GROUP 2
EFFECTIVE INSTITUTIONAL TREATMENT PROGRAMMES
FOR SERIOUS AND VIOLENT JUVENILE OFFENDERS

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I. INTRODUCTION
Group 2 started its discussion on 2 June 2008. The group elected, by unanimous consensus, Dr. Álvaro Burgos as its Chairperson, Ms. Salma Begum as its Co-Chairperson, Ms. Claudina Morgan as its Rapporteur, and Ms. Gloria B. Dithupa and Mr. Wangdi Tshering as its Co-Rapporteurs. The Group, which is assigned to discuss “Effective Institutional Treatment Programmes for Serious and Violent Juvenile Offenders”, agreed to conduct its discussion in accordance with the following agenda: 1) Problems and challenges of assessment techniques; 2) Effective treatment programmes for serious and violent juvenile offenders; 3) Treatment programmes taking into consideration victims’ viewpoints; 4) Problems and challenges of continuous treatment programmes from institutional care to community treatment; and 5) Goals and needs for improving effective institutional treatment programmes for serious and violent juvenile offenders.

II. PROBLEMS AND CHALLENGES OF ASSESSMENT TECHNIQUES
The group first reviewed the definition of juveniles in each participant’s country. The legal ages for juveniles vary from country to country, ranging from the lower limit of seven years old in Bangladesh through the upper limit of 19 years old in Korea and Japan (refer to Table 1 below).

Table 1: Juveniles’ Legal Age of Criminal Responsibility and Possible Maximum Penalty

<table>
<thead>
<tr>
<th>Country</th>
<th>Age</th>
<th>Possible Maximum Penalty for Juveniles</th>
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<tbody>
<tr>
<td>Antigua-Barbuda</td>
<td>8 – 16 yrs</td>
<td>Indefinite sentence</td>
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<tr>
<td>Bangladesh</td>
<td>7 – 16 yrs (According to the Children Act, 1974 the definition of “children” embraces all up to the age of 16 years. “Juvenile” is not defined in age terms anywhere in the Children Act.)</td>
<td>10 years</td>
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<tr>
<td>Bhutan</td>
<td>10 – 18 yrs</td>
<td>Half of the applicable sentence for an adult. The death sentence is not applied in Bhutan.</td>
</tr>
<tr>
<td>Botswana</td>
<td>14 – 18 yrs</td>
<td>Indefinite sentence with the possibility of parole.</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>12 – 18 yrs</td>
<td>10 years (for juveniles aged 12-14) 15 years (for juveniles aged 15-18)</td>
</tr>
<tr>
<td>Japan</td>
<td>14 – 19 yrs</td>
<td>Life sentence with parole (for juveniles aged 14-17) Death penalty (for juveniles aged 18-19 at the time of committing a crime)</td>
</tr>
<tr>
<td>Korea</td>
<td>14 – 19 yrs</td>
<td>15 years (for juveniles aged 14-17). Indefinite sentence (for juveniles aged 18-19)</td>
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The group then discussed situations of assessment for juvenile offenders in each member’s country. Specifically, the group focused on assessors, the stages at which assessment is conducted, and problems and challenges of assessment (refer to Table 2 below). As a result, we found that major assessors include probation officers, social workers, psychologists, police officers, and instructors. Assessment is carried out mainly in court, correctional institutions, and other places, such as probation offices. Also, cases were assessed at multiple case handling processes, such as the as pre-trial/hearing, during the trial/hearing, at the initial stage of institutional treatment, and at the middle stage of institutional treatment. The group agreed the following four reasons as the purposes of assessment:

1. To clarify the type of treatment the juvenile needs;
2. To assist decision-making for appropriate disposals at court;
3. To make an individual treatment plan;
4. To evaluate the outcome of treatment.

