not known</p>	<p><u>Purpose:</u> The gender identity of individuals in detention is an important factor to consider when addressing incidents, for a number of reasons:</p> <ul style="list-style-type: none"> <li>⇒ <b>Vulnerability to Targeted Violence:</b> Children who are transgender or non-binary may face increased vulnerability to targeted violence due to discrimination, stigma, and prejudice based on their gender identity. They may be more exposed than others to harassment, bullying, or physical violence from other children or even from prison staff.</li> <li>⇒ <b>Isolation and Exclusion:</b> Transgender and non-binary children may experience social isolation and exclusion within prison environments, exacerbating feelings of loneliness, depression, and anxiety. This isolation can make them more vulnerable to victimisation and less likely to seek help or report incidents of violence.</li> <li>⇒ <b>Denial of Identity:</b> Children who are transgender or non-binary may face challenges in having their gender identity recognised and respected within the prison system. This denial of identity can contribute to feelings of invalidation, alienation, and distress, further increasing their vulnerability to violence and abuse.</li> <li>⇒ <b>Intersectional Discrimination:</b> Transgender and non-binary children who belong to marginalized communities, such as people of colour or individuals with disabilities, may face intersecting forms of discrimination and oppression that further compound their vulnerability to violence in prison settings.</li> </ul>

<sup>14</sup> UN Global Study on Children Deprived of Liberty, 2019 p. OHCHR, A Human Rights-Based Approach to Data: Leaving No One Behind in the 2030 Agenda for Sustainable Development, 2018, p. 7.

	<p><u>In practice:</u> Collecting the gender identity of children and other people involved in an incident will have to be assessed against the risk of exposing them to stigmatisation. While facilities are encouraged to sensitise staff to LGBTI+ issues and against gender stereotyping, and to include this information for the sake of the children’s protection, they however need to assess the potential risks of further victimisation and protect children from that as well.</p> <p>If the risk is assessed as too high, biological sex may be collected instead of gender identity using the following variables: 1. Male; 2. Female; 3. Sex not known.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p> <p><b>Q2.1: Noted gender identity:</b> <i>refers to whether the information about the gender identity is recognised in the official ID documents of the child or it is self-declared (not officially recognised).</i></p>
<p><b>Q3: Sexual orientation</b></p> <p>Heterosexual</p> <p>Homosexual</p> <p>Bisexual</p> <p>Other non-conforming sexual orientation</p> <p>Sexual orientation not known</p>	<p><u>Purpose:</u> A child's sexual orientation can also influence their experiences within prison settings and their vulnerability to incidents of violence through:</p> <ul style="list-style-type: none"> <li>⇒ <b>Homophobia and Discrimination:</b> Children who identify as lesbian, gay or bisexual may face discrimination, harassment, and marginalisation from both other children and from prison staff due to homophobia and prejudice. This discrimination can contribute to feelings of isolation, fear, and shame.</li> <li>⇒ <b>Targeted Violence and safety concerns:</b> Children with a non-conforming sexual orientation (other than heterosexual) may be at heightened risk of targeted violence, including physical assaults, sexual assault, and verbal abuse, due to homophobia, stigma, and hostility within the prison environment. This can manifest in the form of hate-motivated attacks or bullying. This group of children may have unique safety concerns related to their sexual orientation, particularly if they are open about their identity or relationships within the prison setting. Fear of retaliation or victimisation may lead them to conceal their sexual orientation or avoid seeking support when faced with harassment or abuse.</li> </ul> <p><u>In practice:</u> Collecting the sexual orientation of children and other people involved in an incident will have to be assessed against the risk of exposing them to stigmatization (same as above).</p>

