



Review article

Documentation of torture and cruel, inhuman or degrading treatment of children: A review of existing guidelines and tools

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ABSTRACT

The documentation of individual cases of child torture is of paramount importance to bring justice to, and help heal, individuals and sensitize societies. Our objective is to systematically review medical guidelines for the recording of individual cases of child torture or cruel, inhuman or degrading treatment (CIDT). We searched CINAHL, Embase, the Guidelines International Network, Lilacs, Medline, the National Guideline Clearinghouse, PsychInfo and all websites of the organizations participating in the updating of the Istanbul Protocol for guidelines or studies on how to document torture, CIDT or abuse in persons under 18 years. We did not find a comprehensive guideline that encompassed all aspects of the documentation of child torture, as does the Istanbul Protocol for adults. An expert opinion guideline on how to document sexual torture in children was found, and in addition we identified 13 consensus-based guidelines for the evaluation of abuse in children or specific aspects thereof. We strongly recommend a child specific, comprehensive guideline on the documentation of torture and CIDT in children.

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1. Introduction

The fact that humankind is afflicted with torturing its own species is a horrible reality, which is hard to grasp. This is even truer for the torture of children – a crime that has been invisible and under recognized for too long. The stark reality is that each day

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numerous children become torture victims or the victims of cruel, inhuman or degrading treatment (CIDT) because they are vulnerable, especially in situations of war and conflict (e.g. child soldiers); because they are considered easy prey (e.g. street children, children in detention or poor children) or because they become victims of, or are a witness to, the torture that family members or loved ones fall victim to. So far, no reliable statistics and little systematic documentation exist on the subject.

An Amnesty International report of 2000 was the first to call widespread attention to child torture, describing individual cases from all over the world most likely representing only the tip of the iceberg [1]. A recent review by Quiroga also gives a glance of the atrocities children have suffered: from the abduction of children born in detention when their mothers were killed for political reasons in Argentina, where 400 babies have been recorded as missing, to the torture of 133 street children in Guatemala and Honduras, to the testimonies of 1080 children detained and tortured for political reasons during the dictatorship of Pinochet in Chile, to the documentation of 415 cases of tortured children during the Marcos dictatorship in the Philippines, to the killing of thousands of street children in Brazil by the police, to the hundreds of thousands of child soldiers that are forced to fight around the world [2].

On an international political level, children's rights are well protected. The General Assembly of the United Nations adopted the Convention on the Rights of the Child in 1989 which has by now been ratified by 193 States, making it the most universally ratified human rights treaty [3]. Various specific provisions deal with the rights of the child to protect the child from all forms of violence, abuse, and exploitation, including torture and inhuman and degrading treatment. Its committee has ordered the Global Study on Violence Against Children, through which the prevention and elimination of violence against children became a prominent topic on the international agenda. One of the main recommendations of the Global Study – a collaboration of United Nations Children's Fund (UNICEF), the World Health Organization, the Office of the High Commissioner for Human Rights, the International Labor Organization and a wide network of nongovernmental organizations – was that the use of violence (including torture) against children should be prohibited [4].

The documentation of individual cases is of paramount importance when international treaties are not sufficiently translated into national practice. It may play a significant role in preventing governments and legal bodies denying the truth and evading their responsibilities. The Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, known as the Istanbul Protocol that was adopted in 1999 did exactly this for adult victims of torture by providing guidelines on how to assess and document medical evidence of torture in adults [5]. The Istanbul Protocol also outlines minimum standards, which states should meet when they investigate complaints of torture. It dedicates a chapter to children and torture, as well, in which several important points are summarized. These include the importance of a safe environment for conducting the interview, the use of an expert in child abuse when a physical or sexual assault has taken place, consideration for the developmental stage of the child, clinical considerations, and the role of the family. However, these points are a mere footnote of the Istanbul Protocol and, if anything, they simply point out to a need for comprehensive guidelines for conducting an evaluation of a tortured child. The medical and psychological sequelae of torture and CIDT can differ substantially from those observed in adults, and will vary according to the age of the child. As with the 'battered child syndrome', where accurate descriptions of cases preceded increased diagnostic precision, child torture needs systematic diagnostic attention, too. Only then, individual cases can be

successfully brought to justice, the nature and scope of these horrible acts can be unveiled and the hidden practice of child torture can be eliminated.

