WORLD PERSPECTIVES ON CHILD ABUSE 2018

13TH EDITION

An official publication for the International Society for the Prevention of Child Abuse and Neglect

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About ISPCAN

Founded in 1977, International Society for the Prevention of Child Abuse and Neglect (ISPCAN) is the only multidisciplinary international non-profit organization that brings together a worldwide cross-section of committed professionals to work toward the prevention and treatment of child abuse, neglect and exploitation globally.

MISSION

To support individuals and organizations working to protect children from abuse and neglect worldwide.

OBJECTIVES

• To increase awareness of the extent, the causes and possible solutions for all forms of child abuse
• To disseminate academic and clinical research to those in positions to enhance practice and improve policy
• To support international efforts to promote and protect the Rights of the Child
• To improve the quality of current efforts to detect, treat and prevent child abuse
• To facilitate the exchange of best practice standards being developed by ISPCAN members throughout the world
• To design and deliver comprehensive training programs to professionals and concerned volunteers engaged in efforts to treat and prevent child abuse

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ERRORS AND OMISSIONS

The editors and authors have made every attempt to present accurate information. If a reader identifies an error or omission in the facts as presented, the reader is invited to submit a correction and explanation in writing to ISPCAN’s secretariat office for possible inclusion in future editions of this book.
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* Profile is included from World Perspectives on Child Abuse 2016; therefore,
question numbers may not correspond with the question numbers in the 2018
survey shown in Appendix F.

+ ISPCAN would like to thank and acknowledge all of the respondents who
contributed to the World Perspectives on Child Abuse 2018 survey in
Appendix D; however, only one profile could be chosen for publication.
Country Profiles

Country names preceded by an asterisk (*) indicate that the profile is from the World Perspectives on Child Abuse 2016, 12th Edition. These countries are indicated by a lighter blue tint on the map.

This 13th edition of *World Perspectives on Child Abuse* has been a collaborative effort, produced through the contributions of many individuals and organizations. We would like to recognize all those who contributed their in-kind support, including our ISPCAN members, Executive Councilors, Country Partners and professional colleagues.

A special thank you to the participants in our online survey who provided the portraits of child protection in their country, summarized in the profiles. We would also like to acknowledge UNICEF’s *State of the World’s Children* 2017 report, which continues to provide timely, reliable and comparable statistics.

We would also like to offer our gratitude to the members of our Advisory Committee for their invaluable assistance with refining the survey questionnaire, and consulting on the document. From our Executive Council, Des Runyan provided strategic guidance and consultation on public health indicators.

Since its inaugural publication in 1992, *World Perspectives on Child Abuse* has been released in conjunction with ISPCAN international congresses. ISPCAN is committed to disseminating current knowledge in the field of child maltreatment, including profiles of child protection policies and practice in many countries around the world.

### ADVISORY COMMITTEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution and Affiliations</th>
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<tr>
<td>Asher Ben-Arieh, PhD</td>
<td>The Haruv Chair for the Study of Child Maltreatment, Hebrew University of Jerusalem, Israel</td>
</tr>
<tr>
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</tr>
<tr>
<td>Lucia C.A. Williams, D. Sc. C. Psych.</td>
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</tr>
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</table>
Introduction

OVERVIEW

Since 1982, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) has published the *World Perspectives on Child Abuse* every two years, released in conjunction with our international congresses. This 13th Edition follows this tradition, released at our congress in Prague, Czech Republic, in September 2018. The title, *World Perspectives on Child Abuse*, suggests an ambitious goal. It is naturally difficult to cover the entire world and to capture what is happening related to child abuse and neglect or child maltreatment (CM) and child protection in all countries in any depth. Nevertheless, *World Perspectives* offers valuable glimpses of this problem in 88 countries across all world regions and provides information that hopefully many will find useful.

This 2018 edition of *World Perspectives* provides individual country profiles of CM and protection (including many countries that have not participated before), plus appendices which include information on country income levels, survey respondents, indicator data, the survey itself, and lists of international resources. In order to capture as many countries as possible with the most recent data, 14 countries that provided data in 2016 and not in 2018 were still included to make this a comprehensive catalogue of country profiles. Additionally, this edition captures several public health indicators: GDP, total population, % of population below the international poverty line, life expectancy, Under 5 mortality rate, and youth literacy rates (male/female) on each profile page to provide general reference points for each country.

In addition, two papers were volunteered for consideration and were found to fit well with the overarching goal of *World Perspectives*. The paper by Currie and colleagues offers a comprehensive view regarding corporal punishment and harsh verbal punishment in 36 countries. These data should be useful for guiding strategies to encourage alternative forms of discipline, and for assessing the effectiveness of efforts to counter the still-prevalent use of corporal and harsh verbal punishment. The second paper, by Ilyas and colleagues, includes case studies of innovative interventions to improve child protection taking place in Greece, Pakistan, and Portugal. The value of international collaboration in building systemic approaches regarding abused and neglected children are well demonstrated.

THE SURVEY

The 2016 *World Perspectives* survey was modified only slightly for this recent data collection. Respondents were given a link to complete the survey online. The development of the survey was guided by input from an international advisory committee convened for the purposes of collecting country-level data. The content took into account the circumstances considered to be CM in the
country, specific policies regarding CM, legal responses, services used to address CM, prevention strategies, and barriers to prevention. Data were gathered between September 2017 and February 2018. It is important to note that data on many of the issues may not have been available, requiring respondents to provide educated estimates.

**SAMPLE**

We obtained information from 88 countries with 14 countries in Africa, 11 in the Americas, 29 in Asia (including the Middle East), 31 in Europe, and three in Oceania. Countries were also categorized by income level using designations by the World Bank; 36 countries were high income, 41 middle income and 11 were low income. Another caveat is important: We relied on prior and newly identified respondents considered experts in their countries. They were encouraged to consult with colleagues when uncertain of an answer. That said, ISPCAN was unable to verify the accuracy of responses.

In conclusion, this report offers a somewhat representative view of the state of CM and child protection across many countries across the globe. It is evident that low-income countries face huge challenges, which compromise children’s well-being and protection. And yet, without equating the circumstances, it is fair to say once again that middle- and high-income countries are also grossly lacking in resources; much remains to be done for them, too, to invest in their young. Enough is known about the harm associated with CM to support a compelling argument for building societies that strengthen families, support parents/caregivers, and promote children’s health, development, and safety—as so doing should also help prevent CM.

**Howard Dubowitz, MD, MS, FAAP**
Editor
Former ISPCAN Councilor
Professor of Pediatrics and Director of the Center for Families
University of Maryland School of Medicine
ARTICLES OF INTEREST

In this section, contributors offer insight into key factors impacting the prevention and treatment of child abuse and neglect today.
Prevalence of Corporal Punishment and Harsh Verbal Punishment in 36 Countries

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INTRODUCTION

Corporal punishment of children is defined as ‘the use of physical force with the intention of causing a child to experience pain but not injury for the purposes of correction or control of the child’s behavior’ (Straus, 1994; Straus & Donnelly, 2005). Corporal punishment, also known as physical punishment, has been an accepted and nearly ubiquitous aspect of parenting behavior across varied cultures and historical periods (Crittenden, 2005), but multi-disciplinary research over the past several decades has raised questions about both the ethics of the practice and its ability to achieve the intended effects (Gershoff, 2002; Gershoff, 2016). Notably, corporal punishment is associated with a variety of negative outcomes, including aggression, antisocial behavior, and escalation to physical child abuse (Gershoff, 2002; Gershoff, 2010; Frechette, Zoratti, & Romano, 2015; Zolotor, Theodore, Change, Berkoff, & Runyan, 2008; American Academy of Pediatrics, 2007; Global Initiative to End Corporal Punishment, 2015). Research has also suggested that while corporal punishment may be effective in achieving immediate compliance, it is generally not successful in achieving the longer-term goal of moral internalization (Gershoff, 2010). In other words, while spanking may stop a child from engaging in an undesirable behavior, it may not help the child understand why that behavior was wrong or what a better choice could have been, and may not ultimately contribute to improving the child’s moral development. At the same time, human rights arguments have been advanced stating that children have the right to be free from all forms of violence regardless of whether or not the violent practice achieves its desired effects (UN General Assembly, 1989; MacMillan & Mikton, 2017). A recent summary of the literature regarding corporal punishment made the case that it is time to move beyond the spanking debate, on the basis that the relative harm and benefits of the practice is a settled issue and that it does more harm than good (Afifi & Romano, 2017).

Harsh verbal punishment, also called psychologically aggressive punishment, refers to the ‘use of psychological force with the intention of causing a child to experience emotional pain or discomfort for the purposes of correction or control of misbehavior’ (Straus & Field, 2003). Examples include shouting, yelling or swearing at a child, or calling the child stupid, dumb or lazy (Straus, M.A., 1997; UNICEF, 2010; Lansford & Deater-Deckard, 2012). While less well researched, this form of punishment has also been associated with poor outcomes including increases in externalizing behaviors (e.g. aggressive and delinquent behavior) and
depression in children (Wang & Kenny, 2014; Nelson, Hart, Yang, Olsen & Jin, 2006). In fact, the limited research on harsh verbal punishment suggests similar negative consequences to those of corporal punishment (Wang et al., 2014). While punishment, both physical and verbal, is meant to stop a child from behaving a certain way, effective non-violent discipline has been shown to help teach children positive behavior choices, and also help them to learn impulse control and moral internalization (Virginia Cooperative Extension, 2009). Effective discipline has also been found to help teach and guide children into developing their own self-discipline and sense of moral self, rather than simply forcing them to obey (Canadian Paediatric Society, 2004). Positive discipline, when implemented correctly, improves the decision-making ability of children as they develop (Canadian Paediatric Society, 2004).

As a form of violence against children, corporal and harsh verbal punishment violate Article 19 of the UN Convention on the Rights of the Child (UNCRC), which requires that “State Parties shall take all appropriate, legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence” (UN General Assembly, 1989; United Nations, 2012). This responsibility extends specifically to the practice of corporal punishment (United Nations, 2006). As of 2015, when Somalia ratified the treaty, every country in the UN has signed and ratified the Convention with the exception of the United States (UNICEF, 2015). The international community has also addressed the issue of harsh punishment of children via the United Nations Sustainable Development Goals (SDGs), specifically indicator 16.2.1, which aims to improve wellbeing by reducing the number of children subjected to corporal and harsh verbal punishment (United Nations, 2016).

Despite research finding detrimental outcomes and subsequent shifts in international law, both punitive practices remain relatively widespread internationally. Estimates of corporal punishment and harsh verbal punishment of 2- to 14-year old children by caregivers in the month prior to interview completion within a sample of 35 low- and middle- income countries (the MICS-3 [Multiple Indicator Cluster Survey, 3rd round]) demonstrated that more than 50% of children in each country were subject to some form of corporal or harsh verbal punishment (UNICEF, 2010). MICS-3 results also indicated that significant variation existed across countries; corporal punishment prevalence ranged from 38% in Bosnia and Herzegovina to almost 95% in Yemen. Likewise, estimates of harsh verbal punishment prevalence ranged from 12% in Albania to 93% in Yemen. Another study assessing 19 communities in 6 countries found that at least 55% (United States) and up to 89% (Rural Bhopal, India) of parents reported using corporal punishment, while at least 26% (United States) and up to 81% (Rural Lucknow, India) reported using harsh verbal punishment (Runyan, Shankar, Hassan, Hunter, Jain, Paula, et al. 2010).