	<p>To ensure that the specific experiences of discrimination of LGBTI+ children in detention do not fall through the cracks of existing instruments, policies and guidelines, it is of key importance to address them as a distinct ground of discrimination than gender, although in intersection with it.<sup>15</sup></p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p>
<p><b><u>Q4: Age</u></b></p>	<p><u>Purpose:</u> A child`s age is highly important for VAC incidents. Focusing on the age of the children involved in the incidents was among the two criteria that was pointed in the interviews we held with children with lived experiences to scrutinise while understanding and tackling VAC in the detention setting.</p> <p><u>In practice:</u> The minimum age of criminal liability should be 14, according to UN CRC General Comment No 24. However, the tool includes younger ages as answer since there are some EU member states recognising lower minimum ages of criminal liability. States using the tool can minimise the lage list based on their practice.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p>
<p><b><u>Q5: Religion</u></b></p> <p>Buddhism</p> <p>Christianity</p> <p>Hinduism</p> <p>Islam</p> <p>Judaism</p> <p>Unsure/Not known</p> <p>No religion</p> <p>Other</p>	<p><u>Purpose:</u> A child's religious beliefs can also impact their experiences within prison settings and their vulnerability to incidents of violence, because of the following reasons:</p> <ul style="list-style-type: none"> <li>⇒ <b>Religious Discrimination:</b> Children who belong to minority religious groups or hold beliefs that differ from the majority within the prison environment may face discrimination, harassment, and marginalisation. This discrimination can stem from misunderstanding, prejudice, or intolerance towards religious diversity.</li> <li>⇒ <b>Targeted Violence:</b> Children who openly practice their religion or adhere to religious customs and rituals may be at risk of targeted violence, including physical assaults and verbal abuse. This can occur if other children or prison staff perceive their religious beliefs or practices as a threat or challenge to the dominant culture within the prison.</li> </ul> <p><u>In practice:</u> National stakeholders can determine categories otherwise, if relevant, but for comparable analysis of data, it will be important for each different variable to be grouped/linked with these given categories. For example: Catholic and Protestant would be categorised as Christian; Atheism would be categorised as Other, etc...</p>

<sup>15</sup> Child-friendly Justice European Network (CFJ-EN), Challenge paper “Towards LGBTI+ sensitive justice systems for children in Europe”, 2022.

	<p>For questions on religion, ethnicity, nationality (and potentially language and disability) facilities can add specific categories in line with what is relevant at national level (key minority groups, for example), and these then need to be grouped/linked under the “umbrella” categories for comparative analysis. This means that the tool itself can be improved by providing more specific sub-groups if they are particularly relevant in certain contexts.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p> <p><b>Q4.1: If select other, please specify</b></p>
<p><b><u>Q6: Mother tongue</u></b></p>	<p><u>Purpose:</u> A child's mother tongue, or native language, can also influence the experiences of children in detention and their vulnerability to incidents of violence, in the form of:</p> <ul style="list-style-type: none"> <li>⇒ <b>Communication Barriers:</b> Children who speak languages other than the dominant language used within the prison environment may face communication barriers with both other children and prison staff. This can make it difficult for them to express their needs, seek assistance, or communicate with others effectively, increasing their vulnerability to victimisation and isolation.</li> <li>⇒ <b>Cultural Isolation:</b> Children who speak languages that are not widely spoken within the prison setting may experience cultural isolation and marginalisation. They may struggle to connect with other inmates or participate in social activities, exacerbating feelings of loneliness, alienation, and cultural disconnect.</li> <li>⇒ <b>Misinterpretation and Miscommunication:</b> Language barriers can lead to misunderstandings, misinterpretations, and conflicts between children and prison staff or other inmates. Miscommunication may result in disciplinary actions, escalation of tensions, or incidents of violence, particularly if children are unable to effectively express themselves or understand instructions.</li> </ul> <p>They may also face difficulties in understanding the complaint mechanisms and experience challenges in using them effectively.</p> <p><u>In practice:</u> This answer will be pulled as well from the existing files of children and will indicate if local language is the first/native language of the people involved in the incident.</p>
<p><b><u>Q7: Ethnicity</u></b>  Arab  Black African  Black Caribbean  Caucasian/White European</p>	<p><u>Purpose:</u> A child's ethnicity can influence their experiences within detention and their vulnerability to incidents of violence. Ethnicity can factor into the dynamics through:</p> <ul style="list-style-type: none"> <li>⇒ <b>Ethnic Discrimination and Targeted Violence:</b> Children who belong to ethnic minority groups may face discrimination, prejudice, and stereotyping from both other children and prison staff. This</li> </ul>