Our objective is to systematically review medical guidelines for the assessment and documentation of findings of child torture or CIDT. If no such guidelines exist, we want to collect guidance from the field of child abuse that may be used to construct such needed comprehensive guidelines.

2. Methods

2.1. Eligibility

All guidelines or studies that described how to diagnose or document torture, CIDT or abuse in persons under 18 years of age were eligible, as well as studies that described single instruments that were used to assess specific aspects of torture or abuse in children through, e.g. a questionnaire.

2.2. Information sources and search

CINAHL, Embase, the Guidelines International Network, Lilacs, Medline, the National Guideline Clearinghouse, PsychInfo and all websites of the organizations participating in the updating of the Istanbul Protocol were searched through text words and indexing terms. A sensitive search on torture in children was performed in all databases, followed by a more specific search for guidelines on child abuse in Medline, as specified per protocol. Search filters were used to detect studies on (a) torture (tortur* OR CIDT OR "Torture" [Mesh] OR "Human Rights Abuses" [Mesh] OR "War Crimes" [Mesh]), and children (child* OR adolescent* OR youth OR teen* OR infant* OR baby OR babies OR fetus OR foetus OR "Child" [Mesh]) OR "Child, Preschool" [Mesh] OR "Adolescent" [Mesh] OR "Infant" [Mesh], and (b) child abuse ("Child Abuse" [Mesh] OR "Child Abuse, Sexual" [Mesh] OR "Domestic Violence" [Majr:NoExp]), and guidelines ("guideline" [pt] OR "practice guideline" [pt] OR "health planning guidelines" [mh] OR "consensus development conference" [pt] OR "consensus development conference, nih" [pt] OR "consensus development conferences" [mh] OR "consensus development conferences, nih" [mh] OR "guidelines" [mh] OR "practice guidelines" [mh] OR (consensus [ti] AND statement [ti]) OR protocol [ti]). The search filters described here were used in Medline, and were adapted for the other databases used. The exact search strings used for each resource are available from the corresponding author. Searches were performed in August 2011 (torture in children search) and December 2011 (guidelines on child abuse search). The search on torture in children was not time limited; guidelines on child abuse were searched for publications published from 2001 onwards. Both searches were limited to Dutch, English, French, German or Spanish. References of meta-analyses, reviews and selected articles were scanned for additional relevant studies.

2.3. Study selection and data collection process

One reviewer (YS) selected studies for inclusion. The other researchers were consulted on whether or not to include a study. Data were abstracted by one researcher (YS). Data for the following variables were sought and extracted: year of publication, country of work of author(s), target population, guidance used to assess torture, CIDT or abuse, domain assessed, whether the study could be classified as a guideline or not and what type of guideline it was. The definition generated by the Institute of Medicine was used to identify a tool as a guideline: "Guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances" [6]. Guidelines were designated into one of the two types: (a) consensus based guidelines (or expert opinion if based on the opinion of one expert) and (b) evidence based guideline. An evidence based guideline had to describe a clinical question and a systematic search for evidence to answer that question, with a critical appraisal of the evidence and a systematic synthesis of results. A consensus based guideline was written by a team of experts, without a systematic search for evidence.

2.4. Synthesis of results

Results were described in tables and text.

3. Results

3.1. Study selection – excluded studies

We screened a total of 1184 records, of which 1155 were excluded. Fig. 1 gives an overview of the selection process. The main reason for exclusion was that studies were not related to the diagnosis or documentation of findings of torture or abuse in children. Two studies that did report on medical investigation of