The participant from Korea raised an issue regarding point 1 above. In Korea, gangster juveniles and non-gangster juveniles are confined in the same facility and there is no distinction made between them. Thus, non-gangster juveniles are susceptible to negative influence by gangster juveniles. The Korean participant emphasized the significance of classification and division of juvenile offenders who are in gangs/groups and those who are not. The participant from Botswana also commented that systems in her country do not make a distinction between serious juvenile offenders and general juvenile offenders, which is a problem. The group additionally discussed what to assess for juvenile offenders and consented that the juvenile’s internal factors, including mental state, personalities, thinking patterns, intellectual abilities, as well as the juvenile’s social background, including involvement in organized crime groups, family, school, employment, and community, should be comprehensively assessed. Furthermore, many participants stressed that taking cultural differences and varieties in ethnic backgrounds into consideration is critical in conducting assessment. For example, the participant from Antigua and Barbuda noted that a large number of immigrants has had some level of effect on the present crime rate in her country. The participant from Costa Rica also stated that immigration issues are important in conducting assessment. His country has many immigrants from Colombia, Nicaragua, El Salvador, and so on, and a high correlation has been identified between robberies and a low economic situation among juveniles.

Problems and challenges of assessment voiced by participants are summarized as the following four points:

1. Lack of infrastructure (e.g. funds, facilities);
2. Insufficiency of professional staff and training (e.g. medical doctors, social workers);
3. Shortage of clear classification regulations;
4. Lack of resources to assess the effectiveness of programmes.

Concerning point 3 above, the participant from Bhutan, for instance, said that his country has no clear standards and regulations to classify juvenile offenders and the formulation of such acts are now in progress by the government. With regard to point 4, Mr. Takahashi, from Japan, mentioned that importing assessment tools from developed countries and using them tailored to each country’s situations would be useful in dealing with this issue.
### Table 2: Current Situation: Assessment for Juvenile Offenders

<table>
<thead>
<tr>
<th>Country</th>
<th>Assessor (Who?)</th>
<th>Case stage (When?)</th>
<th>Purpose (What for?)</th>
<th>Problems and challenges of assessment for effective treatment</th>
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<tbody>
<tr>
<td>Antigua-Barbuda</td>
<td>○ Psychologist ○ Social worker ○ Probation officer</td>
<td>○ From initial stage through to end</td>
<td>○ To assist with the best possible disposal of the matter being dealt with&lt;br&gt;○ To assist the offender&lt;br&gt;○ To maintain procedural standards&lt;br&gt;○ To provide adequate treatment to juveniles</td>
<td>○ The cases should be dealt with at the court in a timely manner in submitting reports&lt;br&gt;○ Other persons involved (police, social workers, probation officers) are not sufficient to enhance efficiency of the process</td>
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<tr>
<td>Bangladesh</td>
<td>○ Probation officers ○ Instructor at the Juvenile Certified Institute</td>
<td>○ Pre-trial ○ During hearing</td>
<td>○ To clarify what type of treatment the juvenile needs&lt;br&gt;○ To help decision-making for appropriate disposal at Juvenile Court&lt;br&gt;○ To decide whether to send to a certified institute or to keep the juvenile on probation - under the guidance of parents or relatives and under the supervision of the probation officer</td>
<td>○ Lack of infrastructural facilities&lt;br&gt;○ Insufficient number of probation officers&lt;br&gt;○ Social workers are not that much involved in the assessment process</td>
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<tr>
<td>Bhutan</td>
<td>○ WCP (Women and Child Protection Unit) ○ Investigation officers ○ Staff of YDRC</td>
<td>○ Before trial ○ After trial</td>
<td>○ To help decision-making for early disposal at the court&lt;br&gt;○ To minimize the sentence as far as possible</td>
<td>○ Absence of a Juvenile Act&lt;br&gt;○ Inadequate knowledge among police officers or responsible staff&lt;br&gt;○ Absence of facilities&lt;br&gt;○ No psychologists&lt;br&gt;○ Lack of infrastructure&lt;br&gt;○ No half way home facilities&lt;br&gt;○ Lack of after release care services and monitoring systems for juvenile&lt;br&gt;○ Risk of reoffending is very high</td>
</tr>
<tr>
<td>Botswana</td>
<td>○ Social workers ○ Employment of Prisoners and Allocation Committee</td>
<td>○ Upon admission into an institution ○ Within one month of incarceration</td>
<td>○ To provide counselling and guidance on an individual basis&lt;br&gt;○ To conduct group sessions to help develop social and interpersonal competence&lt;br&gt;○ To assist inmates to make decisions based on interest and ability especially with vocational training programmes</td>
<td>○ Lack of skilled manpower to deal with serious and violent juveniles (e.g. psychiatrists or psychologists)&lt;br&gt;○ No monitoring tool to assess the extent of effectiveness of programmes</td>
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### III. EFFECTIVE TREATMENT PROGRAMMES FOR SERIOUS AND VIOLENT JUVENILE OFFENDERS