<p>Chinese  Indian/Pakistani/Bangladeshi  Hispanic  Roman/Traveller/Gipsy  Mixed  Other</p>	<p>discrimination can manifest in various forms, including verbal abuse, exclusion, and differential treatment based on ethnicity.</p> <p>⇒ <b>Tensions:</b> Ethnic diversity within prison settings can sometimes lead to tensions and conflicts between inmates of different ethnic backgrounds. These tensions may arise from historical animosities, cultural differences, or perceptions of competition for resources and status within the prison environment.</p> <p><b>Gang Affiliation:</b> In some cases, ethnicity can be closely tied to gang affiliation within detention. Children may be pressured or coerced into joining ethnic-based gangs for protection or solidarity, leading to involvement in gang-related violence or conflicts.</p> <p>In practice: In line with national legislation in some countries, where authorities cannot (or they perceive they cannot) collect demographic data based on race/ethnicity, it is important to keep in mind that it will be necessary to create different categories to align with national practice.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p>
<p><b>Q8: Nationality</b>  National  Non-national  Unknown</p>	<p><u>Purpose:</u> A child's nationality, or country of citizenship, can influence their experiences in detention settings and their vulnerability to incidents of violence as children who are foreign nationals or belong to minority immigrant communities may face discrimination, xenophobia, and prejudice from both other children and prison staff. This discrimination can be based on stereotypes, cultural differences, or perceptions of foreignness. They may also face difficulties in understanding the complaint mechanisms and experience challenges in using them effectively.</p> <p><u>In practice:</u> Indicate if the people – and especially the children – involved in the incident have the country's nationality and, if not, specify their status.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p> <p><b>Q8.1: If “non-national”, the status will be specified:</b>  <i>Migrant child</i>  <i>Child seeking asylum</i>  <i>Refugee child</i>  <i>Stateless child</i></p>

	<p><i>Migration status non applicable</i></p> <p><i>Migration status not known</i></p> <p><b>Other – Q8.1.1: If other, specify status</b></p>
<p><b>Q9: Recidivism – Has the child been previously detained?</b></p> <p>Yes</p> <p>No</p> <p>Unknown</p>	<p><u>Purpose:</u> This question refers to previous instances in which the child has been in criminal detention, for being suspect, accused or convicted in a criminal offence.</p> <p>Recidivism, or the tendency for individuals to re-offend and return to prison after release, is a complex issue influenced by various factors. Particularly relevant for this data collection is that former detention experiences, especially if there are incidents of VAC experiences, can have long-lasting psychological effects, including trauma, depression, and anxiety. Children who experience prior detention and/ or violence while incarcerated may be more vulnerable to mental health issues upon release, and different forms of VAC.</p> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p>
<p><b>Q10: Type of crime committed that brought child to prison</b></p> <p>Violent</p> <p>Non-violent</p>	<p><u>Purpose:</u> This question refers to the reason that brought child into the facility.</p> <p>The type of crime committed by a child can influence their experiences within detention and their vulnerability to incidents of violence in several ways. The nature of the crime committed by a child can impact how they are perceived by both other inmates and prison staff. Children convicted of violent offences may be viewed as more dangerous or threatening, increasing their risk of victimisation or targeted violence within the prison environment. Other examples may be:</p> <ul style="list-style-type: none"> <li>⇒ <b>Gang Affiliation:</b> Children who have been involved in gang-related activities or offences may face pressure or coercion to join gang networks within the prison, which can expose them to increased risk of violence and exploitation.</li> <li>⇒ <b>Risk of Retaliation:</b> Children who have committed crimes against other individuals, particularly offences such as assault, robbery, or homicide, may be at increased risk of retaliation from victims or their associates within the prison environment.</li> <li>⇒ <b>Sexual Offenses:</b> Children convicted of sexual offences may face heightened stigma and isolation within prison settings. They may be viewed with suspicion or hostility by other children, increasing their vulnerability to harassment, violence, and exploitation.</li> </ul> <p>Like all answers under this tab, this data will be pulled from the existing files of children.</p>

