**Questionnaire: The right to liberty and security of persons with disabilities**

1. **Questionnaire**
2. **Please provide information on relevant legislation and policies related to:**

Disability Rights International (DRI) believes that it is critical that the Special Rapporteur’s report addresses the detention of children in orphanages, an urgent problem that is often overlooked. To this end, the information we provide in this questionnaire is mainly focused on this population. We also provide brief information on adults detained in institutions, particularly in Mexico and Guatemala.

* 1. **exercise of legal capacity;**

Exercise of legal capacity is a systematic challenge for children and adults with disabilities. In relation to children, the former Special Rapporteur on Torture has observed that, in particular with regard to children with disabilities, “‘incapacity’ is often presumed, which limits their ability to decide where to live and what treatment to receive, and may be taken as the basis of substitution of determination and decision-making by the child […].”[[1]](#footnote-1) DRI has documented a systematic denial of legal capacity in Mexico and Guatemala, especially of children and adults detained in institutions.

In Guatemala, a person *must* be declared under guardianship through a guardianship hearing.[[2]](#footnote-2) However, no judgement or review procedure is required for persons who is institutionalized. Instead, such persons are, according to the Civil Code, automatically placed under the guardianship of the director of the institution where they are referred to. This is regulated by the Civil Code of Guatemala under the figure of "legal custody without judicial appointment". Article 308 of Civil Code states: “the directors or superiors of social assistance centers that host minors or disabled are guardians and legal representatives thereof, from the time of admission, and their position does not need appointment.” Thus, by mere detention in an institution, children and adults with disabilities automatically lose their capacity to exercise rights on their own behalf, including the capacity to challenge the lawfulness of their detention, deprivation of legal capacity, and continued confinement.

Likewise, through its legal framework, Mexico automatically and completely denies persons with disabilities their right to legal capacity. Mexico’s Civil Code establishes that adults “[…] with diminished or disturbed intelligence, even though they may have lucid intervals; and those who suffer from any disease or condition caused by persistent impairment of a physical, psychological or sensory nature […]” have “natural and legal incapacity.”[[3]](#footnote-3) Given that Mexico does not recognize the legal capacity of persons with disabilities, it has established a guardianship system that prevents them from directly exercising their rights on their own and, instead, they have to do so through a guardian.[[4]](#footnote-4)

It is also worth noting that in Mexico, persons with disabilities do not need to be legally declared under guardianship to lose the right to make decisions over their own lives. As a 2010 study by Rehabilitation International found, most people with disabilities in Mexico live under a de facto guardianship.[[5]](#footnote-5) This is the case for every single child and adult person detained in an institution. As DRI’s 2010 “Abandoned and Disappeared” report thoroughly documented, children and adults with disabilities detained in institutions “automatically lose the right to make even the most fundamental daily decisions of life – with no legal process whatsoever.”[[6]](#footnote-6)

* 1. **the rights of persons with disabilities in institutions[[7]](#footnote-7) including processes of deinstitutionalisation**;
1. Children in detention: summary and recommendations

The detention of children in orphanages and other non-penal health or social care institutions is a problem that is both widespread and dangerous.[[8]](#footnote-8) The vast majority of children placed in institutions are not actually orphans - 80 to 98% of these children have a living parent. One of the main raisons for placement has to do with the disability of the child or the parent and lack of community-based services and supports to keep the family together.[[9]](#footnote-9) In a number of countries, the creation of community-based services and support systems have proven that children do not need to be detained because of a disability – or for any other reason.

Many countries have phased out institutions for children with and without disabilities. However, due to misperceptions and misguided donor support for orphanages, combined with a lack of legal protections, the number of children in orphanages is on the rise in many parts of the world. **The Special Rapporteur on Disability can help protect against the improper detention of children by recommending stronger international protections and better implementation of those protections.**

The protection against improper detention for children raises a complex array of issues unlike those facing adults since services are needed to protect their placement in families in order to avoid unnecessary and dangerous institutionalization. Numerous studies have shown that all children need to grow up with a family, and institutionalization of any kind causes disability.[[10]](#footnote-10) According to the former Rapporteur on Torture, “even very short periods of detention can undermine a child’s psychological and physical well-being and compromise cognitive development.”[[11]](#footnote-11) Once a child is separated from his or her family and placed in an institution, he or she is subjected to an array of dangers that can be irreversible: psychological damage from being raised in congregate care without stable emotional attachments, developmental delays and permanent intellectual disability caused by neglect and a lack of social stimulation, as well as violence, abuse, and exploitation that are known to be higher in institutions.[[12]](#footnote-12)