While several studies have already assessed the prevalence of corporal and harsh verbal punishment in multiple countries, most used data collected before 2006 when the UN Committee on the Rights of the Child explicitly indicated corporal punishment was a violation of the Convention on the Rights of the Child. Since then, significant international movement has taken place in the legal arena; 36 more countries have banned corporal punishment, for a total of 53 (Global Initiative to End all Corporal Punishment of Children, 2018). The MICS-4 survey, which collected data from 2010 to 2013 (MICS Surveys, 2018; mics.unicef.org/surveys), provides recent estimates of violent punishment of children in a variety of countries. In addition, a total of six countries included in the MICS-4 survey had banned corporal punishment at the time that the data were collected, providing some post-ban corporal punishment prevalence estimates (Table 1). The aims of this study are to provide prevalence estimates of corporal punishment, harsh verbal punishment, and non-violent discipline as well as perceptions regarding corporal punishment in 38 regions in 36 countries that participated in the MICS-4. We characterize these estimates by world region and by the presence or absence of legislation prohibiting corporal punishment within countries.

**METHODS**

**Data Source And Study Sample**

This study utilizes cross-sectional data from a convenience sample of countries that voluntarily participated in the fourth round of the Multiple Indicator Cluster Surveys (MICS-4), a UNICEF-supported and national government administered survey on indicators
of child and household health. MICS is designed to assist countries in filling data gaps related to monitoring the situation of women and children across the globe; countries decide whether or not to participate in each round of the survey. Data collection and analytic guidance and assistance are provided to participating countries by UNICEF. Beginning with the MICS-3, a Child Discipline Module was included to measure child disciplinary practices in households around the world, including both violent and non-violent practices. This module was optional but was completed by 82 percent of countries participating in the MICS-4 (MICS Surveys, 2018; mics.unicef.org/surveys). A total of 34 countries with national samples completed the Child Discipline Module (Table 1), with an additional two countries collecting data within selected regions in the country (South Madagascar in Madagascar; West Papua and Papua in Indonesia). In countries that included both a subsample of the population as well as a national sample (e.g., a national Serbian sample and a sub-sample of the Serbian Roma community), only the national sample is included in this article. The sample size presented in Table 1 represents the number of households completing the household survey with an eligible child in the household (between the ages of 2-14 years).

**Sampling Strategy**

Within countries, a multistage stratified cluster sampling strategy was employed to obtain nationally representative samples and calculate weights to obtain national prevalence estimates (UNICEF, 2010). Households were stratified by region and urban/rural residence. Sampling strategies were similar across countries (UNICEF, 2010). Sample weights adjusting for the unequal probability of selection and response for each household were included in the MICS survey. Weights were based on households, rather than children; in order to calculate child-based weights for this study, household weights were multiplied by the number of children within the home ages 2-14 for all outcomes. This is consistent with a previous weighting strategy applied in an analysis of the MICS-3 survey data (UNICEF, 2010) and with current MICS analysis procedures.

**Child Discipline Measure**

The Child Discipline Module included in the MICS-4 was adapted from the Parent-Child Conflict Tactics Scale (CTSPC), which has been widely used internationally and reported in many published articles. A total of 11 of the original 22 CTSPC items were included, with binary (yes/no) responses for each item indicating whether it had been used by a caregiver in the previous month. The questionnaire was adapted to improve suitability in cross-cultural contexts, and to remove the potential need for mandatory reporting within countries based on the severity of some of the behaviors included in the initial scale (UNICEF, 2010). A list of the items included in the Child Discipline Module, as well as their categorization as corporal punishment, harsh verbal punishment, non-violent discipline, or perceptions regarding the need for corporal punishment are shown in Table 2.

**Statistical Analysis**

We estimated the country-level period prevalence of corporal punishment, harsh verbal punishment, and non-violent discipline within households in the past month, as well as the prevalence of each corporal punishment item. Prevalence estimates were calculated using complex survey sampling analysis procedures and were organized by world region as defined by UNICEF MICS-4 categories (MICS Surveys, 2018; mics.unicef.org/surveys). We also assessed whether corporal punishment was prohibited in the country at the time the data were collected. An indicator of whether or not corporal punishment was prohibited within countries was created based on the Global Initiative to End All Corporal Punishment of Children’s national categorizations of ‘prohibited in all settings’ versus all other categories (government committed to [but not yet legislated] full prohibition, prohibited in some settings [outside of the home], not fully prohibited in any setting) at the time of the MICS-4 survey (Global Initiative to End All Corporal Punishment of Children, 2018).
### TABLE 1
Countries Completing the Child Discipline Module, Multiple Indicator Cluster Survey, 4th Round (MICS-4)

<table>
<thead>
<tr>
<th>Region and Country</th>
<th>N</th>
<th>Year(s) of Data Collection</th>
<th>Corporal Punishment Prohibition*</th>
<th>Year of Prohibition</th>
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<td>2012</td>
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<td>3,334</td>
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<td>Lao People’s Democratic Republic</td>
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<td>Vietnam</td>
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RESULTS

A total of 254,109 households with a child between the ages of 2 and 14 were surveyed across 38 samples in 36 countries. National sample sizes ranged from 595 in St. Lucia to 27,919 in Iraq (Table 1). Most respondents endorsed at least one of the eleven child discipline items; only 1% (Togo) to 15% (Mongolia) did not endorse any item.

Non-Violent Discipline

In all countries surveyed, the vast majority of respondents reported using at least one form of non-violent discipline (e.g., explaining why behavior was wrong, giving child something else to do, or taking away privileges), ranging from 79% in Afghanistan to 97% in Belarus (Table 3). The median proportion of respondents endorsing a non-violent discipline item by world region was 95% in Central and East Europe, 94% in the Middle East and North Africa, 92% in East Asia and the Pacific, 92% in West and Central Africa, 89% in Central and South America, 89% in East and South Africa, and 85% in South Asia. However, the proportion who reported using only non-violent discipline was less than 50% in all cases, ranging from 49% in Costa Rica to 4% in Ghana. In general, countries in Eastern and Central Europe as well as Latin America and the Caribbean had the most respondents using only non-violent discipline, while those in Western, Central, and North Africa had the lowest rates.

Corporal Punishment

Corporal punishment remains relatively widespread globally, with over 50% of respondents in a majority of countries in this study reporting use of corporal punishment within the last month preceding the interview (Table 3). Both the perception that corporal punishment is necessary and the use of corporal punishment within the home differed widely across countries. The perception that corporal punishment is necessary to properly raise a child ranged from 2% in Uruguay to 83% in Swaziland.
In general, corporal punishment was most prevalent in Africa and the Middle East, followed by Asia and Central and South America, with Central and East Europe having the lowest rates. Median proportions of corporal punishment use by region were 78% in West and Central Africa, 73% in the Middle East and North Africa, 67% in Eastern and Southern Africa, 65% in South Asia, 55% in East Asia and the Pacific, 50% in Central and South America, and 37% in Central and Eastern Europe. Mongolia had the lowest rate at 25%, while the Central African Republic had the highest at 81%.

Table 4 lists the prevalence of specific corporal punishment behaviors within regions, listed in order of prevalence of the most severe item (beating the child up). In most countries, spanking or hitting the child on the bottom with a bare hand was the most commonly reported physical punishment, ranging from 15% in Mongolia to 57% in the Democratic Republic of Congo (Table 4). However, there were some notable exceptions in which other items were more frequently reported. For example, in Swaziland, spanking or hitting the child with an implement (e.g. brush, belt, stick) was much more common than spanking or hitting the child on the bottom with a bare hand (54% vs. 19%, respectively). In several countries (e.g. Indonesia [Papua and West Papua], Madagascar [South], Barbados, Saint Lucia), hitting or slapping the child on the hand, arm or leg was the most frequently reported corporal punishment. Beating the child up with an implement, the most severe of the items, was the least commonly endorsed, ranging from 0.03% in Serbia to 18% in Northeast Somalia. However, it is important to note that this item may also be the most likely to be subject to social desirability bias, in which the respondent gives what they perceive to be a socially desirable answer even if it is inaccurate.

**Harsh Verbal Punishment**

Harsh verbal punishment also remains relatively widespread; however, there is substantial variation across countries. At least 50% of respondents in all but four countries and up to 90% in Tunisia reported using this form of punishment (Table 3). Median proportions of those using harsh verbal punishment were 86% in the Middle East and North Africa, 82% in West and Central Africa, 71% in Eastern and Southern Africa, 71% in East Asia and the Pacific, 70% in South Asia, 62% in Latin America and the Caribbean, and 57% in Central and Eastern Europe. The prevalence of shouting or yelling at the child ranged from 27% to 88%, whereas that of calling the child dumb, stupid or lazy had a lower range, 7% to 60%.

**Patterns Across Outcomes**

There was a significant correlation between the proportion of respondents across countries endorsing corporal punishment and the perception that it is necessary to properly raise children (r=0.62, p<0.0001). In general, more caregivers reported using corporal punishment on their child than reported believing that corporal punishment was necessary to properly raise children (Table 3). However, there were some exceptions particularly in Eastern and Southern Africa, including Swaziland (where 66% of caregivers used corporal punishment while 83% believed it was necessary) and South Madagascar (65% and 71%, respectively). An even stronger positive correlation was found between reported use of corporal punishment and use of harsh verbal punishment (r=0.84, p<0.0001). No correlation was evident between the use of corporal punishment and the use of non-violent discipline (r=0.06, p=0.72). In general, harsh verbal punishment was more frequently used than corporal punishment, but here too there were some exceptions. For example, the prevalence of corporal punishment was slightly higher than harsh verbal punishment in Afghanistan (69% vs. 62%, respectively) and Chad (77% vs. 71%).

**DISCUSSION**

Despite some international legal momentum against corporal punishment and harsh verbal punishment over the last 15 years, harsh punitive practices remain relatively widespread across the world based on this sample of 36 countries. While the prevalence of non-violent discipline of children was consistently high across countries, significant variation exists in violent punitive practices of children in the home - across countries and world regions. The high prevalence of both non-violent discipline techniques as well
as violent punishment raises questions about whether or not non-violent discipline strategies are being utilized consistently and effectively. Ideally, if non-violent discipline is being used effectively, violent punishment would not be needed or used. Building the capacity of caregivers to utilize effective discipline strategies while discouraging violent punishment likely needs to occur concurrently. Harsh verbal punishment generally was more common than corporal punishment, especially ‘shouted, yelled or screamed at [the child]’. However, both forms of punishment were used by at least 25% of caregivers in each country.