<p><b>Q11: Is there a history of trauma / victimisation?</b></p> <p>Yes No Unknown</p>	<p><u>Purpose:</u> This question aims to understand if the child/children involved have prior experience of trauma or victimisation, in detention or outside detention. The exposure of children to multiple forms of victimisation is a factor that needs to be kept seriously into consideration when developing strategies to protect children, including the most vulnerable groups, from violence and abuse. It may also require further investigation from the specialised staff and be a trigger for mental and physical consequences on the child development.</p> <p><u>In practice:</u> This data will be pulled from the existing files of children and from the data management system internal to each facility.</p>
<p><b>Q12: Family contact</b></p> <p>Yes No Unknown</p>	<p><u>Purpose:</u> This question aims to understand if the child involved in the incident has a support network outside detention, that can support them in the aftermath of the incident and can be taken into consideration for possible further responses and prevention strategies.</p> <p><u>In practice:</u> This data will be pulled from the existing files of children and from the data management system internal to each facility, to indicate if the child is in contact with their family members, through in-person visits but also phone, video-calls or other correspondence. If the child has contact with their family, with the following questions the date of the last visit, and the frequency of these visits will be specified.</p> <p><b>Q11.1: If select yes, specify the date of last visit</b></p> <p><b>Q11.2: If select yes, specify the frequency of visits from the drop-down menu</b></p>
<p><b>Q13: Disability</b></p> <p>Physical Intellectual and cognitive Sensorial Psychosocial More than 1 Unknown No disability Other</p>	<p><u>Purpose:</u> This question looks at the identifiable/identified forms of disabilities that need to be taken into account to assess the specific needs and vulnerabilities of the children involved in the incident. A child's disability can significantly impact their vulnerability to incidents of violence in the form of:</p> <ul style="list-style-type: none"> <li>⇒ <b>Communication:</b> Children with communication disabilities, such as speech impairments or language disorders, may struggle to communicate their needs, preferences, and concerns to prison staff and other children. This communication barrier can increase their vulnerability to misunderstandings, conflicts, and incidents of violence.</li> <li>⇒ <b>Targeted Violence:</b> Children with disabilities may be at increased risk of targeted violence, bullying, and harassment within prison settings. Perceptions of vulnerability, social isolation, and stigma associated with disability can make them targets for exploitation, abuse, and victimization by other inmates.</li> </ul> <p><u>In practice:</u> The range of disabilities covers quite a variety of issues – from physical, to intellectual, cognitive and learning impairments, to mental health conditions (psychosocial disabilities). Information about the</p>

	<p>disabilities of a child should be pulled from their existing files, and it should have been either self-reported (particularly in the case of disabilities that are not visible) or diagnosed prior or during detention. This data will be pulled from the existing files of children and from the data management system internal to each facility.</p> <p><b>Q13.1: If more than one – Indication of disability</b>  <b>Q13.2: If select other, please specify</b>  <b>Q13.3: If a disability is reported, please specify if the disability is:</b></p> <p>Diagnosed  Self-declared  Perceived by staff</p>
<p><b>Q14: Chronic physical health issue:</b></p> <p>Yes  No  Unknown</p>	<p><u>Purpose:</u> This question looks at the existence of chronic physical health issues in the children involved in the incidents as facilities are encouraged to analyse patterns and to take into account the specific needs and vulnerabilities of children.</p> <p>In practice: Same as for the previous question, information about the chronic physical health of a child will be pulled from their existing files, and diagnosed prior or during detention. If the existence of a chronic physical health condition is reported, the question about treatment/care received by the child will also be answered.</p> <p><b>Q13.1: If select yes, please specify about treatment/care received:</b></p> <p>Yes, before detention  Yes in detention  Yes, before AND in detention  No  Unknown</p>
<p><b>Q15: Mental health illness:</b></p> <p>Yes  No  Unknown</p>	<p><u>Purpose:</u> Facilities are encouraged to monitor patterns: should there seem to be a link between levels of (violent) incidents and mental health issues, the facilities might want to investigate further to understand better the potential correlation and thus potential solutions/strategies, both in consideration of the mental health of the person who is harmed and of the person who causes the harm.</p>