In his report on the protection of children from torture, Special Rapporteur on Torture Juan Mendez noted the “heightened risk of violence, abuse and acts of torture or cruel, inhuman or degrading treatment or punishment”[[13]](#footnote-13) created by placing any child in an institution. Thus, Mendez stated that “the unique vulnerability of children deprived of their liberty requires higher standards and broader safeguards for the prevention of torture and ill-treatment.”[[14]](#footnote-14)

Both UNICEF[[15]](#footnote-15) and WHO[[16]](#footnote-16) have called for a moratorium on the detention of children (ages 0-3) in institutions within Europe. In its mental health report presented to the Human Rights Council (HRC) the UN Office of the High Commissioner for Human Rights (OHCHR) has also called for an “end the institutionalization of all children, with and without disabilities.”[[17]](#footnote-17) The UN Committee on the Rights of Persons with Disabilities has made a strong statement in this area. In May 2016, the Committee called on the Czech Republic to “abolish” institutionalization for children with disabilities.[[18]](#footnote-18) In September 2016, the Committee asked Guatemala to “abolish institutionalization” of children (without limiting it to children with disabilities).[[19]](#footnote-19)

It would be extremely helpful if the Special Rapporteur would expand on and explain the legal basis of such conclusions and to make clear that they apply to the protection of children in all countries. **DRI respectfully recommends that the Special Rapporteur on Disability call for a global moratorium[[20]](#footnote-20) on the detention of children 0-3 and that all states work towards the establishment of such a moratorium for children of all ages as soon as family support programs and substitute family programs (foster care) can be created** with effective quality controls and human rights monitoring.

In relation to family support and substitute family programs, Article 23(4) requires governments to “ensure that a child shall not be separated from his or her parents against their will” and “[i]n no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.” CRPD article 23(5) establishes the most important protection of the right to grow up in a family, stating that governments shall “where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.” It is w worth noting that Article 23(5) **never allows for the possibility of placing a child in an institution or in any form of residential care**.[[21]](#footnote-21)

1. Protections apply to children with and without disabilities

It is important for the Special Rapporteur to recognize that the protection against the detention of children apply equally to children with and without a disability label. Article 23 of the CRPD is one of the only provisions of the CRPD that *explicitly applies to “children”* whether or not they have a disability. This is because it protects against the separation of children from their families based on the disability of the child *or* the parent. The placement of children in institutions on the basis of their disability is only one form of discrimination that the CRPD prohibits. Even more often, perhaps, children are removed from their parents because the parents themselves are perceived as unable to take care of them – abusive, bad, or inadequate because of their real or perceived disabilities. If a child is taken away from his or her parents because of a disability, Article 23(5) makes clear that the child still has a right to grow up in a family environment with extended kinship care or in a substitute family.

The only situation in which disability is not involved in the break-up of a family, narrowly speaking, is when neither the child nor parents have a disability, and the child is removed because of parents who are abusive or neglectful. In practice, children who grow up in abusive homes almost certainly suffer from the emotional trauma of physical or psychological violence, or the emotional difficulties associated with growing up in such a toxic atmosphere, and at are at a heightened risk of developing a mental health condition[[22]](#footnote-22) and, if unaddressed, a disability. Placing a child in an institution will very likely to guarantee him access to mental health treatment, instead, he is likely to be re-traumatized given the inherent violence to institutions.[[23]](#footnote-23) These children should be given the full benefits of the CRPD and should also have a right to grow up in a family.

We further respectfully ask the Special Rapporteur to note the important linkages between article 19, 23, and 14 of the CRPD. Unless community supports are available in the community to protect parents with disabilities, as required by CRPD article 19, their children are likely improperly placed in institutions. To maintain protection against improper detention, all children with and without disabilities have an interest in full enforcement of article 19.

