Data sources guidance for outcome indicators on articles 15 and 17:

Freedom from torture or cruel, inhuman or degrading treatment or punishment and protecting the integrity of the person

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15/17.21: Number of reported cases of torture and other ill-treatment against persons with disabilities, including the denial of reasonable accommodation in detention, disaggregated by sex, age, disability and context of the violation

Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms that are not currently in place

There are a variety of potential sources for reporting on this indicator. While there are many challenges in the assessment of ill-treatment and torture, tendencies can be tracked. These sources include:

1. **Police, ministries of justice, courts, and detention centres or prisons.** The International Classification of Crime for Statistical Purposes of the United Nations Office on Drugs and Crime provides a comprehensive framework for producing statistics on crime and criminal justice, and the United Nations Survey of Crime Trends and Operations of Criminal Justice Systems provides an overview of trends and interrelationships between various parts of the criminal justice system to promote informed decision-making in administration, nationally and internationally;

2. **National preventive mechanisms.** Many countries have national preventive mechanisms that operate under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Convention on the Rights of Persons with Disabilities. The mechanisms receive claims of torture, and their monitoring mandates include institutions for persons with disabilities. National preventive mechanisms can collect information relevant for this indicator through monitoring but, unfortunately, torture is significantly underreported and there are many complexities in assessing torture and its attribution;

3. **National human rights institutions.** In the absence of a national preventive mechanism, a national human rights institution can attempt to collect information for this indicator. Both types of institution may categorize information on reported cases according to the place the alleged violation was committed, such as a prison, psychiatric institution, residential institution, or a public or private hospital;

4. **Media outlets.** The media – both print and broadcast – are another important source of information.

15/17.22: Number and proportion of victims of torture or ill-treatment with disabilities who receive compensation, rehabilitation and support per year

Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms that are not currently in place

This indicator should be based on the number of reported cases (see indicator 15/17.21), as the true number of cases is unlikely to be known. Information on victims with disabilities who received compensation can be obtained through court records or administrative records.

Assumptions such as injuries in institutions, unreported deaths and others help to provide a proxy, although this lags far behind a real data collection process. Direct data collection, where persons with disabilities can be targeted, would be the best option.

15/17.23: Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers during the past month, disaggregated by sex (Sustainable Development Goal indicator 16.2.1) and disability

Level 2: Indicator can be produced with straightforward additions or modifications to existing data collection efforts

Link to the metadata related to this Sustainable Development Goal indicator

According to the metadata:

> Household surveys, such as Multiple Indicator Cluster Surveys (supported by the United Nations Children's Fund (UNICEF)) and Demographic and Health Surveys, have been collecting data on this indicator in low- and middle-income countries since about 2005. In some countries, such data are also collected through national household surveys.
>
> Multiple Indicator Cluster Surveys, the source of the majority of comparable data, include a module on disciplinary methods. This module, which was developed for use in these surveys, was adapted from the parent-child version of the Conflict Tactics Scale, a standardized and validated epidemiological measurement tool that is widely accepted and has been implemented in a large number of countries, including high-income countries. The survey module includes a standard set of questions covering non-violent forms of discipline, psychological aggression and physical means of punishing children. Data are collected on children aged from 1 to 14. Some Demographic and Health Surveys have

included the standard version or an adapted version of the Multiple Indicator Cluster Survey module on child discipline.

An example from the Multiple Indicator Cluster Survey for Sierra Leone is shown in the table below.

Table 1: Percentage of children aged 1–14 years by child disciplining methods experienced during the past month, Sierra Leone, 2017

	Only non-violent discipline (percentage)	Psychological Aggression (percentage)	Physical punishment (percentage)		Any violent discipline method (percentage)	Number of children age 1-14 years (percentage)
			Any	*Severe*		
Total	5.0	80	73.1	25.5	86.5	30,076
Sex						
Male	4.5	80.4	74.1	26.4	87.0	15,068
Female	5.5	79.7	72.1	24.6	86.0	15,008
Age (years)						
1-2	7.6	59.3	53	9.5	66.9	4,654
3-4	6.1	77.9	73.6	20.4	85.2	4,702
5-9	4.3	83.9	79.8	27.3	90.6	11,797
10 to 14	4.1	86.8	74.5	34	92	8,923
Child's functional difficulty (age 18-49 years)						
Has functional difficulty	2.2	86.2	81.3	30	91.8	5,471
Has no functional difficulty	5.3	81.6	74.2	26.3	88.2	22,339

Source: Statistics Sierra Leone, *Sierra Leone Multiple Indicator Cluster Survey 2017: Survey Findings Report* (Freetown, 2018), p. 246.

15/17.24: Number and proportion of persons with disabilities subjected to forced medical experimentation who received compensation, rehabilitation and support per year

Level 3: Indicator for which acquiring data is more complex or requires the development of data collection mechanisms that are not currently in place

This information could be collected from court records or administrative data from national human rights institutions established to investigate these abuses, provided they ask about disability status. Further sources of data on codes of conduct in medical trials and scientific experimentation involving persons should include official journals or gazettes, ministries and departments of health, independent medical oversight bodies or professional associations of medical professionals at national or subnational levels. The information should also appear in State reports to the Human Rights Committee and the Committee against Torture, where the State is a party to the relevant treaties.