	<p><u>In practice:</u> Same as for the previous question, information about the mental health of a child will be pulled from their existing files and diagnosed prior or during detention. If the existence of a chronic physical health condition is reported, the question about treatment/care received by the child will also be answered.</p> <p><b>Q15.1: If select yes, indicate the treatment/care received:</b>  Yes, before detention  Yes in detention  Yes, before AND in detention  No  Unknown</p>
<p><b>Q16: Substance use:</b>  Yes  No  Unknown</p>	<p><u>Purpose:</u> Facilities are encouraged to monitor patterns: should there seem to be a link between levels of (violent) incidents and substance use, the facilities might want to investigate further to understand better the potential correlation and thus potential solutions/strategies.</p> <p><u>In practice:</u> Information about any substance (drug or alcohol) use will be pulled from the existing data management system.</p> <p><b>Q16.1: If select yes, indicate the treatment/care received:</b>  Yes, before detention  Yes in detention  Yes, before AND in detention  No  Unknown</p>
<p><b>Q17: Current medication:</b>  Yes/since before detention  Yes/ as of detention  No  Unknown</p>	<p><u>Purpose:</u> Facilities are encouraged to monitor patterns: should there seem to be a link between levels of (violent) incidents and intake of medication (either for mental health or physical health issues, or both), the facilities might want to investigate further to understand better the potential correlation and thus potential solutions/strategies.</p> <p><u>In practice:</u> Information about current medication will be pulled from the existing data management system.</p>
<p><b>Q18: Pregnancy:</b>  Yes</p>	<p><u>In practice:</u> Information about pregnancy will be pulled from the existing data management system.</p>

No	<b>Q18.1: If select yes, indicate when the pregnancy started:</b>
Unknown	
Not applicable	
	Before detention
	During detention
	Unknown
	Not applicable

### *Impact and incident response*

This last section of the questionnaire aims to record the **impact of each incident** – from a psychological and physical perspective – and the **responses that the incident triggered** in the system in terms of referral to specific bodies and actors (inside and outside the detention facility) and of response/reaction to the incident individually and at system’s level.

Looking at the impact and response to each incident will mostly allow, in the analysis phase, to:

- Identify trends and patterns concerning the most serious incidents, in terms of impact on the victim/s;
- Identify the way in which the staff and the facility react to different incidents and if its psychological and physical impact on the people harmed is taken into appropriate consideration;
- Identify the channels that children have access to, to report an incident;
- Identify trends and patterns in the application of response measures after the occurrence of incidents, from restorative to punitive ones.

This overview will be thus necessary to inform strategies – at facility and at system’s level – to make the responses more and more targeted to the impact that incidents generate in the children who are harmed; invest in the prevention of incidents that have the greatest impact on children and to avoid further victimization; invest in measures that foster dialogue and reconciliation, effective in the long-term; and invest in making access for children to reporting mechanisms real.

Questions and variables	Guidelines for the reporter/s
<b>Q1: Notification – Has someone been notified about the incident?</b> Yes	<u>In practice:</u> Indicate if the incident has already been reported to someone else and specify the timing and the person whom it has been notified to.

<p>No Unknown</p>	<p><b>Q1.1: If yes, indicate the timing</b>  <i>Within 24 hours</i>  <i>Within 48 hours</i>  <i>Within 72 hours</i>  <i>Later than 72 hours</i></p> <p><b>Q1.2: If yes, who has been notified?</b>  <i>Parent/guardian</i>  <i>Legal representative</i>  <i>Judge</i>  <i>Supervisor on duty</i>  <i>Facility director</i>  <i>Ministry representative</i>  <i>Ombudsperson</i>  <b>Other - Q1.2.1: If other, specification of the other</b></p>
<p><b><u>Q2: Emotional / Psychological Harm resulting from the incident:</u></b>  Yes  No  Unknown  Other</p>	<p><u>In practice:</u> This question and the following ones – on the harm caused – will be entered for each child involved in the incident.</p> <p>The choice of this answer is based on the treatment responses to the incident and the assessment of the circumstances. These decisions and processes may take more time in some cases. If the decision has not been made yet at the moment of the incident reporting, reporter can select “unknown” and enter the relevant data once the psychological harm is assessed.</p> <p><b>Q2.1: If yes, indicate the kind of emotional/psychological harm resulting from the incident:</b>  <u>In practice:</u> Facilities may have multiple psychological support or conflict-solving methods that they want to monitor, which would require them to add more answers. However, all facility-specific answers should be categorised under these links to ensure cross-facility and cross-member state data comparability. While doing so they should follow the following category definitions:</p>