#### A. Current Situations

1. **Japan**

   In Japan, serious and violent juvenile offenders are usually committed to special or medical juvenile training schools or juvenile prisons where those offenders can receive treatments specifically tailored for their conditions, such as the victimization awareness programme which will be described later. Japan provides individual treatment programmes for juvenile offenders. In juvenile correctional institutions, each juvenile is assigned an individual instructor at the initial period of admission. An individual instructor frequently conducts interviews with the assigned juvenile and strives to deeply understand the inmate. However, in such facilities, not only the individually assigned instructor, but also many staff members are involved in the treatment of juveniles throughout the whole process. For example, inmates have opportunities to communicate with dormitory staff, officers in the classification and aftercare co-ordination section, and the general affairs section. Such daily contacts with many people prompt co-operative relationships. Thus, Japan approaches juvenile inmates in every part of daily life. Japan also offers counselling by psychiatrists and group guidance by the type of offence, such as violence. However, the challenges include conducting more research on the effectiveness of programmes and enriching and developing them, based on research findings. Securing the necessary number of treatment staff members, especially medical doctors and psychiatrists, is also a crucial issue in order to respond to each juvenile’s needs appropriately.

2. **Antigua and Barbuda**

   In Antigua and Barbuda, serious and violent juvenile offenders are usually committed to the boys’ home or adult prisons. The Child and Family Guidance Center provides anger management and conflict resolution programmes for juveniles, vocational training (e.g. PC skills), commuting to school outside the facility, and community activities in the boys’ training school. Ms. Nathaniel-Morgan noted three issues in her country. Firstly, evaluation of programmes is insufficient. Specifically, the correctional institution’s priority does not go beyond meeting basic needs. Secondly, her country has no follow-up, aftercare programme due to the limited number of probation officers. Thirdly, programmes for juveniles are not very rehabilitation-oriented,
but rather punishment-oriented, reflecting public opinion.

3. Bangladesh

In Bangladesh, serious and violent juvenile offenders are usually committed to Juvenile Development Centers. There are two juvenile development centers for boys and one such center for girls. Bangladesh provides primary and high school level academic education, vocational training to boys for their economic rehabilitation, and other kinds of training for girls such as tailoring, handicrafts, etc. There are recreational and medical facilities, and counselling services for juvenile inmates are provided in the Juvenile Development Center. Counselling sessions are conducted on an individual or group basis. For the inmates, there are classes on social norms and values, good behaviour, religious belief, and manners and etiquette. In the certified institutes, serious and violent juvenile offenders are kept separated from others.

4. Bhutan

In Bhutan, serious and violent juvenile offenders are usually committed to a Youth Development Rehabilitation Center (YDRC). Bhutan provides HIV programmes, vocational training programmes (handicrafts, hairdressing), and guidance on the concept of giving hope for a better future. Moreover, Bhutan adopts behaviour modification systems. It encourages the inmates to continue their education. On weekends, an outing programme is provided for inmates who have engaged in pro-social behaviours. If inmates misbehave, these privileges are forfeited.