The topic of corporal punishment prevalence is timely, given the increase in laws banning the practice; 53 countries having banned corporal punishment practice in all settings, including the home, as of April 2018 (Global Initiative to End All Corporal Punishment of Children, 2018). While the first country to ban it did so almost 40 years ago (Sweden in 1979), over half of the countries that have prohibited corporal punishment have done so since 2006. Lansford et al. (2017) recently compared the prevalence of corporal punishment and harsh verbal punishment in several countries that participated in two rounds of the MICS survey (MICS-3 and MICS-4), finding that corporal punishment use and perceptions that it was necessary persisted in some countries even after the bans, and suggesting that awareness campaigns and education on alternative forms of discipline may additionally be required. Similar to Lansford, we note that some countries that have banned corporal punishment nevertheless continue to have high rates of parent-reported corporal punishment. Togo prohibited corporal punishment in 2007 yet over 75% of respondents reported using some form of corporal punishment in the past month, which does not differ from the prevalence of just over 70% before legislation was passed (Lansford et al., 2017). However, it may be important to note that Togo does have a relatively low proportion of respondents reportedly using the most severe form of corporal punishment (beating the child up) compared to other countries in the region. Tunisia and the Republic of Moldova, which passed their laws in 2010 and 2008, respectively, used corporal punishment at comparable levels to other countries within their regions. In contrast, in Latin America and the Caribbean, the two countries with corporal punishment prohibition (Uruguay, since 2007; Costa Rica, since 2008) had the lowest reported rates of corporal punishment in that region.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Outcome Questionnaire Item</th>
</tr>
</thead>
</table>
| **Corporal Punishment** | 1) Spanked, hit or slapped him/her on the bottom with a bare hand  
2) Hit him/her on the bottom or elsewhere on the body with something like a belt, hairbrush, stick or other hard object  
3) Hit or slapped him/her on the hand, arm or leg  
4) Shook him/her  
5) Hit or slapped him/her on the face, head or ears  
6) Beat him/her up with an implement (hit over and over as hard as one could) |
| **Harsh Verbal Punishment** | 1) Shouted, yelled at or screamed at him/her  
2) Called him/her dumb, lazy or another name like that |
| **Non-Violent Discipline** | 1) Took away privileges  
2) Explained why something (child behavior) was wrong  
3) Gave him/her something else to do |
<p>| <strong>Perceptions about Need for Corporal Punishment</strong> | 1) Do you believe that in order to bring up (raise, educate) (name) properly, you need to physically punish him/her? |</p>
<table>
<thead>
<tr>
<th>Country</th>
<th>Corporal Punishment Prohibition*</th>
<th>Perception that Corporal Punishment is Necessary (%)</th>
<th>Corporal Punishment Use (%)</th>
<th>Harsh Verbal Punishment (%)</th>
<th>Nonviolent Discipline (any, %)</th>
<th>Nonviolent Discipline (only, %)</th>
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<tr>
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</tr>
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</table>
Our study is not able to assess any causal link between corporal punishment prohibition and prevalence. However, we can note that countries that have banned corporal punishment had similar rates to other countries in their region (with the exception of Latin America and the Caribbean). This is in contrast to previous studies of the effectiveness of laws banning corporal punishment. For example, one multi-country study in Europe found that corporal punishment was used less in countries with bans than those without, and that parents were less accepting of corporal punishment in countries with bans (Bussmann, Erthal, & Schroth, 2011). In Sweden, the first to ban corporal punishment, the practice was already infrequent at the time of prohibition (1979); support for the corporal punishment had already been declining well before the passage of the legislation (Zolotor & Puzia, 2010; Roberts, 2000). This suggests that these laws reflected a shift that had already occurred in public beliefs and values concerning corporal punishment. Longitudinal research will need to be completed comparing perceptions and behaviors before and after bans as they continue to be implemented in order to provide additional evidence for the hypothesis that such laws are largely a reflection of changing public values.

<table>
<thead>
<tr>
<th>Country</th>
<th>Corporal Punishment Prohibition*</th>
<th>Perception that Corporal Punishment is Necessary (%)</th>
<th>Corporal Punishment Use (%)</th>
<th>Harsh Verbal Punishment (%)</th>
<th>Nonviolent Discipline (any, %)</th>
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<td>44</td>
<td>65</td>
<td>75</td>
<td>86</td>
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</tbody>
</table>

*Indicates whether the practice had been banned in all settings at the time of data collection

†Selected districts

*Corporal punishment prevalence in Belarus may not be directly comparable to other countries as two items were not included

‡Prevalence estimates reflect use of at least one form of punishment or discipline in the home by any caregiver within the previous month
It seems unlikely that a law banning corporal punishment would have an immediate and dramatic effect in changing deeply rooted cultural beliefs and practices regarding punishment of children. In countries where harsh punishment is widely practiced, the legislation may set a new standard and with time help reduce the acceptance and practice of corporal punishment (Sunstein, 1996). Siraj (2010) presented two perspectives on the ‘study of the process or causal mechanism through which international human rights law brings about change in local justice’: the state-oriented perspective and the culture-oriented perspective. The state-oriented perspective assesses the impact of international human rights law by determining the extent to which it is successful in changing state institutions, via, for example, a national law. The culture-oriented perspective emphasizes cultural values rather than state institutions and holds that the application of human rights laws needs to be ‘remade in the vernacular.’ In other words, human rights need to be ‘translated into local terms and situated within local contexts of power and meaning.’ The human rights message about protecting children from violence may need to be applied to local images, symbols and stories with which local people are familiar in order to be most effective. One recently published example of incorporating cultural values into an effort to reduce corporal punishment includes an intervention about spanking in conservative Christian communities in the United States; declines in positive attitudes about spanking were highest when the intervention included progressive (non-violent) biblical interpretations of bible passages related to child discipline in addition to empirical research showing potential harms of the practice (Miller-Perrin & Perrin, 2017). Conflicts or gaps between universal legal principles and local practices can result in significant challenges in changing behavior within local contexts. Confronting harsh punishment of children, particularly in cultures where the practices remain normative, may require addressing the problem from both the state-oriented and culture-oriented perspective.

Consistent with literature at the individual-level, strong country-level correlations existed between the proportions of respondents using harsh verbal punishment and using corporal punishment (Roberto, Carlylye, & McClure, 2006). This suggests that there may be some shared cultural risk factors across forms of harsh punishment. There was also a significant correlation between the proportions of respondents using corporal punishment and believing that corporal punishment was necessary (UNICEF, 2010). While the correlation is statistically significant, it is important to note that, in line with other studies, there were discrepancies between perceptions and use of corporal punishment, with more caregivers using the practice than believing it is necessary (Lansford, Alampay, Al-Hassan, et al., 2010; Weinzettle, 2003). This may indicate that there are some parents who use corporal punishment while not believing it to be necessary. One reason that parents may use corporal punishment despite believing it unnecessary is that they are either not fully aware of or do not feel confident in their ability to carry out non-violent positive discipline alternatives. This would suggest that interventions aimed at increasing parenting skills related to non-violent discipline may be effective in reducing corporal punishment use, particularly among those who do not perceive that it is necessary. Another possibility is that parents may succumb to external norms or pressure related to punishment of children, and will use corporal punishment as the most culturally acceptable form of discipline or punishment. Either way, prevention efforts need to include both reducing the belief that corporal punishment is necessary as well as replacing harsh punishment with non-violent disciplinary practices.

Prevalence of corporal punishment and non-violent disciplinary practices were not correlated across countries. It is encouraging to note that significant majorities of respondents in all countries reported using at least one of the three non-violent disciplinary behaviors. This also indicates that the correlation across countries between corporal punishment and harsh verbal punishment is somewhat specific to harsh forms of punishment, rather than being indicative of a greater likelihood of disciplining or punishing children in general (e.g. generally exerting more firm control).

LIMITATIONS

This study has several limitations. The countries included are limited to those that chose to both participate in the MICS-4 survey and to administer the Child Discipline Module. Based on the voluntary convenience sampling framework, the countries included in this article are not likely representative of countries in their region. Also, some regions are more or less well represented.
## TABLE 4  
Corporal Punishment Item-Specific Prevalence by Country, MICS-4‡

<table>
<thead>
<tr>
<th>Country</th>
<th>Corporal Punishment Prohibition*</th>
<th>Shook child (%)</th>
<th>Spanked, hit or slapped child on bottom with bare hand (%)</th>
<th>Hit child with belt, brush, stick, or another hard object (%)</th>
<th>Hit or slapped child on the face, head or ears (%)</th>
<th>Hit or slapped child on the hand, arm or leg (%)</th>
<th>Beat child up as hard as one could (%)</th>
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</thead>
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than others. While various regions are described in this article, cultures within and across countries within regions are hardly homogenous. Another limitation is that the adaptation of the CTSPC makes comparing MICS results to studies that used the full original instrument difficult. Asking caregivers about potentially sensitive issues such as disciplinary practices is subject to social desirability bias, in which caregivers may incorrectly give what they perceive to be the socially desirable response to questions rather than accurately report their behavior. Therefore, it is likely that the prevalence of corporal punishment and harsh verbal punishment reported here are underestimates. This bias may be stronger in countries where corporal and harsh verbal punishment are less accepted or are prohibited. Recall bias may also be a problem; some parents may not remember whether they used a particular disciplinary practice in the past month.

**FUTURE DIRECTIONS**

The findings suggest that it is important to continue ongoing surveillance of corporal and harsh verbal punishment across the world to monitor trends, especially following prohibition. There is also a need for research assessing public awareness and support as well as implementation/enforcement efforts related to laws banning corporal punishment. Future research may also focus on innovative ways to convince communities to join the global movement against corporal and harsh verbal punishment,
and to increase the acceptability of applying international human rights law within countries by using familiar language, stories and examples (Siraj, 2010). Harsh verbal punishment has been less well studied than corporal punishment but improving the measurement of and developing strategies to reduce harsh verbal punishment are also important to achieving the United Nations Sustainable Development Goals and meeting international CRC obligations.

While our results indicate that caregivers in all countries in this study are equipped with some strategies to discipline their children in a non-violent manner, there is a need to develop, implement and evaluate strategies to help foster optimal approaches to discipline while discouraging violent punishment. Research should continue to inform targeted prevention efforts by identifying risk factors for corporal punishment and harsh verbal punishment, within and across countries (MacMillan and Mikton, 2017). Ongoing surveillance, case studies, qualitative studies, and observational and intervention studies assessing these factors may improve future prevention efforts to reduce the number of children subjected to harsh punishment in the spirit of the Convention on the Rights of the Child and the UN Sustainable Development Goals.

References


Building Systems to Address Child Abuse And Neglect: Successful Collaborations With International Partners

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INTRODUCTION

Child abuse and neglect (CAN) is a public health problem across the world (Hillis, Mercy, Amobi, & Kress, 2016). All nations and societies are dealing with relatively high rates of CAN, even if the prevalence has not been rigorously studied in many countries (Report of the independent expert, 2006; Wirtz et al, 2016; Guedes, Bott, Garcia-Moreno & Colombini, 2016; Cameron et al, 2018). When societies have not reached an understanding and awareness of the scope and impact of CAN on individual, communal, and societal wellbeing, efforts to develop national or regional systems of surveillance, evaluation, diagnosis, and management are hindered.

As a result, it is of paramount importance for leaders in the field of child protection to recognize the value in collaboration at both the national and international levels, combining grass roots and top-down efforts. In many countries academics, physicians, social workers, educators and law professionals lead the engagement of all sectors of the society including government to develop and implement systems of care.

Such leaders may conduct studies on the prevalence of CAN. These data can be useful in convincing policy makers and the public to implement a structured, funded, and culturally competent system to prevent, identify, report, address and litigate CAN (Agirtan et al, 2009).
This article outlines examples of three national case studies that successfully involved international collaboration to initiate national educational campaigns, a critical first step in galvanizing a response to CAN. Each team identified the “right champions” collaborating for child protection to guide professional entities in their country.

**GREECE**

Limited data indicate that under-recognition of CAN is a substantial problem in Greece. Since there was no structured medical education, registry, trained specialists, or hospital-based child protection teams, the executive director of a Greek non-governmental child abuse prevention organization, ELIZA, collaborated with a pediatric faculty member at the National and Kapodistrian University of Athens (NKUA) to explore how to implement a CAN systems response in Greece. In 2015, the executive director and the pediatrician reached out to two experts from the USA to conduct research on physical abuse diagnostic problems, develop a train-the-trainer curriculum on child physical abuse, and conduct nationwide workshops to implement this curriculum. They employed a hub and participating sites model, with the hub being the P. & A Kyriakou Children’s Hospital of Athens; participating sites included the other 11 academic pediatric departments in Greece. The participant trainees were volunteer physician leaders of their institution supported by their administration. The goals of the training were to raise professional awareness about physical abuse and transform clinical practices by establishing child physical abuse diagnostic teams in their hospitals.

A needs assessment survey was conducted at the hub in 2014-2015 to identify gaps in diagnostic processes related to child physical abuse due to lack of professional awareness. This assessment revealed that one out of five hospitalized children with fractures and one out of three hospitalized children with burns may have been abused and yet concern was not documented in the hospital record (Soldatou et al, 2017a; Soldatou et al, 2017b; Soldatou et al, 2017c). Most of the small group of cases evaluated for possible physical abuse was referred to the hospital by community agencies, not diagnosed by the hospital physicians.