	<p>Child/witness reports psychological harm but no evaluation/ finding: it refers to cases where the child or a witness reporting the incident say there is harm but are unsure about the severity and the child is not yet examined by a professional or the professional finds no emotional harm despite the reporting.</p> <p>Harm not requiring psychological support: it refers to incident responses that based on the assessment do not provide therapeutic or other kind of support.</p> <p>Harm requiring one/few meetings with psychological service</p> <p>Harm requiring psychological first aid</p> <p>Harm requiring long-term treatment</p> <p>Permanent incapacity</p> <p>The last 4 options (Harm requiring one/few meetings with psychological service; Harm requiring psychological first aid; Harm requiring long-term treatment; or Permanent incapacity) refer to the practice of professionals, including psychological therapy sessions, etc. and are differentiated based on the duration of the treatment.</p> <p><b>If you want to indicate a form of emotional/psychological harm that is not included in the above list of options, please specify further details under Q12: Other details.</b></p> <p><b>Q2.2: If no, please specify: No harm / Child reports no harm despite staff's view on the contrary</b></p>
<p><b>Q3: Physical harm resulting from the incident:</b></p> <p>Yes</p> <p>No</p> <p>Unknown</p>	<p><b>In practice:</b> Similarly to Q2, to indicate the physical harm resulting from the incident the staff should base their answer on the treatment responses to the incident and the assessment of the circumstances.</p> <p><b>Q3.1: If select yes, indicate the kind of physical harm</b></p> <p>Injury not requiring first aid</p> <p>Injury or illness requiring first aid</p> <p>Injury or illness requiring treatment</p> <p>Long-term disability / incapacity</p> <p>Permanent incapacity</p>

	<p>Death</p> <p><b>If you want to indicate a form of physical harm that is not included in the above list of options, please specify further details under Q12: Other details.</b></p> <p><b>Q3.2: If no – Please specify: No harm / Near miss but no injury</b></p>
<p><b><u>Q4: Suicide risk – Child shows signs of being at risk of suicide</u></b></p> <p>Yes No Unknown/unclear</p> <p><b><u>Q5: Self-harm – Child has visible signs of self-harm (cuts, self-injury etc):</u></b></p> <p>Yes No Unknown</p>	<p><u>In practice:</u> Facilities have specific procedures to assess the risk of suicide and of self-harm as consequences of incidents, and staff should refer to those procedures and answer these two questions based on that.</p>
<p><b><u>Q6: Response measure taken:</u></b></p> <p>Yes No Unknown</p>	<p><u>In practice:</u> This question will also be answered for each of the children involved in the incident. The reporter is asked to indicate what kind of response/measure has been taken by the facility to react to the incident, towards each of the children involved.</p> <p>The possible options of measures can vary greatly from one facility to another and can be called in different way. They would, however, generally fall under one of the categories listed below. If the specific measure does not fall under any of these categories, the reporter will select “other” and specify.</p> <p>When looking at responses/measures taken in response to incidents, it is of key importance to keep in mind that:</p> <ul style="list-style-type: none"> <li>- Facilities should react promptly and appropriately to the incident, ensuring the accountability of the person who caused the harm, protecting the person who was harmed and possibly working to restore a peaceful environment conducive of positive relationships and interactions;</li> </ul>

	<ul style="list-style-type: none"> <li>- Facilities should also always keep the children involved in the incidents informed about the measures taken and update them about potential follow-ups.</li> </ul> <p>While answering this question, the reporter should also be mindful of the fact that some of the measures listed will trigger a new, separate incident report (such as, isolation, separation, ...).</p> <p><b>Q6.1: If yes, indicate the type of measure taken:</b></p> <p>Restorative measure  Separation  Isolation  Physical intervention  Mechanic intervention  Transfer to another unit  Transfer to another facility  Internal investigation</p> <p><b>Other – Q6.1.1: If select other, please specify what measure</b></p> <p><b><i>If more than one answer is applicable, please specify further details under Q12: Other details.</i></b></p>
<p><b><u>Q7: Safeguarding reporter child – Child who reported the incident faced disciplinary action in a set period of time:</u></b></p> <p>Yes  No  Not applicable</p>	<p><u>Purpose:</u> This question aims to provide safeguarding for incidents that are reported by the harmed child.</p> <p><u>In practice:</u> This information should be pulled from the personal profile of the child and not entered by the reporting staff. In case a child who has reported an incident is subjected to a disciplinary punishment within a set period of time, the answer should automatically be “yes”. Facilities are advised to scrutinise the decision to ensure safeguarding against retaliation. In facilities where complaints can be made anonymously, facilities may opt out to collect this data. If the reporter is not a child, then reporter can select "Not applicable".</p>