5. Botswana

In Botswana, serious and violent juvenile offenders are usually committed to a boys' prison. There, social workers compile a social assessment and make an individual treatment plan, and the prison committee decides on appropriate treatment. Based on this decision, social workers provide counselling and guidance for inmates. A new programme called the “Character Moulding Programme” was initiated in 2005. This programme was introduced from Canada and consists of eight modules, including stress management (all inmates including juveniles are required to take this programme); assertiveness training; anger management; positive parenting (a child under two years is housed with his or her mother until the weaning stage); respective relations; and project management (for juveniles who want to start a business upon release). One social worker, with input from NGOs, conducts programme sessions by using manuals and textbooks. Each class meets once a week and lasts for three months. Target groups are selected based on risk assessment, except for the “stress management” programme. Trained vocational staff members in every vocational area offer vocational programmes, such as carpentry, welding, and horticulture, for boys, and tailoring for both genders. Juveniles’ progress in programmes is monitored by social workers. Products manufactured through vocational training courses are sold to community residents. Inmates get incentive for their labour. Ms. Dithupa called attention to some issues in her country. No aftercare programme exists, because the public tend to think that punitive sanction is better even for juvenile offenders, as in the case in Antigua and Barbuda. Other problems include a lack of human resources and research on the correlation between undergoing the programme and the recidivism rate. The Character Moulding Programme is relatively new and as such its effectiveness has not been evaluated yet.

5. Costa Rica

In Costa Rica, serious and violent juvenile offenders are usually committed to specialized prisons. Costa Rica provides institutionalized juveniles with sex offender programmes, computer training, a theatre programme, and a sport programme. These programmes are not mandatory for all inmates, but voluntary for inmates when the following conditions are met: (i) inmates are assessed as requiring the programme based on psychological testing, and so forth; and (ii) both inmates and their parents sign a contract and agree to take the programme. Mr. Burgos mentioned that the small number of specific institutional treatment programmes for serious and violent juvenile offenders is an issue in his country.

6. Korea

In Korea, serious and violent juvenile offenders are usually committed to juvenile training schools. However, more emphasis is placed on confinement rather than treatment programmes. The public has few interests in juvenile offenders although there are many homicide and robbery cases committed by juveniles. The participant from Korea further emphasized the gangster matters in his country as an underlying factor of many serious and violent juvenile offences. Several years ago, a TV drama which glamourized gangsters became popular among young people. Consequently, many youths were attracted to gangs and joined them.
Gangs have enlarged their territories and recruited more gang members. Therefore, he suggested that measures should be taken to separate gangster juvenile offenders and non-gangster juvenile offenders to avoid the negative influence of gangs spreading further, and for gang members, treatment programmes dealing with gang problems are necessary.

IV. TREATMENT PROGRAMMES
TAKING INTO CONSIDERATION VICTIMS’ VIEWPOINTS

A. Japan

In juvenile training schools in Japan, there are victim awareness programmes provided for inmates who have committed offences against other people. This programme which is especially considered to be crucial for serious and violent offenders is offered mainly at the intermediate and pre-release stages in the treatment process. At the orientation stage, inmates are usually not yet ready to think about their crime victims because inmates tend to be more concerned about their families and themselves than their victims, and crime victim issues involve sensitive topics. Therefore, instructors, especially an instructor individually assigned to an inmate, frequently conducts individual interviews and takes time to create a trusting relationship with the inmate. Also, inmates are often abused and hurt by violence before commission to the juvenile training school, and they need grief care. With this close and harmonious relationship between the inmate and the instructor, inmates gradually open their hearts and speak their minds to instructors. This is an important foundation to get inmates to ready for the victim awareness programme.

As for the contents of the victim awareness programme, it includes such methods as writing thematic essays; group guidance and group discussions on violence; watching videos and reading books on crime victim issues; individual interviews; and using the role lettering method, by which inmates write letters to their victims and victims’ families. The letters are not actually mailed to victims/victims’ families. Then, inmates read letters that they wrote and reply to letters by themselves, in the position of their victims. Additionally, for inmates who have committed a fatal offence, individual religious education and a monthly memorial service are provided to mourn the victim. For example, Buddhist followers burn an incense stick and put it on a Buddhist altar and recite a sutra inside the institution with a priest from outside the institution. Moreover, juvenile training schools hold lectures by crime victims or crime victim supporters, and have individual counselling sessions on life and mind, by counsellors who are specialists in the welfare or medical field. In order to teach inmates the preciousness of life, animal therapy, such as having a dog as a pet, is also provided for inmates. Finally, in order for inmates to make plans to apologize to and compensate victims, the juvenile’s efforts and their family members’ co-operation are essential. Therefore, juvenile training schools also approach guardians to increase their abilities in leadership as guardians and put importance on their visits to and communication with their children in the facility.