The train-the-trainer model was conducted by the two US experts in collaboration with the core team of 19 volunteer physician leaders from all participating sites. The physicians were trained over 3 days. The training consisted of didactic lectures on: definition and epidemiology of CAN; general diagnostic approach to physical abuse; abusive head trauma; visceral trauma; fractures; skin injuries, burns and bruises; intimate partner violence; and clinical guidelines for the detection and management of suspected physical abuse. Pre- and post-training evaluation of the knowledge base of the trainees showed significant improvement (manuscript in preparation for publication). They were provided educational materials to train others upon completion of the course. Subsequently, 8 workshops for 1220 health care professionals caring for children took place in 7 cities. The attendees were recruited by the 19 leaders. The workshops that were conducted over a 6-hour period consisted of didactic lectures on the topics listed above.

In addition, a lecture on CAN has been added to the core curriculum of medical students at the NKUA and three cases of physical abuse have been presented to medical students, residents and staff physicians at the hub. The hub’s pediatric faculty has been invited as a speaker on CAN and childhood adversity to multiple local meetings. Most importantly, essential requirements on CAN have been added to the core competencies of pediatric residency programs nationwide.

Concurrently, the first hospital-based child protection team was established and given clinical space at the hub to recognize, assess, report, and treat CAN in an interdisciplinary and evidence-based manner. Hospital guideline to raise the index of suspicion and guide assessment and management of physical abuse was endorsed by the hospital administration at the hub and at two other sites. These three centers’ institutional review boards approved the implementation of the hospital procedure and relevant prospective collection of data on children with suspected physical abuse.
Barriers to further progress include reluctance from all participating sites to form their own child protection team. This may be due to the following reasons: a) the administration’s belief that CAN can be addressed by treating physicians without a multidisciplinary team, b) the lead physician not recognized as an expert in the field of CAN by their institutional administration, c) the lead physician not being designated to do child abuse work, c) the physician leader’s disinterest in research, limiting the development of a critical needs assessment and program evaluation, and d) resistance by some physicians to adopt a CAN clinical guideline to establish a culturally competent standard of care.

However, the train-the-trainer model succeeded in reaching out to many healthcare professionals all over Greece. Based on the same model, a new educational campaign on child physical abuse for nursing staff has recently begun. The first workshop at the hub trained 215 nurses. The first hospital-based child protection team was established at the hub and clinical guidelines have been adopted by three hospitals. Three studies have already been published/presented focusing on these interventions and more are in the manuscript writing phase. The hub and the US expert collaborators are considering replicating the same model to address other types of CAN, including sexual abuse.

Three main needs have emerged from the preliminary evaluation of this overall effort: a) the adoption of a clinical guideline by all participating sites, b) broad implementation of a child protection model of care similar to that implemented at the hub including professional continuing education on CAN, establishing child protection teams at hospitals, and utilizing standard clinical guidelines, and c) enhanced networking among sites. The hub leaders and U.S. collaborators hope that this initiative will promote collaboration among the academic teams and community agencies such as child protection services (CPS), law enforcement (LE) and prosecution as well as maintaining ongoing collaboration with international experts.

**PAKISTAN**

Child Rights Committee-Pakistan Pediatric Association (CRC-PPA) and Protection and Help of Children Against Abuse and Neglect (PAHCHAAN) started the first hospital child protection committee at Children’s Hospital, a large government hospital in Lahore in 2005. Within the next two years it expanded into five committees working in Lahore and Karachi. These committees consisting of volunteer pediatricians, nurses and physicians from other relevant disciplines were trained by CRC-PPA on early detection, assessment, reporting and case management of CAN through a multidisciplinary approach. With an ISPCAN grant this initiative expanded into 17 district and teaching hospitals in many cities across Pakistan. After the leaders attended an International Training Program of ISPCAN on “Multidisciplinary Response to CAN cases”, the Children’s Hospital of Lahore instituted the first hospital-based child protection unit (CPU) in South Asia in 2009 (Solberg, 2009).

After the grant period, however, due to lack of funding only the Children’s Hospital of Lahore CPU, now supported by the hospital administration, remained functional. This CPU detects, reports, treats, and helps manage 150-200 abused children annually in collaboration with PAHCHAAN and its pro bono lawyers. The CPU also conducts trainings to health care professionals, keeps a registry of all patients and through interns, provides health and safety education to families of children admitted to Children’s Hospital. An I-CATCH grant from the American Academy of Pediatrics in collaboration with a US-based child abuse pediatrician supported the development of a curriculum on CAN diagnosis and management. PAHCHAAN instructors then trained 400 nurses at the hospital. Subsequently, this training was incorporated into the nursing school curriculum that led to an additional 1000 nurses being trained over the last 6 years. These nurses are key to case-finding at the hospital.

ISPCAN presidents and other senior members have participated in national and international conferences in Pakistan since 1994. In 2017, the 1st South Asia Regional Conference on Child Rights organized in collaboration with ISPCAN was held at the University of Lahore (UOL) with more than 2000 participants from multiple disciplines. ISPCAN, End Child Prostitution and Trafficking (ECPAT) International, European Commission, Group Development France, Save the Children, UNICEF, and the British Council have supported PAHCHAAN and CRC-PPA in multiple projects helping marginalized children including street, run away, minority,
refugee, internally displaced, disabled and out of school children. Local collaboration with educational and other institutions, government and non-governmental organizations and networks has strengthened PAHCHAAN’s work, and through this partnership the UOL has established the first academic Child Rights Department (CRD-UOL) in Pakistan. It has educated more than 700 students in different disciplines regarding child rights and reached an additional 3000 students through its events - in less than two years. Thus, the educational campaign supported by ISPCAN and US child abuse pediatricians (i.e. nursing school curriculum and CRD-UOL program) had a significant impact in raising professional awareness and in establishing sustainable hospital based child protection teams.

CRC-PPA, leading 6 organizations, worked with the national government and developed a national policy and plan of action for children in 2006 (Status of action, 2011): However, fragmented, ad-hoc structures and limited capacities in the country, this plan has not been fully implemented. Yet, it has provided the foundation for developing a national child protection system, as a result of which ‘Child Protection and Welfare Act 2010’ was passed in one of the provinces. What was learned from the implementation of this act led to UNICEF advocacy to separate child protection from child welfare, allowing a new focus on establishing a public coordinated child protection case management and referral system to respond to cases of child abuse.


In 2018, an Inception Workshop was held with the members of the Parliamentary Special Committee on CAN, key child protection government representatives from each province, along with representation of the Provincial Child Protection Commissions, which included Departments of Health, Education, Labor, Law, Prosecution, Local Government, and Home and Planning and Development. At the Federal level, the Ministry of Human Rights, the National Commission for Human Rights and the Federal Ombudsman’s Office were represented. Two international consultants with experience in systems building on CAN in developing countries were also invited through UNICEF connections. The goal of this workshop was to help partners develop a plan of action on operationalizing the Acts that were passed in each province.

The first day was dedicated to an overview of Child Protection in Pakistan, with reference to international best practices on case management and referral systems. The participants focused on systemic approaches to child protection in Pakistan, explored the existing child protection legislative frameworks and the opportunities and challenges related to implementing the Acts passed by each province. The second day was dedicated to the operationalization of the tasks to pilot ‘Child Protection Case Management and Referral System’ in the two provinces.

As a result, over 50 leaders from both provinces, UNICEF, Oxford Policy Management (OPM) and a US expert identified sequential steps to accomplish the goals. The identified needs included a) a public awareness campaign, b) a professional awareness campaign, c) expanding/establishing services to address families’ needs, d) expanding and improving case management by CPS in collaboration with other agencies, and e) establishing hospital-based diagnostic centers.

Through these related initiatives, CRC-PPA, CRD-UOL, PAHCHAAN, UNICEF, and OPM, provincial and federal governmental agencies will create a pool of trained professionals in multiple disciplines and agencies serving children and families and with bilateral collaboration among community agencies and policy makers, a coordinated child protection system will be established in the country.

The leaders in Pakistan will continue working with international experts specifically in the establishment of hospital based child protection diagnostic and rehabilitation centers that will follow the US child advocacy center (CAC) and European Barnahus model. UNICEF will fund the training and the provincial governments will fund the hospitals to hire the necessary staff to run these
centers. Efforts are already underway by the government to establish national and provincial child right commissions which will coordinate, support and fund child protection initiatives including legislation, policy, capacity building, data collection, research and awareness raising. This ambitious plan will pave the way for implementing a comprehensive child protection system in Pakistan.

**PORTUGAL**

Over the last few years, abuse and neglect have gained renewed academic and professional interest in Portugal, because of increasing number of cases revealed to the public. Multiple campaigns, new policies and laws led to increased investment in the professional education to improve competency in this field.

The Law on Promotion and Protection of Children and Youth (amended in 2003 and 2015) improved the protection of child rights by providing the legal framework on establishing Commissions for the Protection of Children and Youth at Risk. These commissions then were able to protect 3377 abused and 7654 neglected children in 2016.

In 2007, the Portuguese Penal Code included physical or psychological maltreatment, corporal punishment, forceful confinement and sexual offenses and exposure of children to violence by their caregivers. This amendment has promoted the diagnosis of children in danger and their timely referral to protective, case management and treatment services. These services including financial support, behavioural health treatment, medical treatment, substance abuse and domestic violence intervention, were tailored to the needs of the families and children.

In 2008, the Ministry of Health guided health professionals in creating intervention procedures and protocols for abused and neglected children and their families. As a result, Centres to Support Children and Young People at Risk have been created in hospitals and family health units. These secondary prevention centres bring together hospital physicians, nurses and social workers, Department of Health representatives, and Child Protection Services representatives to assess and protect the health and wellbeing of children and families. In 2015, these centers provided 2836 children and their families with holistic diagnostic and referral services.

Since 2010, the National Institute of Legal Medicine and Forensic Sciences, within the Ministry of Justice, started a professional educational effort on how to respond to child physical and sexual abuse. In 2011, the Portuguese Society for the Study of Child Abuse and Neglect (SPECAN) drawing membership from this Institute and public and private universities was founded to promote research and training on CAN. SPECAN and its leaders collaborated with multiple international trainers and researchers in disseminating knowledge base to professionals through national and international conferences, workshops, hands-on courses, and publications.

The first book that came out of the above efforts was published in 2011, in collaboration with several experts in different countries. The chapters on CACs and on forensic interviewing were the impetus for establishing CACs in Portugal. While ongoing training was provided by the international instructors, a project was funded by the public Science and Technology Foundation on “Implementation of a Forensic Intervention Protocol for Child Victims, Witnesses and Offenders” (Peixoto, Ribeiro & Alberto, 2013). This enabled the National Institute of Child Health and Human Development to validate a forensic interview protocol (Peixoto et al, 2017). However, this protocol is still to be approved by policy makers to become part of sexual abuse diagnostic process to be widely used across the country. Grass roots efforts to convince policy makers of this need are ongoing. The Lanzarote Convention, ratified by Portugal in 2012, provides support by emphasizing states’ obligation to evaluate alleged sexual abuse in the best interest of a child (Carmo, 2013; Lanzarote Convention, 2007). Parallel to these efforts, a book published by SPECAN summarized the knowledge on how to create a national integrated response system to address child abuse and neglect (Magalhães et al, 2013). While professional knowledge regarding CACs has been greatly enhanced in Portugal, implementation of a national response system has still not been fully implemented, mostly due to political priorities and difficulty in changing certain legal procedures in the law enforcement and judicial arenas.
This paper summarizes success stories of implementing child protection responses systems in three countries, at various stages of completion. These three countries fall into different income levels; Greece and Portugal in high income group and Pakistan in lower-middle income group. In addition, Pakistan has been affected negatively with terrorist activities in addition to corruption in civil life, whereas, Portugal and particularly Greece have struggled with economic crises since the 2008 global recession. One common feature among all three countries is that governmental agencies tend to be silos with barriers to interagency collaboration. Governmental agencies are thus often last to participate in new initiatives.