	<p>It is important to note that the list of possible disciplinary measures/actions (both against children and against staff) varies greatly from one facility from the other and often terminology and definitions are not consistent or clear. Facilities are then encouraged to choose from the lists below (under Q7.1 and Q8.1) the option/s that seem more appropriate and closer to one/s used in their facility.</p> <p><b>Q7.1: If yes, select the type of disciplinary measure taken</b>  Warning  Separation  Isolation  Confiscation of items/belonging  Removal of accumulated “good behaviour” time  Removal of other benefits  Other – <b>Q7.1.1: If other, specify</b></p>
<p><b>Q8: Staff who was involved in the incident faced disciplinary action:</b>  Yes  No  Unknown</p>	<p><u>In practice:</u> This question will also be answered for each of the staff involved in the incident. If there are no staff involved in the incident, then the reporter can select "Not applicable". "Involved" means both the staff who were actively engaged (caused the harm to the child/children; imposed the institutional measure) and the staff who witnessed/reported the incident.</p> <p><b>Q8.1: if yes, indicate the type of disciplinary measure</b>  Disciplinary conversation  Restorative measure  Temporary removal from unit  Permanent removal from unit  Temporary removal from duty  Permanent removal from duty  Other – <b>Q8.1.1: If other, specify</b></p>

<p><b>Q9: Referral to a specialist:</b></p> <p>Yes No Unknown</p>	<p><u>In practice:</u> With this question, the reporter is asked to specify if the incident has already been referred to a specific specialist and the answer should already be available in the system.</p> <p><b>Q9.1: If yes, indicate person/specialist</b></p> <p>Referred to the medical professional Referred to the mental health professional Referred to both medical and mental health professional Witness referred to mental health professional</p> <p><b>Other – Q9.1.1: If other, specify</b></p> <p><b><i>If more than one answer is applicable, please specify further details under Q12: Other details.</i></b></p>
<p><b>Q10: Case referred to an external investigative body:</b></p> <p>Yes No Unknown</p>	<p><u>In practice:</u> With this question, the reporter is asked to specify if the incident has already been referred to an external investigative body, where “external” refers to all bodies and actors that are other than the “internal investigation” from Q6.</p> <p><b>Q10.1: If yes – Has there been an official complaint?</b></p> <p>Yes, by the involved child(ren) Yes, by the involved staff Yes, by someone else involved Yes, by a third party No Unknown</p> <p>If more than one answer is applicable, please specify further details under Q12: Other details.</p> <p><b>Q10.2: If yes, indicate the body where case was referred</b></p> <p>Police Prosecutor/Judiciary Ombudsperson</p>

	<p>National preventive mechanism  Other – <b>Q10.2.1: If other, specify</b></p> <p>If more than one answer is applicable, please specify further details under Q12: Other details.</p>
<p><b><u>Q11: Children participation – Has the child(ren) involved in the incident been given the opportunity to review and input on the incident reporting?</u></b></p> <p>Yes/ child has reviewed the report  Yes/ child has reviewed and inputted on the report  Child was given the opportunity to review and input but chose not to  No/ there was no opportunity for the child to review or input on the reporting  Other</p>	<p>: There are several ways in which children’s voices could and should be included in the process of data collection and reporting (see ethical and practical considerations in this Guide). Facilities are encouraged to find appropriate ways throughout the process of reporting that meaningfully take into account the perspectives and views of children living in the facility, before, during and after any incident’s occurrence. In particular:</p> <ul style="list-style-type: none"> <li>- Regular review sessions with children on the data collected, where they have a chance to reflect on the details, on the trends noted, etc...</li> <li>- Children should be put in the position to access the reporting on an individual basis</li> <li>- Children should be informed and involved in any incident follow-up.</li> </ul> <p><u>In practice:</u> This question aims to assess the level of children’s involvement in the reporting process, and to give information to the facility on if and how these aspects can be improved.</p> <p>Whether the child was or was not informed about the follow-up of the incident and the results of a potential investigation/measure, please add this information under Q12: Other details.</p> <p><b>Q11.1: If select other, specify how child/ren have been involved in the reporting process</b></p>
<p><b><u>Q12: Other details</u></b></p>	<p>Add here other relevant incident details.</p>

## Resources

Child Friendly Justice European Network, Ending Solitary Confinement of Children: A Global Action Plan – Position paper, 2023.