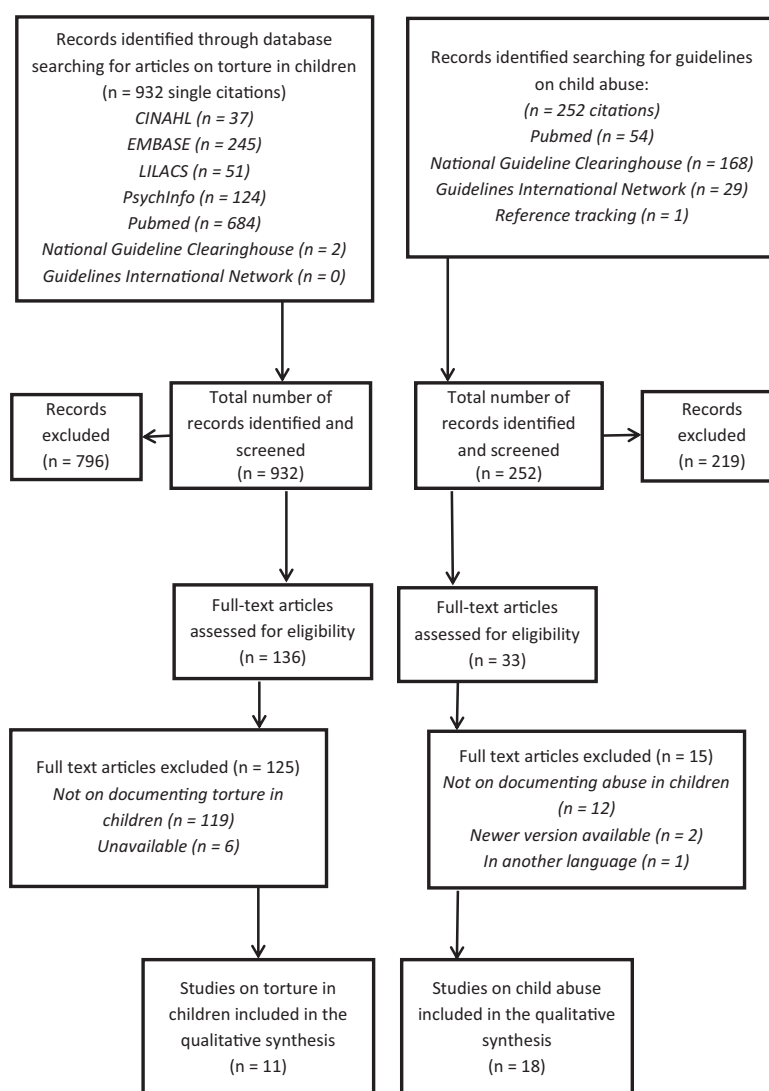


Fig. 1. Flowchart of study search and selection.

tortured children were also excluded because the details of the steps of the medical investigation were not provided eliminating the opportunity to use such information for the development of a future guideline [7,8].

3.2. Study selection – included studies

Eleven studies from the search on torture in children [9–19] and 18 studies from the search on guidelines for the documentation of child abuse were included for review [20–37].

3.3. Study characteristics and synthesis of results: guidelines on the documentation of torture in children

The main characteristics of the 11 studies with information on the details of medical evaluation procedures and the documentation of torture in children are described in Table 1. None of these studies was a full guideline. However, the article by Volpellier was a guideline on how to document sexual torture in children and included guidance on how to take the medical history, conduct a medical examination, and which laboratory tests to perform [19]. This guideline seems to be based on the opinion of one expert in the field. The remaining 10 articles either gave a brief description on

how to recognize or document torture in children [14,17], or described questionnaires that could be used to elicit information related to the torture events or take a medical history [10,12,13,15,16], or described how to assess the severity of injuries [9] or aspects of mental health [10–13,15,16,18]. Each of these articles may provide information for a future guideline on the documentation of tortured children.

3.4. Study characteristics and synthesis of results: guidelines on the documentation of child abuse

The main characteristics of the 18 studies with information on the documentation of child abuse are described in Table 2. Thirteen of these 18 studies were guidelines. One guideline was in part an evidence based guideline and in part a consensus based guideline on when to suspect child abuse [35]. The other 12 guidelines were consensus based and were concerned with the evaluation of bite marks or oral injuries [20]; ocular abnormalities [21,26,27]; sexual abuse [22,31]; physical abuse [29,32]; imaging techniques [30,34,36] or brain injuries [23] in both living and dead abused children. Four out of thirteen guidelines were concerned with the postmortem investigation of child abuse [23,27,29,36].

Table 1
Main characteristics of included studies from the torture in children search.