B. Antigua and Barbuda

There is no particular institutional programme which takes victims into consideration; however, there are support groups more for victims of serious violence, domestic violence, AIDS, and rape. Victims and people concerned hold meetings and the support groups serve as social resources. The groups are not structured, not official, and more for the community, and thus they are not considered restorative justice, which can be defined as leaving out official justice and allowing victims to speak on their own behalf. The victims of rape are offered sexually transmitted disease screening and HIV testing as well as pregnancy testing. All victims are offered counselling.

C. Bangladesh

There is no particular institutional programme which takes victims into consideration. However, in the process of the criminal justice system, victims can appear in court and voice opinions. Social counselling is also available for victims, which functions as mental support for victims. In rural areas there is a system called “Shalish” which is applied for juveniles as well as adults. In the non-cognizable offence cases, an elected Chairman of an area or an elderly, learned and wise person holds meetings where victims, offenders, and the parents all contribute to decision-making. Neighbours of victims and offenders, the representatives of society, also remain present in the meetings. Councillors in the village discuss how to recover the damage inflicted on victims of minor offences. If the case is not resolved, it is transferred to court. So far, most of the minor or non-cognizable offence cases have been agreed upon and settled. Sometimes the decision is written on an agreement document, but this is not compulsory. The underlying principle of this system is
that the community and families pay respect to the elderly. That is why the elderly make a fair decision and the community obeys it.

D. Bhutan

In the Women and Child Protection Unit, and police departments, counselling is provided for inmates and victims. Victims can receive counselling before and after the sentence of offenders. Inmates can receive counselling after the sentencing. In Bhutan, compensation for victims is given by offenders and it is mandatory.

E. Botswana

There is no particular institutional programme which takes victims into consideration. However, there is a counselling programme available for rape victims. A non-governmental organization (NGO) provides the counselling. Additionally, compensation to the victim is made by offenders. If offenders commit crimes such as theft they must pay money to their victims. For sex offenders, the NGO “War Against Rape” provides programmes for offenders and victims to solve the problems caused by this crime. This programme is also applied to juveniles. In sex offence cases, the court orders HIV testing for offenders and victims. HIV testing for offenders is conducted before the trial. If the offender tests HIV positive, he receives 15 years. If the offender tests HIV negative, he receives 10 years. If the offender knew that he was HIV positive before committing rape, he receives 20 years to a life sentence. Furthermore, in order to protect rape victims, the prohibition on abortion is lifted in rape cases.

F. Costa Rica

Few particular institutional programmes which take victims into consideration exist. The court judge has to listen to the victim before rendering a decision. In cases where mediation is done, hearing the victims’ opinion is compulsory for the judge. However, in sexual/domestic violence cases and homicide, mediation is not allowed. There are specific guidelines and social workers, first instance court judges, medical doctors, prosecutors, and attorneys, trying to help victims. A specialized judge deals with the execution of sentence taking into consideration the victim’s point of view.