1. Torture, cruel, inhuman and degrading treatment in institutions

Children placed in ‘care’ and ‘health-care’ institutions are particularly at risk of being subject to torture or ill-treatment within an institution.[[24]](#footnote-24) Private institutions are particularly dangerous; according to the former Special Rapporteur “because national law often does not regulate private detention centres, there is a gap in legal protections that may lead to rampant abuse.”[[25]](#footnote-25) DRI has widely documented that in practice, some public and many private institutions and orphanages “operate off the public record or without official government regulation.”[[26]](#footnote-26)

The Rapporteur has recognized that ill-treatment “may occur in a diverse range of settings, even where the purpose or intention of the State’s action or inaction was not to degrade, humiliate or punish the child.”[[27]](#footnote-27) Most instances of ill-treatment of children deprived of their liberty outside of the criminal justice system, “involve acts of omission rather than commission, such as emotional disengagement or unsanitary or unsafe conditions, and result from poor policies rather than from an intention to inflict suffering.”[[28]](#footnote-28) Purely negligent conduct lacks the intent required under the prohibition of torture, but may constitute ill-treatment if it leads to pain and suffering of some severity.[[29]](#footnote-29) Under this logic, placing a child in an institution may in itself constitute ill-treatment if the pain and suffering is severe enough even though the intention was not to humiliate or punish a child. According to Rosenthal, “the trauma of separation from parents and extended family, compounded with the lack of understanding about his or her future, could certainly cause a child severe suffering as well as long-term emotional damage,”[[30]](#footnote-30) that meets the severity threshold to constitute ill-treatment.

On the other hand, there are also several practices and abuses common in institutions that on their own constitute ill-treatment and may amount to torture. In this regard, the Rapporteur on Torture has found that the threshold at which treatment or punishment may be classified as torture or ill-treatment is “lower in the case of children, and in particular in the case of children deprived of their liberty.”[[31]](#footnote-31) DRI has documented several abuses in institutions including forced labour; trafficking for sexual purposes, sexual abuse, forced sterilization, physical abuse, forced medication,[[32]](#footnote-32) use of isolation rooms and restraints, among others, which constitute ill-treatment and may amount to torture.[[33]](#footnote-33)

1. Arbitrary detention of children based on disability

The vast majority of children are placed in orphanages because of poverty[[34]](#footnote-34) or disability.[[35]](#footnote-35) In relation to the latter, the former Rapporteur on Torture found that almost all States have legislation that permits the detention of children for psychiatric health purposes.[[36]](#footnote-36) He has also documented in practice the “involuntary commitment of children with mental disabilities, including those who have long-term intellectual or sensory impairments, to psychiatric and social care institutions, psychiatric wards […].”[[37]](#footnote-37) These children are likely to remain detained their whole lives in such psychiatric or social care institutions.[[38]](#footnote-38) Article 14, paragraph 1 (b) of the Convention on the Rights of Persons with Disabilities unambiguously states that “the existence of a disability shall in no case justify a deprivation of liberty”.[[39]](#footnote-39) Segregation of children on the basis of their disability constitutes arbitrary detention and violates Article 14 of the CRPD. Separation of children on the basis of the presence of a disability in the parent, the child or both, is further in violation of Article 23 of the CRPD.

1. The obligation to create services to prevent detention and torture

To prevent improper detention, it is urgent that States create community-based supports, family protections, and foster care to prevent improper detention of children. Special Rapporteur Mendez who warned that, due to the dangers of placing children in institutions, the prevention of improper detention is necessary to prevent torture. The obligation to prevent torture is one of immediate obligation that does not allow for “progressive implementation” over time. Nor is the lack of financial resources an excuse for failure to protect against torture.

Mendez does not say that detention itself constitutes torture (though he raised that as a possibility in certain circumstances). He does say, however, that there is an obligation to prevent torture under the Convention against Torture (CAT) due to the *increased* *risk* of torture of children in detention. [[40]](#footnote-40) Based on this, Mendez noted the obligation of States to “ensure that deprivation of liberty is used only as a measure of last resort,” in the child’s best interest, in the least restrictive environment, and limited to the ***shortest possible period of time***. Instead:

“States should, to the greatest extent possible, and always using the least restrictive means necessary, ***adopt alternatives to detention*** that fulfil the best interests of the child and the obligation to prevent torture or other ill-treatment of children, together with their rights to liberty and family life, through legislation, policies and practices that allow children to remain with family members or guardians in a non-custodial, community-based context. ***Alternatives to detention must be given priority in order to prevent torture and the ill-treatment of children***.”[[41]](#footnote-41)