Despite these barriers, all three countries have displayed strong leadership based in academic medicine - Pediatrics in Greece and Pakistan and forensic medicine in Portugal. These leaders using their international connections and national and international academic reputation engaged regional, national and international partners to initiate awareness-raising campaigns in their respective countries. This collaboration gradually engaged governmental, non-governmental civil, public, and academic organizations and institutions and led to expanded partnerships and professional training. Finally, team building efforts that succeeded in pioneering institutions in Greece and Pakistan have bolstered training via cross-training among different disciplines and agencies.

This model consisting of identifying champions, educational campaign, and collaborative approach has been shown to be effective in Turkey, South East Europe and other European countries, (Agirtan et al, 2009; Nica, 2016; PROMISE, 2017). It is of paramount importance to find the ‘right champion’ to lead child protection initiatives in any country where the work is in its early stages. Medical academic leadership in many low and middle income countries often have resources that other disciplines and governmental agencies may not have, such as more funding and skill sets involving teaching, research, service and program development - necessary elements for systems building in child protection. This adds credibility to the early champions, encourages others to join in, and can generate data government officials need to justify policy changes.

Following the common path of medical academic leadership in these three countries, they diverge in different directions: Pakistan has invested over several decades of working with academic leaders in child protection and NGOs, and they have managed to engage governmental officials. UNICEF in Pakistan, building upon previous work, has encouraged two state governments to take on financial and operational responsibility to establish exemplary child protection systems.

Greece is relatively new to multidisciplinary, interagency collaborative clinical practice in child protection. However, European culture, having key agencies and laws in place and very strong academic leadership contributed to the development of a pilot hospital-based CPU in a very short period of time. With ongoing training, case conferences, and interagency collaboration, it is highly likely that more teams will be established in Greek hospitals, and that all forms of CAN will be addressed.

Portugal has a very competent secondary CAN prevention system in place involving regional departments of health, pediatric practitioners and hospital social workers. This system empowers health care facilities and schools identify families at risk for abuse to intervene before CAN occurs. However, there are no child protection teams at hospitals to address the diagnostic needs of hospitalized victims of CAN; such cases as well as children who have been sexually abused are usually managed by forensic medicine physicians. Hence the system lacks a strong tertiary prevention function both for hospitalized victims of CAN and victims of sexual abuse.

To sum up, child protection systems building requires dedicated leadership, cultural competency, time, patience, flexibility and resources. Each country inevitably develops policies and practices that take into account their specific circumstances. Nevertheless, this article points to useful lessons learned, offering ideas that can be adapted in other countries.
References


SECTION TWO

COUNTRY PROFILES

The following profiles are based on information provided by knowledgeable professionals in each country. It is often difficult to capture the varying circumstances in a country, and ISPCAN was not able to verify the accuracy of the information. Nevertheless, it is hoped that each profile offers a useful snapshot of issues related to child protection in the country.

* Profile is included from World Perspectives on Child Abuse 2016; therefore, question numbers may not correspond with the question numbers in the 2018 survey shown in Appendix F.

+ ISPCAN would like to thank and acknowledge all of the respondents who contributed to the World Perspectives on Child Abuse 2018 survey in Appendix D; however, only one profile could be chosen for publication.

Items that are missing are due to no information being available or the information being unknown to the respondent.

N/A = not available or not answered
At the top of each Country Profile page, you will see six indicators that give a snapshot of conditions within that country that have an impact on the wellbeing of children. Definitions of these indicators are as follows:

**GROSS DOMESTIC PRODUCT (US$ BILLIONS)**

GDP represents the total value of all goods and services produced over a specific period of time. It is one of the primary indicators used to producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. Data are in current U.S. dollars.


**TOTAL POPULATION**

The population of each country is calculated based on data from the United Nations Population Division.


**POPULATION BELOW INTERNATIONAL POVERTY LINE OF US$1.90 PER DAY**

Poverty headcount ratio at $1.90 a day is the percentage of the population living on less than $1.90 a day at 2011 international prices. As a result of revisions in PPP exchange rates, poverty rates for individual countries cannot be compared with poverty rates reported in earlier editions.

Taiwan Source Only: http://www1.kmt.org.tw/english/
Kazakhstan Source Only: http://povertydata.worldbank.org/poverty/country/KAZ

**LIFE EXPECTANCY AT BIRTH**

Life expectancy at birth – Number of years newborn children would live if subject to the mortality risks prevailing for the cross section of population at the time of their birth.


**UNDER 5 MORTALITY RATE**

Under-5 mortality rate – Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.

Taiwan Source Only: https://www.sciencedirect.com/science/article/pii/S0929664609602370

**YOUTH LITERACY RATE (MALE/FEMALE)**

Youth literacy rate – Number of literate persons aged 15–24 years, expressed as a percentage of the total population in that group.

Albania

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

LAWs AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22)
- Yes

Year law established (Q23)
- After 2005

This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q43)
- Yes

Law/policies first established (Q44)
- After 2000

Government agency to respond to CM (Q41)
- Yes

Investigation conducted by (Q42)
- Social services
- Law enforcement

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q46)

Mandated periodic training for professionals who may encounter maltreated children
- Enforcement:
- Support:

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Yes

Gross domestic product (US$ billions)
- 13

Total population (thousands)
- 2,926

Population below int’l poverty line of US$1.90 per day
- 1%

Life expectancy at birth (years)
- 78

Under 5 mortality rate (per 1,000 births)
- 14

Youth (15-24 years) literacy rate (male | female)
- 99% | 99%

Average life expectancy of children born in 2017 – 78 years

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Average life expectancy of children born in 2017 – 78 years
### World Perspectives on Child Abuse 2018, 13th Edition

<table>
<thead>
<tr>
<th>Mandated reporting of suspected CM for all adults</th>
<th>Yes</th>
<th>Enforcement:</th>
<th>Inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support:</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>No</td>
<td>Enforcement:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Support:</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/ caretakers to ensure the child’s safety</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Enforcement:</td>
<td>Never or almost never enforced</td>
</tr>
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<td>Support:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>No</td>
<td>Enforcement:</td>
<td>Not applicable</td>
</tr>
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<td>Support:</td>
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<td></td>
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</tr>
<tr>
<td>Support:</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>No</td>
<td>Enforcement:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Support:</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>No</td>
<td>Enforcement:</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>No</td>
<td></td>
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<tr>
<td>Sectors included in required intersectoral response</td>
<td>(Q46)</td>
<td></td>
<td></td>
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<tr>
<td>Child protection</td>
<td></td>
<td></td>
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<tr>
<td>Law enforcement (police)</td>
<td></td>
<td></td>
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<tr>
<td>Health (e.g. forensic doctor or pediatrician)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education (teachers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td></td>
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</table>

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q13)</th>
<th>Yes</th>
</tr>
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<tr>
<td>Duration system in place (Q17)</td>
<td>&lt; 5 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q18)</td>
<td></td>
</tr>
<tr>
<td>• Physical abuse</td>
<td></td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Neglect</td>
<td></td>
</tr>
<tr>
<td>• Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q19)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No Change</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>No Change</td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 &amp; Q21)</td>
<td>Yes</td>
</tr>
<tr>
<td>Migrant and refugee children are not included in the reporting system.</td>
<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q25)</td>
<td></td>
</tr>
<tr>
<td>There is no such reporting system in place, which calculates the reports per 1000.</td>
<td></td>
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<tr>
<td>% of reported cases involving (Q26)</td>
<td></td>
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<tr>
<td>Physical abuse</td>
<td>46-60%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16-30%</td>
</tr>
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<td>Emotional (psychological) maltreatment</td>
<td>61-75%</td>
</tr>
<tr>
<td>Street children</td>
<td>0-15%</td>
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<tr>
<td>Abandoned children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
<tr>
<td>% of reported cases investigated (Q27)</td>
<td>0-15%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q28)</td>
<td>0-15%</td>
</tr>
<tr>
<td>% of substantiated cases in which (Q29)</td>
<td></td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Of children removed from home, how many live in (Q30)</td>
<td></td>
</tr>
<tr>
<td>Kinship care (with a family member)?</td>
<td>0-15%</td>
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<td>Foster care?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>0-15%</td>
</tr>
</tbody>
</table>
## Child Deaths

**Government maintains count of deaths due to CM (Q37)** Yes

**Over the past 10 years, the number of deaths due to CM has (Q40)** 0-15%

**Remained about the same**

**Annual rate of deaths attributed to CM (Q38)** < 1 in 100,000

**Of these deaths, % involving (Q39)**
- Physical abuse: 76-90%
- Neglect: 0-15%
- Sexual Abuse: 0-15%

**Autopsy performed by (Q32)** Coroner

**Country has child death review team(s) (Q34)** Don’t know

## Services

### Availability of services (Q49)

- Therapy for those who neglect a child: None
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: None
- Therapy for physically abused children: Occasional
- Therapy for those who sexually abuse a child: None
- Therapy for sexually abused children: Occasional
- Case management support services to meet a family’s basic needs: Occasional
- Home-based services to support parents and family: Occasional
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: None
- Public shelters for maltreated children: Occasional
- Public shelters for victims of domestic violence and their children: Occasional
- Institutional care for maltreated children: None
- Financial and other material support: None
- Hospitalization for mental illness for adults: Occasional
- Hospitalization for mental illness for children: Occasional
- Substance abuse treatment for parents: None
- Substance abuse treatment for children: Occasional
- Centers for parents to share experiences/concerns: No
- Universal home visits for all new parents: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: Occasional
- Universal health screening for children: Usually
- Universal, mostly free medical care for children: Usually
- Universal, mostly free medical care for all citizens: Occasional

### Involvement of community sectors in supporting CM prevention (Q56)

- Hospitals/medical centers: Moderately Involved
- Mental health agencies: Minimally Involved
- Businesses/factories: None
- Schools: Very Involved
- Public social service agencies: Very Involved
- Community-based NGOs: None
- Religious institutions: Minimally Involved
- Voluntary civic organizations: Minimally Involved
- Courts/law enforcement: Moderately Involved
- Universities: None

### Involvement of community sectors in supporting CM treatment (Q51)

- Hospitals/medical centers: Minimally Involved
- Mental health agencies: Minimally Involved
- Businesses/factories: None
- Schools: Very Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Very Involved

### Funding for CM prevention (Q52)

- Government: Minimal
- Non-government: Major

### Funding for CM treatment (Q53)

- Government: Non-government
- Non-government: Major

### Strategies used and thought to be effective in preventing CM (Q54)

- Media campaigns to raise public awareness
- Advocacy for children’s rights

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)

- Significantly

New legislation for child protection was approved in 2016. It is to fully enter into force in early 2018 since many agencies need bylaws and training.

### Major developments to address CM (Q73)

- Approval of the new law on Social Care and services
- Approval of the new Law on Child Rights and Child Protection
- Establishment of the National Child Helpline
## CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Occasionally</th>
<th>Often</th>
<th>Never</th>
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<tbody>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
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<td></td>
<td></td>
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<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
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<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**Albanian National Child Helpline (ALO 116)**

Rr. Rreshit Collaku  
Tirana, Albania 1001  
Telephone: 116111 dhe 116000  
Email: info@alo116.al  
Website: www.alo116.al  

Resources Provided: Phone and online counseling for children and families, referral services, school visits, etc.