V. PROBLEMS AND CHALLENGES OF CONTINUOUS TREATMENT PROGRAMMES FROM INSTITUTIONAL CARE TO COMMUNITY TREATMENT

A. Japan

Currently, juvenile training schools have a close connection and communication with probation offices in order to prepare inmates for smooth re-entry into society. Especially in cases of serious and violent offenders, juvenile training schools need close contact with probation offices in order to find proper places for offenders to go back to and plan carefully their future lives. Approximately one month after the admission of a juvenile into the facility, staff members of the Classification and Aftercare Coordination Section prepare documents on the inmate’s offence, personality, and background, based on the Juvenile Book, taken from the juvenile classification home, and the social investigation report, sent from the Family Court. When the relevant probation office receives the document from the juvenile training school, environmental adjustment begins. In principle, one probation officer and one volunteer probation officer are assigned to each inmate. Every two or three months, the probation officer sends the environmental adjustment report to the juvenile training school, based on the report from the volunteer probation officer. The juvenile training school sends the probation office periodical reports on the progress of the inmate. The inmate exchanges letters with the volunteer probation officer. Sometimes, the volunteer probation officer or the probation officer visits the juvenile training school to interview the inmate. In this way, the volunteer probation officer and the probation officer build strong relationships with the inmate while he or she is still in the juvenile training school. If there is some concern about environmental adjustment (e.g. no visit to the inmate by his or her parents or guardians), the juvenile training school first approaches the parents or guardians, and if this does not produce positive results, contacts the appropriate probation office to seek assistance.

Before inmates’ release from the facility, juvenile training schools explain to them conditions to be observed during parole. Inmates also have an opportunity to make an observation visit to a probation office near the facility at the pre-release stage. Juvenile training schools also explain the parole system to juveniles’ parents or guardians on occasions like guardians’ meetings or visits. After release, the juvenile goes to the probation office and meets the volunteer probation officer once a month and reports his or her
life conditions. Approximately one month after release, the juvenile training school sends the Juvenile Book, the record of treatment at the institution and the juvenile’s achievement to the relevant probation office.

However, the absence of a computerized information network system between the Correction Bureau, which has jurisdiction over institutional treatment, and the Rehabilitation Bureau, which has jurisdiction over community treatment, is a serious issue in Japan. Databases of these bureaus are not electronically inter-linked. As such, sharing information between juvenile training schools and probation offices is conducted in writing. Establishing the electronic information network system is an urgent issue to further bridge the gap between juvenile training schools and probation offices. If such a database is created, it would create the following benefits:

1. Mitigate the work of inputting information on the juvenile;
2. Make accumulation of research activities on continuous treatment easier;
3. Allow smoother communication between juvenile training schools and probation offices.

B. Antigua and Barbuda

The lack of education of the general population in regard to the criminal justice system is a major barrier to persons who have returned to their communities. The lack of awareness and ignorance of the judicial system does not allow for a smooth transition to a home environment. The treatment programmes must incorporate the community if there is to be productive life after incarceration. Aftercare treatment programmes, though effective in theory, are useless if the persons to be treated do not make themselves available for treatment, because they are afraid of what may be said about them and they do not trust the confidentiality of the system. They would rather do without the care that in some cases may save their lives. Finger pointing, name calling, teasing, and labelling affect these persons very deeply and lead to reoffending. Aspects of cultural, ethnic and religious beliefs and philosophies must also be considered because tolerance levels vary in different cultures. There is a growing concern as well for persons who are mentally challenged and need to be on medication, but who, in some cases, were not assessed appropriately. In these cases the affected persons have not been afforded the opportunity to lead normal lives within their limits.

C. Bangladesh

There is little structured community treatment in existence. In Bangladesh, finding jobs suitable for juvenile offenders, who often have not received adequate education, is a challenge to be dealt with. Communities do not always treat juvenile offenders cordially. Probation officers and the juvenile’s parents counsel the juvenile. Upon and after release, probation officers sometimes help the juvenile to find a job. Police keep the records of the juvenile offender. Certified institutes also keep such records.

D. Bhutan

In Bhutan, the community treatment system has not yet been implemented and whatever is required to be done depends entirely on the parents once the juvenile is released from the centre. Records are kept for future reference. Prior to release we inform the parents to report to the institution to complete the necessary formalities and during release we obtain a letter from the juvenile undertaking to stay away from crime for our records and to prevent the juvenile from committing further offences.