When a child has to, given exceptional circumstances, be placed in an institution as a last resort, “it is because of the failure of the social service system to provide a more acceptable placement that will nurture the child and avoid needless pain and suffering.”[[42]](#footnote-42) When this type of situation takes place, “it must be brought to an end as soon as possible.”[[43]](#footnote-43)

1. *Monitoring institutions*

A significant number of States lack an independent mechanism to monitor human rights violations not only in detention facilities but also in medical and social care institutions.[[44]](#footnote-44) The former Rapporteur on Torture observes that one of the most important sources of ill-treatment of children in those institutions is in fact the lack of proper government oversight.[[45]](#footnote-45) Governments must establish effective complaint mechanisms, to investigate allegations of abuse, and create strong and independent oversight mechanisms[[46]](#footnote-46) at “all places of deprivation of liberty, including places run by private actors, through regular and unannounced visits, and to include civil society organization in the monitoring of places of deprivation of liberty.”[[47]](#footnote-47)

1. *Regulate international donations*

The duty to protect people from torture requires governments to regulate behavior in the private sphere that would cause severe pain and suffering amounting to torture or ill-treatment.[[48]](#footnote-48) Governments in recipient countries of aid must, therefore, regulate and redirect international funding—including private charities—for institutions or residential facilities that put children at-risk of torture or ill-treatment.[[49]](#footnote-49) In this regard, the CRPD Committee has called on Guatemala to stop international funding of orphanages and direct the funding to create community services, in line with the CRPD.[[50]](#footnote-50)

* 1. **involuntary admission to mental health services or other institutions;**

In Guatemala, a widespread and systematic official practice exists of involuntarily admitting persons with disabilities to the National Mental Health Hospital “Federico Mora” in Guatemala City as well as to other institutions. These detentions are based on judgments issued under Guatemala’s civil legislation concerning “abandoned incompetents.” Under Articles 520 and 522 of the CCCG, judges are empowered to “dictate, with the intervention of the Public Prosecutor, the necessary measures for the protection and representation” of any incapacitated person who has been “abandoned” by “any circumstances”.

The consequence is that any time a person with a mental illness is brought before a judge for “protection measures” by the state or a private individual, the relevant question for judicial decision is reduced to whether the person is “abandoned.” Where no identifiable family member is in a position to provide completely and exclusively for the mental health service needs of the individual (i.e., through privately resourced health interventions or supports), the person is deemed “abandoned” and the judge designates the “place” to which they will be transferred for their “protection.”[[51]](#footnote-51) The result of this practice is the unjustified and indefinite institutionalization of people with psychosocial or intellectual disabilities.