**Children's Human Rights Centre of Albania (CRCA)**

Kutia Postare 1738  
Tirana  
Albania  
Telephone: +355 422 65741  
Email: info@crca.al  
Website: www.crca.al  

Resources Provided: Free legal services, family visits, training for professionals, research and information, community services, etc.
Algeria

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment** (Q9)
- Hitting a child anywhere else on the body with an open hand
- Putting something spicy, bitter, or salty in a child’s mouth
- Shaking a child
- Locking a child in a small space, such as a closet

**Social conditions and behaviors** (Q10)
- Infanticide
- Female circumcision/female genital mutilation
- Slavery

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- School or educational training center
- Street

**Parent or caregiver behaviors** (Q12)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation

**Laws and Policies Regarding CM**

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law established (Q23)</td>
<td>After 2005</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Child disappearance</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Child kidnapping</td>
<td>Don’t know</td>
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</tbody>
</table>

**National laws/policies regarding CM** (Q43)

<table>
<thead>
<tr>
<th>Laws/policies first established (Q44)</th>
<th>1980-1989</th>
</tr>
</thead>
</table>

**Government agency to respond to CM** (Q41)

<table>
<thead>
<tr>
<th>Investigation conducted by (Q42)</th>
<th>Law enforcement</th>
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**Elements in laws/policies** (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

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<td>Enforcement:</td>
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</table>
### Specific criminal penalties for maltreating a child

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>Enforcement</th>
<th>Widely enforced</th>
<th>Support</th>
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</tr>
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<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
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<td>Requirement that all perpetrators receive some form of service or intervention</td>
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### Penalties for professionals who fail to report CM

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<tr>
<th>Requirement</th>
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</tr>
</tbody>
</table>

### Clear definition of child neglect

- Yes

### Clear definition of child physical abuse

- Yes

### Clear definition of child sexual abuse

- Yes

### Clear definition of child emotional/psychological abuse

- Yes

### Clear definition of exposure to IPV

- Yes

### Sectors included in required intersectoral response

- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)

### OFFICIAL DOCUMENTATION OF CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Physical abuse</th>
<th>Don’t know</th>
<th>Sexual abuse</th>
<th>Don’t know</th>
<th>Neglect</th>
<th>Don’t know</th>
<th>Emotional (psychological) maltreatment</th>
<th>Don’t know</th>
<th>Street children</th>
<th>Don’t know</th>
<th>Abandoned children</th>
<th>Don’t know</th>
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</tr>
<tr>
<td>Change in no. of cases over past 4 years</td>
<td></td>
<td>Physical abuse</td>
<td></td>
<td>Sexual abuse</td>
<td></td>
<td>Neglect</td>
<td></td>
<td>Emotional (psychological) maltreatment</td>
<td></td>
<td>Street children</td>
<td></td>
<td>Abandoned children</td>
<td></td>
<td>Exposure to IPV</td>
<td></td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year</td>
<td>800 out of 10000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### CHILD DEATHS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Autopsy required when child’s death</th>
<th>Yes</th>
<th>Is unexpected?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM</td>
<td></td>
<td>Autopsy performed by</td>
<td></td>
<td>Forensic doctor</td>
<td></td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has increased</td>
<td>Don’t know</td>
<td>Autopsy must follow specific protocol</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM</td>
<td>Don’t know</td>
<td>Country has child death review team(s)</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Of these deaths, % involving</td>
<td>Don’t know</td>
<td>Team(s) supported by legislation</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Don’t know</td>
<td>Scope of team(s)</td>
<td></td>
<td>National</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Child Sexual Exploitation (CSE)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</td>
<td></td>
</tr>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>Don't know</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it's legal to be a sex worker</td>
<td>18</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>No</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>No</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>No</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>No</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM prevention (Q56)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Schools</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

### Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate Funding</td>
</tr>
<tr>
<td>Non-government</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment (Q53)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Major Funding</td>
</tr>
<tr>
<td>Non-government</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q70)

<table>
<thead>
<tr>
<th>Extent</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slightly</td>
<td></td>
</tr>
</tbody>
</table>

### Major developments to address CM (Q73)

- Community awareness of children’s rights
- Establish civil society organizations that are concerned with children
- Establishment of an official institution concerned with children’s rights
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Ministry of Education
Alger
Algeria
Website: http://www.education.gov.dz/fr/
Resources Provided: News and reports about the educational sector only

Réseau Algérien pour la défense des droits de l’enfants (NADA) / The Algerian Network for the Defense of the Rights of the Child
102 Didouche Mourad Street
Alger 16000
Algeria
Telephone: +213 23 49 12 02
Website: https://fr-fr.facebook.com/Reseau-NADA-Actions-Sociales-et-Solidaires-723158761042020/
Resources Provided: Defending children’s rights

United Nations International Children's Emergency Fund (UNICEF)
Mailing address:
BP No 420 Alger RP
Algiers 16000
Algeria
Physicial address:
25 Rue Mohamed Khoudi
El Biar
Algiers
Algeria
Telephone: 213 21 92 72 98 / 92 57 49
Fax: 213 21 92 57 51
Email: tdavin@unicef.org
Website: http://www.unicef.org/algeria/
Resources Provided: Reports and statistics
## Argentina

### Behaviors and Conditions Generally Viewed as Child Maltreatment

#### Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Shaking a child

#### Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Child serving as soldier
- Internet solicitation for sex
- Child marriage

### Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Religious institution
- Sporting organization

### Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Commercial sexual exploitation
- Abandonment
- Child exposed to parent’s substance use

### Laws and Policies Regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law established (Q23)</td>
<td>1990 – 2000</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td></td>
</tr>
</tbody>
</table>
| - Physical abuse
| - Sexual abuse
| - Neglect |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | |
| - Social services
| - Law enforcement
| - Court system
| - Health system |
| Elements in laws/policies (Q45) | |
| - Extent they are enforced (Q47) | |
| - Adequacy of government resources (Q48) | |
| Mandated periodic training for professionals who may encounter maltreated children | |

### Mandated reporting of suspected CM for specific groups of professionals or individuals

<table>
<thead>
<tr>
<th>Enforcement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Support:</td>
</tr>
<tr>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

### Mandated reporting of suspected CM for all adults

<table>
<thead>
<tr>
<th>Enforcement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Support:</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Provisions that allow for voluntary reporting of suspected CM by any professional or individual

<table>
<thead>
<tr>
<th>Enforcement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
</tr>
<tr>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Requirement that reports be investigated within a specific time period (e.g., 24 hours)

<table>
<thead>
<tr>
<th>Enforcement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widely enforced</td>
</tr>
<tr>
<td>Support:</td>
</tr>
<tr>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Requirement that an investigation be a coordinated intersectoral response

<table>
<thead>
<tr>
<th>Enforcement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widely enforced</td>
</tr>
<tr>
<td>Support:</td>
</tr>
<tr>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Requirement that the child(ren)’s and family’s needs be assessed

<table>
<thead>
<tr>
<th>Enforcement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
</tr>
<tr>
<td>Very inadequate</td>
</tr>
</tbody>
</table>
### Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

### Specific criminal penalties for maltreating a child
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

### Requirement that all victims receive some form of service or intervention
- Yes
- Enforcement: Inconsistent
- Support: Somewhat inadequate

### Requirement that all perpetrators receive some form of service or intervention
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

### Requirement of the development of specific prevention services
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

### Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Penalties for professionals who fail to report CM
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

### Provision of immunity from liability when reports are made in good faith
- No
- Enforcement: Never or almost never enforced
- Support: Don’t know

### Provision of a specific budget for preventing CM
- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

### Clear definition of child neglect
- Yes

### Clear definition of child physical abuse
- Yes

### Clear definition of child sexual abuse
- Yes

### Clear definition of child emotional/psychological abuse
- Yes

### Clear definition of exposure to IPV
- Yes

### Sectors included in required intersectoral response
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

### Government maintains count of suspected CM
- Yes

### Duration system in place
- 5 to 10 years

### Official labels for types of CM
- Physical abuse
- Sexual abuse

### Change in no. of cases over past 4 years
- Physical abuse: No Change
- Sexual abuse: More Cases
- Neglect: N/A
- Emotional (psychological) maltreatment: N/A
- Exposure to intimate partner violence (IPV): N/A

### Subgroups (e.g. refugees, Aboriginals) excluded from reporting system
- Yes

### Incidence rate of reported CM per 1000 children per year
- N/A

### % of reported cases involving
- Physical abuse: Don’t know
- Neglect: Don’t know
- Sexual Abuse: Don’t know
- Emotional Abuse: Don’t know
- Intimate Partner Violence: Don’t know

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>16-30%</th>
<th>16-30%</th>
<th>0-15%</th>
<th>Don’t know</th>
<th>Don’t know</th>
<th>Don’t know</th>
<th>Don’t know</th>
<th>Don’t know</th>
<th>0-15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emotional (psychological) maltreatment</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of reported cases investigated</td>
<td></td>
<td></td>
<td>0-15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of investigated cases substantiated</td>
<td></td>
<td></td>
<td>0-15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of substantiated cases in which</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td></td>
<td></td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td></td>
<td></td>
<td>0-15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td></td>
<td></td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of children removed from home, how many live in</td>
<td></td>
<td></td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinship care (with a family member)?</td>
<td></td>
<td></td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care?</td>
<td></td>
<td></td>
<td>Don’t know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphanages?</td>
<td></td>
<td></td>
<td>0-15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Hospital</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is unexpected?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy performed by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy must follow specific protocol</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country has child death review team(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team(s) supported by legislation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of team(s)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autopsy required when child’s death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy performed by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy must follow specific protocol</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Team(s) supported by legislation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scope of team(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SERVICES

**Availability of services (Q49)**

- Therapy for those who neglect a child: No
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: Occasional
- Therapy for physically abused children: Moderate
- Therapy for those who sexually abuse a child: No
- Therapy for sexually abused children: Moderate
- Case management support services to meet a family’s basic needs: Occasional
- Home-based services to support parents and family: No
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: Occasional
- Public shelters for maltreated children: Occasional
- Public shelters for victims of domestic violence and their children: Occasional
- Institutional care for maltreated children: Occasional
- Financial and other material support: No
- Hospitalization for mental illness for adults: Occasional
- Hospitalization for mental illness for children: Occasional
- Substance abuse treatment for parents: Occasional
- Substance abuse treatment for children: Occasional
- Centers for parents to share experiences/concerns: No
- Universal home visits for all new parents: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: Moderate
- Universal health screening for children: Moderate
- Universal, mostly free medical care for children: Usually
- Universal, mostly free medical care for all citizens: Usually

**Involvement of community sectors in supporting CM prevention (Q56)**

- Hospitals/medical centers: Minimally Involved
- Mental health agencies: None
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Minimally Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: Minimally Involved
- Voluntary civic organizations: Minimally Involved
- Courts/law enforcement: None
- Universities: Minimal

**Extent of policies for reporting CSE to public agency or NGO (Q58)**

- Somewhat

**Funding for CM prevention (Q52)**

- Government: Minimal
- Non-government: Minimal

**Funding for CM treatment (Q53)**

- Government: Moderate Funding
- Non-government: Moderate Funding

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government's response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extant that the UN CRC improved policies and programs concerning CM (Q57)**

- Somewhat

**Major developments to address CM (Q73)**

- Significant involvement of the media
- Universal children's economical support
- Universal children's health care

### CHILD SEXUAL EXPLOITATION (CSE)

- CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

- Extent that there are laws concerning CSE (Q56): Somewhat
- Extent of programs combating CSE (Q57): Not really
- Extent that agencies collaborate to stop CSE (Q58): Not really
- Extent of policies for reporting CSE to public agency or NGO (Q59): Somewhat
- Country keeps official records on CSE (Q60): No
- Commercial sex work (or prostitution) is legal (Q61): No
- Extent to which victims of CSE receive mental health care (Q63): Rarely
- Extent to which citizens who engage in CSE within the country are prosecuted (Q64): Rarely
- Extent to which citizens who engage in CSE abroad are prosecuted (Q65): Rarely
- Extent to which foreigners who engage in CSE within the country are prosecuted (Q66): Rarely
- Extent to which children who are exploited sexually are arrested (Q67): Rarely
- Arrests in the past year for engaging in sex trafficking of children (Q68): No
- Arrests in the past year for possession or production of child pornography (Q69): Yes
Agencies And Organizations For More Information On CM

▶ Asociación Argentina de Prevención del Maltrato Infanto-Juvenil (ASAPMI)
Av. Las Heras 3361 9 piso depot
43 Capital Federal
Argentina
Email: info@asapmi.org.ar
Website: www.asapmi.org.ar

ISPCAN Country Partner
ASAPMI brings together child protection professionals and organizations to develop interdisciplinary connections in support of the Convention on the Rights of the Child. It facilitates an ethical framework and protects the quality of life of professionals in the field of child abuse prevention.

