

**WORLD PERSPECTIVES ON CHILD ABUSE**

**Sixth Edition**

**An Official Publication of the  
International Society for Prevention of Child Abuse and Neglect  
(ISPCAN)**

**Sponsored by:**

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**World Perspectives on Child Abuse:  
An International Resource Book  
Sixth Edition**

**Executive Summary**

**OVERVIEW**

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) initiated its *World Perspectives on Child Abuse: An International Resource Book* in 1992 as part of the Ninth International Congress on Child Maltreatment held in Chicago, Illinois. Since that time, five editions of this publication have been produced and released at subsequent bi-annual Congresses sponsored by ISPCAN. This document is the *Sixth Edition* in the series and is being released in conjunction with the 15<sup>th</sup> International Congress being held in Brisbane, Australia, September 2004. All of these efforts have sought to bring attention and understanding to the worldwide problem of child abuse and neglect and to highlight key differences and similarities across national policies in this area.

A key component of this series has been a mail survey of key informants identified by the ISPCAN leadership as being knowledgeable about child maltreatment issues within their respective countries. In the first survey (1992), there were 80 respondents representing 30 countries. In the second edition (1996), responses were obtained from 53 respondents representing 37 countries. Beginning with the third edition (1998) emphasis was placed on obtaining one key respondent from as many countries as possible, resulting in 47 of the 94 countries invited to participate being included in the database. In the fourth study (2000), 58 of the 105 countries invited were represented and in the fifth (2002) study 67 of the 115 countries invited were represented. The current edition requested data from 98 countries, of which 64 responded. While our sample of countries or respondents within countries is not consistent across all reporting periods, we believe this method does afford a useful comparison of conditions over time within a diverse set of countries with respect to the scope of child abuse and the varying ways in which different cultures and political systems respond to the challenge of child protection. In order to facilitate participation in this survey effort, the questionnaire was translated and available to potential respondents in French, Spanish, Russian and Arabic.<sup>1</sup>

Section I of the report includes a detailed summary of the survey data as well as general child well-being indicators maintained by a number of international health and child rights organizations (e.g., WHO, UNICEF). In order to further augment our understanding of the diversity in the child maltreatment response and to provide professionals greater access to emerging research and best practice internationally, two additional components have been incorporated into this edition of *World Perspectives*. Section II includes 20 commentaries on specific research projects or practice reforms underway in one or more of the sample countries. Authored by ISPCAN members and researchers from around the world, these commentaries provide rich descriptions of the various ways in which child maltreatment is defined and addressed worldwide. Section III includes a detailed annotated bibliography summarizing the content of key journal articles and government reports issued over the past two years. These descriptions report on research or practice reforms underway in over 17 countries.

**KEY FINDINGS**

The *Sixth Edition* represents a unique summary of the various ways in which child maltreatment is defined, measured and addressed in different regions of the world. Key findings emerging from the report are summarized below.

**Scope of the problem**

All but one of the countries surveyed consider sexual or physical abuse of a child by a caretaker to constitute child maltreatment. Other behaviors also frequently mentioned as abusive include children living on the street, child prostitution, abuse or neglect within foster care, and abandonment by parents or caretakers. In contrast to these areas of agreement, notable regional variation existed in the willingness to label other behaviors, such as failure to secure medical care based on religious beliefs, female circumcision and physical discipline. Interestingly, the behavior least often mentioned by respondents as being considered child abuse in their country was physical discipline. Only 46% of the respondents reported this behavior constituted abuse in their country.

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<sup>1</sup> In order to facilitate access to the report's key findings, this Executive Summary will also be available soon in French, Spanish, Russian and Arabic on ISPCAN's web site ([www.ispcan.org/wp](http://www.ispcan.org/wp)).

## Methods of surveillance

Respondents from most countries reported using one or more surveillance methods to monitor child abuse and neglect (CAN) cases or to examine the public's general awareness of child abuse. Overall, 68% of the countries have conducted population surveys, 67% have conducted public opinion polls, 57% maintain an official count of CAN cases, and 44% maintain official death records. Of the 36 respondents who reported that their country maintained official counts of all suspected CAN cases, most (86%) included all four types of abuse in their records (e.g., physical, sexual, neglect, and psychological maltreatment). To determine whether the number of countries conducting official surveillance has increased over time, we examined data from the 1992, 1998, and current surveys. While these data do suggest trends toward greater documentation, caution is warranted, as these trends might simply be a function of different samples of countries responding to each survey. Even with this limitation, however, these data provide some corroborating evidence of an increase in the use of formal surveillance methods to document child maltreatment cases.

## National child abuse policy characteristics

Overall, 81% of respondents ( $N = 52$ ) reported that their country has an official policy regarding child maltreatment. About one-third indicated that their countries had longstanding policies (i.e., pre-1980), and another 41% noted their countries established their policies between 1990 and 2000. Most respondents indicated that policies, once enacted, were rarely changed. Most of these policies included criminal penalties for abusing a child, and provisions for removing a child to protect them from further abuse. Interestingly, many respondents reported that their policies included the possibility of both mandatory *and* voluntary reporting of suspected cases. While no differences in the characteristics of child abuse policies were observed based on a country's developmental status, regional differences were observed. Compared to other regions, policies in African and Asian countries were more likely to contain voluntary as opposed to mandatory reporting systems, and were less likely to require a separate attorney or advocate for the child's interests.