1. See A/HRC/28/68 para 33 [↑](#footnote-ref-1)
2. Under Guatemala’s Civil Code all persons with mental illness that “deprives them of discernment” (a vague and undefined term) “must be” declared “incompetent” and a legal guardian appointed for them as a substitute decision maker. Guatemala Civil Code, Arts. 9 & 14. [↑](#footnote-ref-2)
3. Código Civil Federal, Artículo 450 y Código Civil del Distrito Federal, Artículo 450. [↑](#footnote-ref-3)
4. Código Civil Federal, Artículo 464. [↑](#footnote-ref-4)
5. Rehabilitation International *et al*., *Legal Capacity and Guardianship of Persons with Disabilities in Mexico,* 2010, p. 15. [↑](#footnote-ref-5)
6. Disability Rights International, *Informe Abandonados y Desaparecidos* (2010) p. xiv. Available at <https://www.driadvocacy.org/wp-content/uploads/Abandoned-Disappeared-web.pdf> [↑](#footnote-ref-6)
7. For the purposes of this questionnaire, institutions include all facilities that are aimed to provide shelter, care or a living arrangement for persons with disabilities such as residences, nursing homes, orphanages, homes for the elderly, community homes, tutorised homes, farms, faith based institutions, boarding schools, prayer camps, or others. [↑](#footnote-ref-7)
8. The United Nations has estimated that there are 8 million children in orphanages, while other estimates place the number of children in institutions around the world at 10 million or more. In addition to the population of orphanages, Disability Rights International (DRI) has found children detained in adult institutions, psychiatric facilities, hospitals, maternity wards, nursing homes, residential schools, vocational schools, convents, monasteries, emergency relocation facilities, and other specialized programs for children with disabilities—often uncounted, unregulated, or operated entirely off the public record.” Eric Rosenthal, “A Mandate to End Placement of Children in Institutions and Orphanages: The duty of governments and donors to prevent segregation and torture” p. 314. Available at <https://www.driadvocacy.org/wp-content/uploads/Rosenthal-Torture-seg-Feb16.pdf> [↑](#footnote-ref-8)
9. *Ibid.*  [↑](#footnote-ref-9)
10. A/HRC/28/68 para 55. In relation to the impact that detention has on a child, regardless of the conditions in the institution, the former Special Rapporteur on Torture found that: “One of the most egregious forms of abuse in health and social care settings is unique to children. Numerous studies have documented that a child’s healthy development depends on the child’s ability to form emotional attachments to a consistent care-giver.[…] Unfortunately, this fundamental need for connection is consistently not met in many institutions, leading to self-abuse, including children banging their head against walls or poking their eyes. In reaction, care-givers use physical restraints as a long-term solution, or hold the children in cages or their beds, practices that have been linked to muscular atrophy and skeletal deformity,” which can lead to a disability. [↑](#footnote-ref-10)
11. A/HRC/28/68 para. 17 [↑](#footnote-ref-11)
12. *Ibid.* para. 16 and 33. The Rapporteur found that children deprived of liberty are at a heightened risk of suffering depression and anxiety, and frequently exhibit symptoms consistent with post-traumatic stress disorder. Healthy development “can be derailed by excessive or prolonged activation of stress response systems in the body, with damaging long-term effects on *learning, behaviour and health*.” When detention is compounded with abuse and ill-treatment, in children it “may cause even greater or irreversible damage than for adults.”Reports on the effects of depriving children of liberty have found “higher rates of suicide and self-harm, mental disorder and developmental problems,” which may lead to disability. [↑](#footnote-ref-12)
13. A/HRC/28/68 para. 16 [↑](#footnote-ref-13)
14. *Ibid.* para. 17 [↑](#footnote-ref-14)
15. A moratorium on new placements is the 4th of UNICEF’s top 9 recommendations for children in the Executive Summary of the 2013 State of the World’s Children Report. Recommendation #4 is: “End the institutionalization of children with disabilities, starting with a moratorium on new admissions. This should be accompanied by the promotion of and increased support for family based care and community-based rehabilitation.” UNICEF, State of the World’s Children 2013: Executive Summary, http://www.unicef.org/ sowc2013/files/SOWC2013\_Exec\_Summary\_ENG\_Lo\_Res\_24\_Apr\_2013.pdf [↑](#footnote-ref-15)
16. World Health Organization Regional Office for Europe, “European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families” (known as the Bucharest Declaration) para 5 [↑](#footnote-ref-16)