▶ Asociación de Profesionales Latinoamericanos de Lucha contra el Abuso de Poder
Corrientes 4249
Buenos Aires
Argentina
Email: pilarvendrell@gmail.com
Resources Provided: They research different kinds of abuse, make public announcements about them, and encourage governments to protect victims.

▶ Centro Regional de Recursos para América Latina (CRRAL)
Central Argentinean Patagonia
Email: centrorecursosla@gmail.com
Website: http://centroderecursos.com.ar

ISPCAN Latin America Regional Resource Center
ISPCAN regional resource centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.
Armenia

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Forcing a child to beg
- Abuse by another child
- Internet solicitation for sex
- Child marriage
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** **(Q11)**
- Foster care, group home or orphanage
- School or educational training center
- Detention facility
- Religious institution
- Work place
- Law enforcement facility

**Parent or caregiver behaviors (Q12)**
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q22) | No |
| National laws/policies regarding CM (Q43) | No |
| Government agency to respond to CM (Q41) | Yes |

**Official Documentation of CM**

| Government maintains count of suspected CM (Q13) | No |
| % of reported cases involving (Q26) | 31-45% |
| Physical abuse | 31-45% |
| Sexual abuse | 16-30% |
| Neglect | 31-45% |
| Emotional (psychological) maltreatment | 0-15% |
| Abandoned children | 16-30% |
| % of reported cases investigated (Q27) | 46-60% |
| % of investigated cases substantiated (Q28) | Don’t know |
| % of substantiated cases in which (Q29) | 0-15% |
| Result in the perpetrator being removed from the home? | Lead to prosecution of the alleged perpetrator? | Don’t know |
| Result in the child being removed from the home? | 31-45% |
| Of children removed from home, how many live in | Kinship care (with a family member)? | 16-30% |
| | Foster care? | 0-15% |
| | Orphanages? | 16-30% |
### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>Yes</td>
</tr>
<tr>
<td>Autopsy required when child’s death (Q31)</td>
<td></td>
</tr>
<tr>
<td>Is unexpected?</td>
<td>No</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
<tr>
<td>Autopsy performed by (Q32)</td>
<td></td>
</tr>
<tr>
<td>Autopsy must follow specific protocol (Q33)</td>
<td>Yes</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q34)</td>
<td>No</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q35)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Services

<table>
<thead>
<tr>
<th>Availability of Services (Q49)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for neglected children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>No</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>No</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>No</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>No</td>
</tr>
</tbody>
</table>

### Involvement of Community Sectors in Supporting CM Prevention (Q51)

<table>
<thead>
<tr>
<th>Services</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>No</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderately Involved</td>
</tr>
</tbody>
</table>

### Funding for CM Prevention (Q52)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Minimal</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

### Funding for CM Treatment (Q53)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Minimal</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

### Strategies Used and Thought to Be Effective in Preventing CM (Q54)

- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)

### Services for Victims of Domestic Violence

<table>
<thead>
<tr>
<th>Services</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>No</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>No</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>No</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
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<td>Universal home visits for all new parents</td>
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<tr>
<td>Targeted home visits for new parents at-risk</td>
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<tr>
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<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>No</td>
</tr>
</tbody>
</table>

### Major Barriers to Preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC Improved Policies and Programs Concerning CM (Q70)

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive and negative developments:</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Deinstitutionalization of Childcare institutions and development of alternative care services for children in difficult life situation</td>
<td></td>
</tr>
<tr>
<td>Development of case managers institute which has the major responsibility for identifying and addressing child abuse and neglect cases in Armenia</td>
<td></td>
</tr>
<tr>
<td>Development of day care centers in community level</td>
<td></td>
</tr>
<tr>
<td>Lack of child-centered court system and lack of legal regulations and Law against all kind of domestic violence, as well as lack of referral mechanisms</td>
<td></td>
</tr>
</tbody>
</table>
## CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q56)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Not really</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**FAR Children’s Support Center Foundation**

Khorenatsi Street 22  
Yerevan  
Armenia 375010  
Telephone: +374 (60) 52-66-60  
Fax: +374 (10) 58-98-17  
Email: far@farusa.org  

**Ministry of Labor and Social Safety of RA, Department for Family and Child Protection**

Republic Square  
Government House 1  
0010 Yerevan  
Republic of Armenia  
Website: [www.gov.am](http://www.gov.am)  


Petros Adamyan St., 14 Building  
0010 Yerevan  
Armenia  
Telephone: +374-10 52 35 46 / 58 01 74 / 56 94 97 (ext. 101)  
Email: harakelyan@unicef.org  
Website: [www.unicef.org/armenia/](http://www.unicef.org/armenia/)  

Resources Provided: In Armenia, UNICEF is assisting the Government to address the gaps in the fulfillment of rights of all children, with a focus on the vulnerable and excluded. Our areas of work include young child and adolescent health and development, basic education, and child protection, with an emphasis on institutional support, social policy analysis, and communication for development that brings about a change in values, attitudes and perceptions, and creates an environment conducive for the realization of children’s rights.
Australia

1,323 Gross domestic product (US$ billions)
24,126 Total population (thousands)
– Population below int’l poverty line of US$1.90 per day
83 Life expectancy at birth (years)
4 Under 5 mortality rate (per 1,000 births)
– | – Youth (15-24 years) literacy rate (male | female)

Behaviors and Conditions Generally viewed as Child Maltreatment

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child experiencing intimate partner (or domestic) violence

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22)
Year law established (Q23)
This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to IPV

National laws/policies regarding CM (Q43)
Laws/policies first established (Q44)
Government agency to respond to CM (Q41)
Investigation conducted by (Q42)
• Social services

Law enforcement

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement:
Support:

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement:
Support:

Mandated reporting of suspected CM for all adults
Enforcement:
Support:
### Country Profiles: Australia

#### Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Requirement that an investigation be a coordinated intersectoral response
- Yes
- Enforcement: Inconsistent
- Support: Don't know

#### Requirement that the child(ren)'s and family's needs be assessed
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Provisions for removing child from his or her parents/caretakers to ensure the child's safety
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Provisions for removing the alleged perpetrator from the home
- No
- Enforcement: Don't know
- Support: Don't know

#### Specific criminal penalties for maltreating a child
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Requirement that all victims receive some form of service or intervention
- Yes
- Enforcement: Inconsistent
- Support: Don't know

#### Requirement that all perpetrators receive some form of service or intervention
- Yes
- Enforcement: Inconsistent
- Support: Don't know

#### Requirement of the development of specific prevention services
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Requirement that a separate attorney or advocate be assigned to represent the child's interests
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Penalties for professionals who fail to report CM
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Provision of immunity from liability when reports are made in good faith
- Don't know
- Enforcement: Don't know
- Support: Don't know

#### Provision of a specific budget for preventing CM
- Yes
- Enforcement: Inconsistent
- Support: Don't know

#### Requirement of the development of specific prevention services
- Yes
- Enforcement: Widely enforced
- Support: Don't know

#### Clear definition of child neglect
- Yes
- Enforcement: Don't know
- Support: Don't know

#### Clear definition of child physical abuse
- Yes
- Enforcement: Don't know
- Support: Don't know

#### Clear definition of child sexual abuse
- Yes
- Enforcement: Don't know
- Support: Don't know

#### Clear definition of child emotional/psychological abuse
- Yes
- Enforcement: Don't know
- Support: Don't know

#### Clear definition of exposure to IPV
- Yes
- Enforcement: Don't know
- Support: Don't know

#### Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court-appointed advocate)
- Advocacy bodies and therapeutic services

#### Official Documentation of CM

| Government maintains count of suspected CM (Q13) | Yes |
| Duration system in place (Q17) | > 10 years |
| Official labels for types of CM (Q18) | |
| - Physical abuse | |
| - Sexual abuse | |
| - Neglect | |
| - Emotional (psychological) maltreatment | |
| Change in no. of cases over past 4 years (Q19) | |
| Physical abuse | No Change |
| Sexual abuse | No Change |
| Neglect | No Change |
| Emotional (psychological) maltreatment | More Cases |
| Exposure to intimate partner violence (IPV) | Don't Know |

#### Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20) | No |

#### Incidence rate of reported CM per 1000 children per year (Q25) | 30.2 |

#### % of reported cases involving (Q26)
- Physical abuse | 16-30% |
- Sexual abuse | 0-15% |
- Neglect | 16-30% |
- Emotional (psychological) maltreatment | 31-45% |
- Street children | Don't know |
- Abandoned children | Don't know |
- Exposure to IPV | Don't know |

#### % of reported cases investigated (Q27) | 46-60% |

#### % of investigated cases substantiated (Q28) | 31-45% |

#### Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? | 46-60% |
- Foster care? | 31-45% |
- Orphanages? | 0-15% |

### Child Deaths

| Government maintains count of deaths due to CM (Q37) | No |
| Over the past 10 years, the number of deaths due to CM has (Q40) | Don't know |
| Annual rate of deaths attributed to CM (Q38) | Don't know |
| Autopsy required when child's death (Q31) | Don't know |
CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56)  Greatly
Extent of programs combating CSE (Q57)  Greatly

**SERVICES**

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Universities</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Moderate</td>
<td></td>
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<tr>
<td>Therapy for neglected children</td>
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<tr>
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<td>Usually</td>
<td></td>
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<tr>
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<td>Usually</td>
<td></td>
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<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
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<tr>
<td>Universal home visits for all new parents</td>
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<tr>
<td>Targeted home visits for new parents at-risk</td>
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<tr>
<td>Free/highly subsidized child care</td>
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<tr>
<td>Universal health screening for children</td>
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<tr>
<td>Universal, mostly free medical care for children</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
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<table>
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<tr>
<th>Involvement of community sectors in supporting CM prevention (Q56)</th>
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<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
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<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
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<tr>
<td>Businesses/factories</td>
<td>None</td>
<td></td>
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<tr>
<td>Schools</td>
<td>Moderately Involved</td>
<td></td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
<td></td>
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<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
<td></td>
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<tr>
<td>Courts/law enforcement</td>
<td>Moderately Involved</td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td>Moderately Involved</td>
<td></td>
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</table>

<table>
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<tr>
<th>Involvement of community sectors in supporting CM treatment (Q55)</th>
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</tr>
</thead>
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<tr>
<td>Voluntary civic organizations</td>
<td>Don’t Know</td>
<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimally Involved</td>
<td></td>
</tr>
</tbody>
</table>

**STRATEGIES used and thought to be effective in preventing CM** (Q54)

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Increasing individual responsibility for child protection
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

**Major barriers to preventing CM** (Q55)

- Limited resources for improving the government’s response to CM
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM** (Q70)  Significantly

**Major developments to address CM** (Q73)

- Royal Commission into institutional responses to child sexual abuse - final report is due imminently
- Royal Commission into the Protection and Detention of Children in the Northern Territory
### Country Profiles: Australia

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
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<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q62)</td>
<td>18</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Australian Institute of Family Studies (AIFS)**
  Level 4, 40 City Road
  Southbank Victoria 3006
  Australia
  Telephone: +61 3 9214 7888, Freecall from within Australia: 1800 352 275
  Fax: +61 3 9214 7839
  Website: https://aifs.gov.au/
  Resources Provided: AIFS is the Australian Government’s key research body in the area of family wellbeing, including child abuse and neglect. They provide access to a range of expert research reports, bi-annual conference, publications related to prevention and evaluation projects, practitioner resources and alerts to the latest information in the child, family and community welfare sectors.