Study	Country	Target population	Tool for documentation of torture	Domain assessed	Guideline?	Type of guideline
Aalund 1990 [9]	Chile	Victims of deliberate violence, of whom around 30% <18 years of age	Abbreviated Injury Scale	Severity of injuries sustained	No	Not applicable
Amone-P'Olak 2006 [10]	Uganda	Children who were abducted, lived in rebel captivity, and experienced war situations	– War experiences checklist – Psychological State checklist	– War experiences including violence and sexual assault – Mental health	No	Not applicable
Amone-P'Olak 2009 [11]	Uganda	Children who were abducted, lived in rebel captivity, and experienced war situations	Impact of Event Scale-Revised	Mental health	No	Not applicable
Dyregrov 2000 [12]	Rwanda	Rwandan schoolchildren	Generic questionnaire, including a revised version of the Impact of Event Scale and a Grief Reaction Inventory	Traumatic exposures, mental health	No	Not applicable
Goldstein 1997 [13]	Bosnia	Bosnian children living in collectives	– Bosnian War Trauma Questionnaire – Sead Picture Survey Tool	– Traumatic events – Mental health (distress symptoms used to assess the presence of PTSD)	No	Not applicable
Lincoln 2010 [14]	United States	Abused or tortured children	Narrative description of how to recognize the signs and symptoms of abuse	Dental health	No	Not applicable
Montgomery 2010 [15]	Denmark	Middle Eastern refugee children	Generic questionnaire assessing the children's history of exile and exposure to war conditions, organized violence and human rights violations and mental health (emotional symptoms and behavioral reactions). Mental health at follow-up was assessed using the Achenbach System of Empirically Based Assessment, the Youth Self Report, the Child Behavior Checklist, Young Adult Self-Report or the Young Adult Behavior Checklist	Medical history and mental health	No	Not applicable
Nader 1993 [16]	Kuwait	School children	Childhood Posttraumatic Stress Disorder Reaction Index, Grief Inventory, Exposure Questionnaire	Mental health and exposure to violence	No	Not applicable
Rasmussen 2006 [17]	Denmark	Tortured children	Brief description of points of attention when documenting torture in children	Medical history and physical sequelae	No	Not applicable
Sezibera 2005 [18]	Belgium	Children exposed to trauma	Describes various questionnaires that can be used to assess PTSD in children	Mental health	No	Not applicable
Volpellier 2009 [19]	Denmark	Sexually tortured children	Guideline on how to document sexual torture in children	Sexual torture	Yes	Expert opinion

PTSD, post-traumatic stress disorder.

The five remaining studies were either a narrative review [33] or a research study [24,25,28,37] on the effectiveness of a structured protocol to enhance responses of children in forensic interviewing.

4. Discussion

4.1. Summary and limitations of evidence

We did not find a comprehensive guideline that encompassed all aspects of the assessment and documentation of child torture, as does the Istanbul Protocol for adults [5]. A similar protocol is needed for the comprehensive assessment and documentation of torture in child victims. Though we have searched extensively and found none, we may have missed guidelines that are in actual use, but unpublished. Not all organizations will publish guidelines in the public domain. But, even within the network of the International Rehabilitation Council for Torture Victims, with an institutional history of more than 25 years, we were unable to trace any relevant protocols or guidelines on this very topic.

An expert opinion guideline on how to document sexual torture in children was found, and in addition we identified 13 consensus-based guidelines for the evaluation of abuse in children or specific

aspects thereof. One of these guidelines was in part evidence based. Though guidelines on child abuse evaluation have a different focus, they may still be useful in the development of a comprehensive guideline for the documentation of child torture, specifically in establishing ground rules regarding medical evaluation of child victims of torture and on how to interview such children to obtain a credible testimony from the victim. Regarding the latter, we found various studies on instruments such as questionnaires or structured interviews that may be useful.

There are some challenges in using the guidelines established for the evaluation and management of child abuse in a similar way in the management of victims of child torture and CIDT. Child abuse clinical guidelines are geared toward protecting the victim of child abuse just as a guideline for child torture will also aim for. However, in child abuse, the State is designated to grant this protection to the victim whereas in child torture the State is the perpetrator. There must then be litigation laws that will have power over both national and international courts to impose accountability onto a State for forensic medical documentation. The standards set by Istanbul Protocol have been proven to fulfill these requirements for national courts, different International Courts as well as the Committee against Torture of the United Nations [38].

Table 2
Main characteristics of included studies from the abuse in children search.