## Common and promising interventions

Respondents were asked to report on the availability and adequacy of an array of services falling into one of three broad categories: parent intervention services, child intervention services, and general services. Respondents first indicated whether a service was available, and then indicated whether it was adequate in less than 50% of the country, 50% of the country, or more than 50% of the country. Overall, child or general services were more available than parent services; only two of the seven parent services were available in at least 55% of countries, as compared to all of the children's services and six of the eight general services. Parent intervention services most often mentioned by respondents were short-term hospitalization for mental illness (95%) and substance abuse related treatments (85%). Child intervention services most often mentioned were therapy programs for child victims of sexual (84%) and physical (82%) abuse. As for general services, respondents mentioned case management and services to help with meeting basic needs most often (81%).

Regional differences in the availability of services surfaced for all types. There was wide variation in the availability of parent services. Specifically, therapy programs for physically abusive parents and targeted home visits for new parents at-risk seemed to be more available in Europe (71% and 76%, respectively) than in Africa (18% and 10%, respectively). Children's services appeared more consistently available across regions, though the availability of group homes appears to be lower in Africa (46%) than the Americas (86%). Similar to parent services, there was great variability in the existence of general services. There were also differences by developmental status on the majority of these variables, all of which showed that respondents from developed countries reported a much richer array of services than respondents from developing countries.

Compounding the problem of limited availability for some services is that even for those services that are available they may not be adequately distributed throughout a country. For example, 91% of the respondents in developing countries reported that short-term hospitalization for mental illness was available; however, only 41% of respondents rated the capacity to provide this service to individuals in need as adequate in 50% or more of the country.

## Common prevention strategies

Respondents reported whether various child abuse prevention strategies were used in their country or not, and if so, whether the strategy was effective or not. To better understand a country's overall response, each prevention strategy was categorized as either an individual-level strategy that targets individual behaviors (e.g., professional

training, risk assessments, home-based services for at-risk parents, home visitation for new parents), or a community or systems-level strategy that targets a policy, system, or a population (e.g., prosecutorial methods, media campaigns, improving living conditions of families, increasing local services).

Results indicated that developed countries reported greater use of all strategies than developing countries, although not all differences were statistically significant. Developed countries were more likely to use the individual-level strategies of risk assessment, home-based services for at-risk parents, universal home visitation for new parents, and the community-level strategies of universal health care and access to preventive medical care than developing countries.

Regarding effectiveness, respondents from developed countries reported home-based services; universal home visitation; increasing local services; offering a system of universal health care and access to preventive medical care; and improving living conditions for families, to be more effective than respondents from developing countries. What seemed to work most effectively for developed and developing countries alike was professional training (97% of developed countries used this strategy and 79% rated it as effective; 84% of developing countries used it and 74% rated it as effective).

### **Barriers to expanding prevention efforts**

Respondents rated the significance of a number of possible barriers to CAN prevention for their country as (1) not a significant barrier, (2) somewhat significant or, (3) very significant. Barriers were examined individually, and we also classified each barrier into issues of a country's social conditions (e.g., limited government resources, poverty) or of a country's social norms (e.g., sense of family privacy, support for use of physical punishment). Overall, the most commonly cited barriers to prevention were limited resources, decline in family support, and a strong sense of family privacy.

There was substantial variation within regions for the social conditions items. European respondents rated extreme poverty, inadequate systems of basic health care or social services, and dependency on foreign investment low in terms of significance in limiting prevention efforts, whereas African respondents rated these issues as somewhat to very significant. As for social norms, regions were similar with one exception: respondents from Europe appeared less likely to report that the use of corporal punishment was significant in limiting prevention efforts compared to other regions.

### **Predictors of child well-being**

There are many factors that can reduce the prevalence of maltreatment, and that can enhance child well-being. To facilitate this discussion we examined those factors that best explained variation in each country's Under-Five Mortality Rate (U5MR). While not all early deaths of young children reflect abusive and neglectful situations, many do result from an unwillingness or inability of parents to adequately meet their children's basic needs. These deaths also reflect societal neglect and the failure of governments to place a sufficient priority on insuring adequate health care for children and support for their parents. As such, an increased emphasis on child maltreatment and its prevention might be expected to result in a reduction in early childhood mortality and morbidity. In addition to developmental status (which was noted as a significant predictor of the U5MR earlier), we examined the impact of a number of other variables that might be related to U5MR, including general public awareness of child abuse; the number of agencies that are active in their response to maltreatment; each country's social conditions and norms; the presence of official reporting procedures; and types of services available.

Interestingly, greater public awareness and a greater number of agencies active in responding to child abuse were not significantly related to U5MR. In contrast, there was a strong relationship between social context variables in that poorer social conditions (poverty, children living on their own, poorly developed systems of health care) and social norms (e.g., sense of family privacy, support for corporal punishment) were related to the U5MR. In addition, having a formal reporting policy and having a greater number of parent and general services in place were both highly correlated with U5MR.

Next, we examined those factors that were significant from the bivariate analysis using hierarchical linear regression to examine the effects of one factor in light of other factors. Because developmental status was highly correlated with social conditions (.72) we included only social conditions, which served as a rough proxy of developmental status. This multivariate model accounted for 64% of the variance in the U5MR and indicates that

even after controlling for the variance explained by social context (i.e., social conditions and norms), a reporting system and available services still account for significant variation in U5MR.

## **SUMMARY**

The survey findings and commentaries suggest expanded efforts are underway to address child maltreatment in all regions of the world. However, in many cases, such efforts are uneven in availability and quality. While much has been, and is being, learned about how to establish effective surveillance and response systems, it is clear that a significant number of children remain at high risk for experiencing violence and other negative outcomes. Children living in countries facing extreme economic hardship and social disruption are at particular risk. Our data also suggests that well-defined and broadly available parenting assistance and other supportive services can provide children, even those living in difficult circumstances, a greater level of protection. It is our hope that ISPCAN, through its members and National Partners, will be able to improve service availability and quality through its ongoing education and training programs and dissemination of best practices.