Child Friendly Justice European Network, Justice with Children Initiative, Towards LGBTI+ sensitive justice system for children in Europe: Challenge paper, 2022.

Penal Reform International, Protecting children’s rights in criminal justice systems: a training manual and reference point for professionals and policymakers, 2013, available at <https://www.penalreform.org/resource/juvenile-justice-manual/>.

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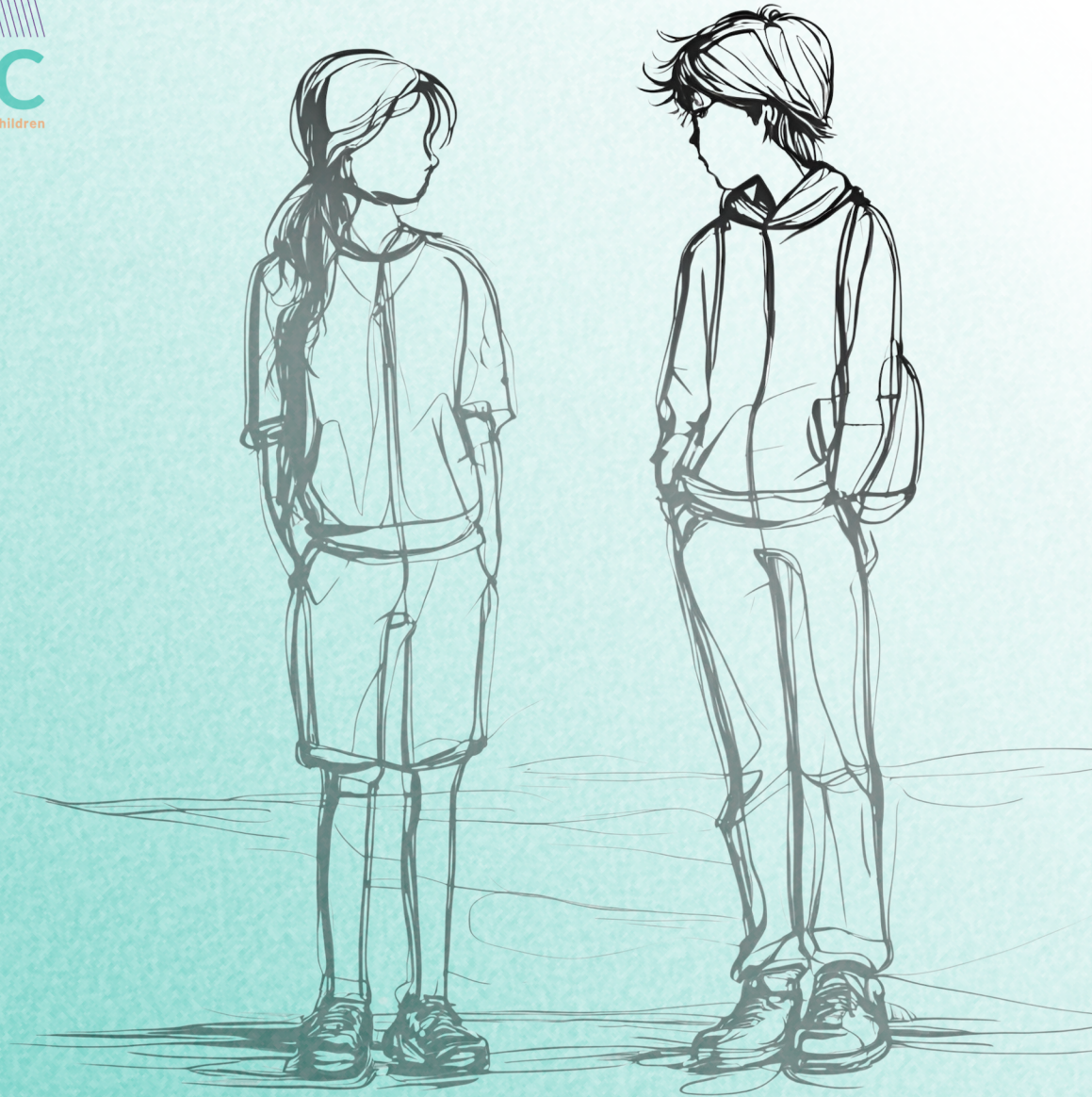
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