Study	Country	Target population	Tool for documentation of abuse	Domain assessed	Guideline?	Type of guideline
AAPD 2010 [20]	United States	Abused children	Guideline on the evaluation of bite marks as well as perioral and intraoral injuries, infections, and diseases	Bite marks, dental health	Yes	Consensus based
Adams 2004 [21]	United Kingdom	Abused children	Consensus opinion on whether accidental or non-accidental injuries cause various ocular abnormalities	Ophthalmology	Yes	Consensus based
Adams 2008 [22]	United States	Sexually abused children	Guideline on how to conduct and interpret the findings of a medical exam in a sexually assaulted child	Sexual health	Yes	Consensus based
Case 2001 [23]	United States	Children with fatal abusive head injuries	Guideline on how to recognize shearing brain injuries in young children	Cranium	Yes	Consensus based
Cyr 2009 [24]	Canada	Sexually abused children	Assessment of the effectiveness of the NICHD investigative interview protocol when interviewing French speaking victims	Sexual abuse history	No	Not applicable
Dion 2008 [25]	Canada	Sexually abused children	Assessment of the NICHD protocol to enhance the quantity and content of details reported by children with low verbal abilities	Sexual abuse history	No	Not applicable
Forbes 2010 [26]	North America	Children with retinal hemorrhages	Evaluation and management of retinal hemorrhages in infants with and without abusive head trauma	Ophthalmology	Yes	Consensus based
Gilliland 2007 [27]	North America	Sudden unexplained infant deaths or fatal child abuse	Guideline for postmortem ocular investigation of sudden unexplained infant death and suspected physical child abuse	Ophthalmology	Yes	Consensus based
Hershkowitz 2007 [28]	Israel	Sexually abused children	Can the NICHD protocol enhance the credibility of children's statements regarding their alleged experiences of child sexual abuse	Sexual abuse history	No	Not applicable
Hymel 2006 [29]	United States	Sudden unexplained infant deaths or fatal child abuse	Distinguishing sudden infant death syndrome from child abuse fatalities	Medical history and examination	Yes	Consensus based
Jaspan 2003 [30]	United Kingdom	Children with non-accidental head injury	Guideline on the use of neuroimaging to evaluate non-accidental head injury	Imaging techniques	Yes	Consensus based
Kellogg 2005 [31]	United States	Sexually abused children	Guideline for the evaluation of sexual abuse in children	Sexual health	Yes	Consensus based
Kellogg 2007 [32]	United States	Physically abused children	Guideline for the evaluation of physical abuse	Medical history and examination	Yes	Consensus based
Lamb 2007 [33]	Israel, United Kingdom, United States	Children who are interviewed forensically	Narrative review on the effectiveness of the NICHD protocol as an instrument for forensic interviewing	Medical history	No	Not applicable
Meyer 2011 [34]	North America	Physically abused children	Guideline on the appropriate imaging for pediatric patients being evaluated for physical abuse	Imaging techniques	Yes	Consensus based
National Collaborating Centre for Women's and Children's Health 2009 [35]	United Kingdom	Abused children	Guideline on when to suspect child abuse	Medical history and examination	Yes	Consensus and evidence based
SPR and NAME 2004 [36]	United States	Sudden unexplained infant deaths or fatal child abuse	Guideline on postmortem radiography in the evaluation of unexpected death in children less than 2 years of age whose death is suspicious for fatal abuse	Imaging techniques	Yes	Consensus based
Sternberg 2001 [37]	United States	Children who are interviewed forensically	Assessment of the NICHD protocol to enhance the quantity and content of details reported by children with low verbal abilities	Medical history	No	Not applicable

NICHD, National Institute of Child Health and Human Development.

4.2. Future efforts

We strongly recommend a child-specific, comprehensive guideline on the documentation of torture and CIDT in children. Such a guideline will serve as a framework and guide professionals just as the Istanbul Protocol has done for the documentation of torture and CIDT. The construction of a child specific guideline should involve people from different disciplines and backgrounds and draw extensively on the expertise of the fields of child abuse

and neglect as well as child torture. Some clinical questions underlying the quality of forensic evidence may benefit from an evidence based medicine approach.

5. Conclusions

The naked truth of the existence of child torture, with its varied sequelae specific to the different developmental stages of its victims warrants a child-specific guideline on how to document

torture from a medico-legal point of view. We were unable to identify the existence of such a comprehensive guideline but did find several components that may be helpful in its construction. Systematic attention to individual cases can bring justice and healing to affected individuals and sensitize societies.

Authors' contribution

All authors contributed to the conception and design of the study, drafting of the manuscript, interpretation of the data and gave final approval of the version to be published.

Conflict of interest

No conflict of interest to be declared.

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