17. A/HRC/34/32 para 58. [↑](#footnote-ref-17)
18. CRPD/C/CZE/CO/1 [↑](#footnote-ref-18)
19. CRPD/C/GTM/ CO/1 para. 54 [↑](#footnote-ref-19)
20. The United Nations Office of the High Commissioner on Human Rights (OHCHR) has also called for a moratorium on the institutionalization of children. See A/HRC/34/32 para 58. [↑](#footnote-ref-20)
21. Eric Rosenthal, *supra* nota 8, p. 325 [↑](#footnote-ref-21)
22. The OCHCHR recognizes the close link between mental health and trauma. See A/HRC/34/32 para 52. [↑](#footnote-ref-22)
23. The Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health has reported that institutional care in early childhood has such harmful effects that it should be considered a form of violence against young children. See A/70/213, para. 73. See A/HRC/28/68 para 55 [↑](#footnote-ref-23)
24. A/HRC/34/32 para. 30 [↑](#footnote-ref-24)
25. A/HRC/28/68 para 16 [↑](#footnote-ref-25)
26. See Disability Rights International, ABANDONED AND DISAPPEARED: MEXICO’S SEGREGATION AND ABUSE OF CHILDREN AND ADULTS WITH DISABILITIES (2010), http://www.driadvocacy.org/wp-content/uploads/ Abandoned-Disappeared-web.pdf; Mental Disability Rights International, HIDDEN SUFFERING: ROMANIA’S SEGREGATION AND ABUSE OF INFANTS AND CHILDREN WITH DISABILITIES (2006), http://www.driadvocacy. org/wp-content/uploads/romania-May-9-final\_with-photos.pdf [↑](#footnote-ref-26)
27. A/HRC/28/68 [↑](#footnote-ref-27)
28. *Ibid.* para 51 [↑](#footnote-ref-28)
29. A/63/175, para. 49 [↑](#footnote-ref-29)
30. Eric Rosenthal, *supra* nota 8, p. 320. [↑](#footnote-ref-30)
31. A/HRC/28/68 para 33 [↑](#footnote-ref-31)
32. The former Special Rapporteur on Torture has observed that, “structural inequalities, such as the power imbalance between medical doctors and patients, exacerbated by stigma and discrimination, result in children with disabilities being disproportionately vulnerable to having informed consent compromised.” See A/HRC/28/68 para 33 [↑](#footnote-ref-32)
33. DRI (2015) No Justice; Twice Violated, After the Fire; Abandoned and Disappeared; etc. [↑](#footnote-ref-33)
34. Faith in Action Initiative, CHILDREN, ORPHANAGES, AND FAMILIES: A SUMMARY OF RESEARCH TO HELP GUIDE FAITH-BASED ACTION 6 (2014) [↑](#footnote-ref-34)
35. Eric Rosenthal *supra* nota 8; UNICEF, Children in Institutions: The Beginning of the End? (2003), v. [↑](#footnote-ref-35)
36. Carolyn Hamilton et al., “Administrative detention of children: a global report”, UNICEF and the Children’s Legal Centre, February 2011, p. 140. [↑](#footnote-ref-36)
37. A/HRC/28/68 para 55 [↑](#footnote-ref-37)
38. A/HRC/22/53, paras. 57 and 68 [↑](#footnote-ref-38)
39. CRPD Art. 14 [↑](#footnote-ref-39)
40. A/HRC/28/68 para. 70. The particular vulnerability of children detained in institutions “imposes a heightened obligation of due diligence on States to take additional measures to ensure their human rights to life, health, dignity and physical and mental integrity.” [↑](#footnote-ref-40)
41. A/HRC/28/68 para 72 [emphasis added] [↑](#footnote-ref-41)
42. Eric Rosenthal, *supra* nota 8, p. 329. Given the emotional trauma of separation from a family and the dangers of placement, as “a few days in an institution should be as long as children are asked to endure.” DRI Romania Report, p 21. [↑](#footnote-ref-42)
43. Eric Rosenthal, *supra* nota 8, p. 329. Given the emotional trauma of separation from a family and the dangers of placement, as Dr. Dana Johnson has observed, “a few days in an institution should be as long as children are asked to endure.” DRI “Hidden Suffering” (2006) Available at <https://www.driadvocacy.org/wp-content/uploads/romania-May-9-final_with-photos.pdf>. Dana Johnson, MD, PhD, is Professor of Pediatrics in the Division of Neonatology at the University of Minnesota. [↑](#footnote-ref-43)
44. A/HRC/28/68 para. 64 [↑](#footnote-ref-44)
45. *Ibid.* para. 71 [↑](#footnote-ref-45)
46. *Ibid.* para. 84 [↑](#footnote-ref-46)
47. *Ibid.* para. 84 [↑](#footnote-ref-47)
48. UN Human Rights Committee, CCPR General Comment No. 20: Article 7 (Prohibition of Torture or cruel, inhuman, or degrading treatment or punishment), U.N. Doc HRI/GEN/1/Rev.1 (Mar.10, 1992), paras. 11 & 28. [↑](#footnote-ref-48)
49. Eric Rosenthal, *supra* nota 8, p. 313 [↑](#footnote-ref-49)
50. CRPD/C/GTM/ CO/1 [↑](#footnote-ref-50)
51. CCCG, arts. 516-518. Article 517 specifies that “The judge will . . . designate the home or institution he/she is to be transferred to” and “[a]fterwards, it will mae the transfer effective to the home or institution designated.” While judges are not confined in the measures they may take for “abandoned incompetents,” the practice in Guatemala is to limit such measures to transfer to the Federico Mora institution. [↑](#footnote-ref-51)