E. Botswana

There are two programmes that are mainly concerned with continuous treatment programmes from institutional care to community treatment. These are extra-mural labour and parole. Before placement of offenders in these programmes, a social enquiry report is made reflecting the environment, employment and accommodation aspects of the offender’s potential placement. For extra-mural labour the offender should be placed in an employment facility near his or her place of abode to avoid transportation costs as the employment is not paid but rather takes the form of community service. The offender is only provided with monthly food rations at government expense and other expenses are taken care of by the family as they are expected to participate in his or her rehabilitation. But as for parolees, they are only provided with guidance and counselling as they are expected to find paying jobs to sustain themselves. There are problems and challenges concerning these programmes. The community continues to deny responsibility for crime prevention and this leads to expectations that custodial sentencing alone will provide a solution. Stigmatization/labelling of offenders is also a problem as it is inconducive to their rehabilitation. Limited resources to implement best supervision practices in community treatment programmes are also a barrier.
F. Costa Rica

A specialized new law dealing with the execution of sentences for juveniles was enacted. This law is based on the principle that juveniles must be treated differently from adults and that the best interest of the juvenile has to be pursued. Judges, prosecutors, and public defenders specializing in sentencing and the execution of sentences of juvenile offenders were stipulated in the law. There are two types of judges: (i) those for sentencing; and (ii) those for execution of sentence. A multi-disciplinary team, including psychologists, educators, and social workers, provide treatment for juveniles. Another basic principle is that prison is used as the last resort. Based on this policy, the sentence rate of juveniles in Costa Rica is fairly low. Eighty-five percent of the cases are disposed of by measures other than commission to prison. In prison, there is a classification department. Different professionals, such as psychologists and educators, conduct interviews with inmates. Structured community programmes dealing with juveniles are provided. Juveniles, their legal advisers and their parents or guardians sign a specialized agreement and the juveniles engage in community volunteer service, in such places as a fire department, the Red Cross, homes for the elderly, and special education facilities. If juveniles do not do well in community treatment, they can be sent to jail.

G. Korea

The gangster issue is also a serious issue in the transition from institutional to community care. Since no distinction is made between non-gangsters and gangsters in correctional institutions, non-gang member juveniles are easily affected by gangsters, and the possibility of their involvement with gangs after release increases and this poses a grave risk to community treatment.

VI. GOALS AND NEEDS FOR IMPROVING TREATMENT PROGRAMMES FOR SERIOUS AND VIOLENT JUVENILE OFFENDERS

After reviewing the current situations and issues, the group identified several relatively common challenges, such as:

• A shortage of clear classification regulations;
• A lack of infrastructure (e.g. funds, facilities);
• An insufficient number of institutional programmes taking victims' viewpoints into account;
• A lack of systematic follow-up programmes;
• Inadequate information sharing between institutional and community treatment authorities.

Based on the findings of these relatively common problems, the group agreed the following recommendations as possible solutions for the effective treatment of serious and violent juvenile offenders.

1. Identifying the risk of reoffending and the needs of the targeted juvenile;
2. Assessing such factors as the degree of danger of mental disorders, maturity, and intellectual level and juveniles at risk of reoffending;
3. Categorizing specific levels to connect assessment and treatment;
4. Utilizing multiple-disciplinary assessors;
5. Introducing standardized assessment tools, combining both quantitative and qualitative methods, adaptive to different situations;
6. Establishing proper selection and implementation of assessment methods;
7. Allocating necessary human and infrastructural resources;
8. Utilizing the existing resources as best possible;
9. Constructing the minimum essential number of institutions;
10. Taking into consideration varied cultural contexts;

11. Creating an integrated package holistically encompassing the needs of the juvenile and the concerns of the victim and having it implemented by a cadre of qualified personnel, maintaining standards of consistency and continuity;

12. Considering the restorative justice system for compensating victims for the harm suffered;

13. Developing programmes integrating institutional and community-based treatment as a package;

14. Establishing a united organization handling both institutional and community treatment;

15. Developing electronic data network systems between related agencies for smooth information sharing;

16. Conducting intervention at the early stage of incarceration to prepare the juvenile for discharge.