- **National Association for Prevention of Child Abuse and Neglect (NAPCAN)**
  Mailing address:
  NAPCAN National Office
  PO Box K241
  Haymarket NSW 1240
  Australia
  Telephone: 02 8073 3300
  Fax: 02 9261 0020
  Email: contact@napcan.org.au
  Website: www.napcan.org.au

NAPCAN is committed to stopping child abuse by producing national campaigns and distributing free resources that promote positive and practical actions to stop child abuse. They work with federal, state government and non-government organisations to develop child protection legislation, policies & practices that are in the best interests of children.
Austria

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment** (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Burning a child deliberately
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors** (Q10)
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors** (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence

**Laws and Policies Regarding CM**

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<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>Yes</th>
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<tbody>
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<td>Year law established (Q23)</td>
<td>1990 – 2000</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
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<tr>
<td>National laws/policies regarding CM (Q43)</td>
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<tr>
<td>- Extent they are enforced (Q47)</td>
<td>Yes</td>
</tr>
<tr>
<td>- Adequacy of government resources (Q48)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Mandated periodic training for professionals who may encounter maltreated children
- **No**
  - Enforcement: Not applicable
  - Support: Not applicable

### Mandated reporting of suspected CM for specific groups of professionals or individuals
- **Yes**
  - Enforcement: Don't know
  - Support: Don't know

### Mandated reporting of suspected CM for all adults
- **No**
  - Enforcement: Not applicable
  - Support: Don't know

### Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- **Yes**
  - Enforcement: Don't know
  - Support: Don't know

### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- **No**
  - Enforcement: Not applicable
  - Support: Adequate

### Requirement that an investigation be a coordinated intersectoral response
- **No**
  - Enforcement: Not applicable
  - Support: Not applicable

### Requirement that the child(ren)'s and family’s needs be assessed
- **Yes**
  - Enforcement: Not applicable
  - Support: Not applicable

### Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
- **Yes**
  - Enforcement: Widely enforced
  - Support: Somewhat inadequate

### Provisions for removing the alleged perpetrator from the home
- **Yes**
  - Enforcement: Widely enforced
  - Support: Somewhat inadequate

### Specific criminal penalties for maltreating a child
- **Yes**
  - Enforcement: Widely enforced
  - Support: Don’t know

### Requirement that all victims receive some form of service or intervention
- **No**
  - Enforcement: Not applicable
  - Support: Somewhat inadequate

### Requirement that all perpetrators receive some form of service or intervention
- **No**
  - Enforcement: Not applicable
  - Support: Not applicable

### Requirement of the development of specific prevention services
- **No**
  - Enforcement: Not applicable
  - Support: Not applicable

### Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- **No**
  - Enforcement: Not applicable
  - Support: Not applicable

### Penalties for professionals who fail to report CM
- **Yes**
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

### Provision of immunity from liability when reports are made in good faith
- **Yes**
  - Enforcement: Inconsistent
  - Support: Don’t know

### Provision of a specific budget for preventing CM
- **No**
  - Enforcement: Not applicable
  - Support: Very inadequate

### Clear definition of child neglect
- **No**

### Clear definition of child sexual abuse
- **Yes**

### Clear definition of child emotional/psychological abuse
- **Yes**

### Clear definition of exposure to IPV
- **Yes**

### Government maintains count of suspected CM (Q13)
- **No**

### % of reported cases involving (Q28)
- Physical abuse: Don’t know
- Sexual abuse: Don’t know
- Neglect: Don’t know
- Emotional (psychological) maltreatment: Don’t know
- Street children: Don’t know
- Abandoned children: Don’t know
- Exposure to IPV: Don’t know

### % of reported cases investigated (Q27)
- Don’t know

### % of investigated cases substantiated (Q28)
- Don’t know

### % of substantiated cases in which (Q29)
- Result in the perpetrator being removed from the home? Don’t know
- Lead to prosecution of the alleged perpetrator? Don’t know
- Result in the child being removed from the home? Don’t know

### Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? Don’t know
- Foster care? Don’t know
- Orphanages? Don’t know

### Government maintains count of deaths due to CM (Q37)
- **No**

### Over the past 10 years, the number of deaths due to CM has (Q40)
- Don’t know

### Annual rate of deaths attributed to CM (Q38)
- Don’t know

### Autopsy performed by (Q32)
- Forensic doctor
- Coroner
- Hospital

### Autopsy required when child’s death (Q31)
- **Yes**

### Is unexpected?
- **Yes**

### Has an unclear cause?
- **Yes**

### Autopsy required when child’s death (Q31)
- **Yes**

### Country has child death review team(s) (Q34)
- **No**

### Autopsy performed by (Q32)
- Forensic doctor
- Coroner
- Hospital

### Autopsy required when child’s death (Q31)
- **Yes**

### Is unexpected?
- **Yes**

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- **Yes**

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- **No**
CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

**Extent that there are laws concerning CSE (Q56)**
- Greatly

**Extent of programs combating CSE (Q57)**
- Not really

**Availability of services (Q49)**

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<tr>
<th>Service Description</th>
<th>Government</th>
<th>Minimal</th>
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<tr>
<td>Substance abuse treatment for children</td>
<td>Usually</td>
<td>Usually</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Usually</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Usually</td>
<td>Usually</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Usually</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
<td>Usually</td>
</tr>
</tbody>
</table>

**Family and other material support**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Government</th>
<th>Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Minimally Involved</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM prevention (Q56)**

**Funding for CM prevention (Q52)**
- Government | Minimal |
- Non-government | Minimal |

**Funding for CM treatment (Q53)**
- Government | Minimal |
- Non-government | Minimal |

**Strategies used and thought to be effective in preventing CM (Q54)**
- Home-based services and support for parents at risk |
- Improving/increasing local services |
- A system of universal health care and access to preventive medical care |
- Improving the basic living conditions of families (e.g., housing, access to clean water) |
- Mental health services |
- Substance abuse services |
- Services for victims of domestic violence |

**Major barriers to preventing CM (Q55)**
- Limited resources for improving the government’s response to CM |
- Lack of specific laws related to CM |
- Lack of system to investigate reports of CM |
- Lack of trained professionals |
- Public resistance to supporting prevention efforts |
- Extreme poverty |
- Decline in family life and informal support systems for parents |
- Strong sense of family privacy and parental rights to raise children as they choose |
- General support for the use of corporal punishment/physical discipline of children |
- Lack of commitment or support for children’s rights |
- Lack of access to mental health services |
- Lack of substance abuse treatment |
- Lack of laws allowing sharing of information among professionals |

**Extent that the UN CRC improved policies and programs concerning CM (Q70)**
- Slightly

**Major developments to address CM (Q73)**

The Forensic Examination Center for Children and Adolescents (FOKUS) was established as pilot project at the Medical University of Vienna in 2015 with the main goal to support and optimize the processes of examination, documentation and protection of children and adolescents suspected of having suffered physical, sexual or psychological abuse as well as neglect. FOKUS services cover four main activities:

- To provide specific checklists and standard operating procedures.
- Lectures and training courses on child maltreatment, clinical and psychological examinations, securing of evidence and documentation.
- 24/7 on call service provided for all children’s hospitals in Vienna to support examination procedures and forensic documentation.
- Collaboration with youth welfare services, social services, law enforcement and state prosecution. [https://kinderklinik.meduniwien.ac.at/ forschung/fokus/](https://kinderklinik.meduniwien.ac.at/ forschung/fokus/)

**Extent that agencies collaborate to stop CSE (Q58)**
- Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q59)**
- Somewhat

**Country keeps official records on CSE (Q60)**
- No

**Commercial sex work (or prostitution) is legal (Q61)**
- Yes
### AUSTRIA

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at which it’s legal to be a sex worker (Q62)</td>
<td>18</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Institut für Ethik und Recht in der Medizin / Institute for Ethics and Law in Medicine**
  
  Spittelgasse 2-4, Hof 2.8  
  University Campus (Altes AKH)  
  A-1090 Vienna  
  Austria  
  Telephone: +43 (0) 1 4277 22201  
  Fax: +43 (0) 1 4277 9222  
  E-Mail: ierm@univie.ac.at, katharina.leitner@univie.ac.at  
  Website: http://www.ierm.at/  
  Resources Provided: University Institute for medical ethics as well as medical law at the University of Vienna in collaboration with the Medical University of Vienna

- **United Nations Office on Drugs and Crime (UNODC)**
  
  Vienna International Centre  
  P.O. Box 500  
  Wagramer Strasse 5  
  A1400 Vienna  
  Austria  
  Telephone: + (43) (1) 26060  
  Fax: + (43) (1) 263-3389

  Email: unodc@unodc.org  
  Website: https://www.unodc.org  
  Resources Provided: UNODC is a global leader in the fight against illicit drugs and international crime. Established in 1997 through a merger between the United Nations Drug Control Programme and the Centre for International Crime Prevention, UNODC operates in all regions of the world through an extensive network of field offices. UNODC is mandated to assist Member States in their struggle against illicit drugs, crime and terrorism.

- **Universitätsklinik für Kinder- und Jugendheilkunde / University Clinic for Pediatrics and Adolescent Medicine**
  
  Medical University of Vienna  
  Department of Pediatrics and Obstetrics  
  Währinger Gürtel 18-20  
  1090 Vienna  
  Austria  
  Telephone: +43 (0) 1 40400 - 32320  
  Fax: +43 (0) 1 40400 - 32380  
  Email: eva.theuer@meduniwien.ac.at  
  Website: http://kinderklinik.meduniwien.ac.at/  
  Resources Provided: University Clinic for Paediatrics at Vienna’s General Hospital, Medical University of Vienna
### Azerbaijan

#### Behaviors and Conditions Generally viewed as Child Maltreatment

- **Forms of acceptable punishment (Q9)**
  - Hitting a child on the buttocks with an open hand
  - Hitting a child on the buttocks with an object (e.g., shoe, belt)
  - Making a child stand or kneel in one place for more than 5 minutes

- **Social conditions and behaviors (Q10)**
  - Physical beating of a child by any adult
  - Child living on the street
  - Prostituting a child
  - Infanticide
  - Forcing a child to beg
  - Child serving as soldier
  - Child labor – under age 12
  - Slavery
  - Internet solicitation for sex
  - Child marriage
  - Torture for political reasons
  - Making a child responsible for an adult crime to lessen risk of prosecution

- **Abuse or neglect of a child within a (Q11)**
  - Foster care, group home or orphanage

#### Laws and Policies Regarding CM

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Year law established (Q23)</td>
<td></td>
<td>After 2005</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Physical abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Emotional (psychological) maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Exposure to IPV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Laws/policies first established (Q44)</td>
<td></td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q41)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Investigation conducted by (Q42)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Social services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Law enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elements in laws/policies (Q45)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Extent they are enforced (Q47)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q48)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td>Yes</td>
<td>Inconsistent Very inadequate</td>
</tr>
<tr>
<td>Enforcement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>Yes</td>
<td>Inconsistent Don't know</td>
</tr>
<tr>
<td>Enforcement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Yes</td>
<td>Inconsistent Don't know</td>
</tr>
<tr>
<td>Enforcement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
<td>Don't know</td>
</tr>
<tr>
<td>Enforcement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### National Statistics

- **41** Gross domestic product (US$ billions)
- **9,725** Total population (thousands)
- **1%** Population below int’l poverty line of US$1.90 per day
- **72** Life expectancy at birth (years)
- **31** Under 5 mortality rate (per 1,000 births)
- **100% | 100%** Youth (15-24 years) literacy rate (male | female)
### Country Profiles: Azerbaijan

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child’s safety</td>
<td>No</td>
<td>Never or almost never enforced</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Never or almost never enforced</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>No</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Status</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Yes</td>
<td>Never or almost never enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child’s interests</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>No</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>No</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sectors included in required intersectoral response</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Law enforcement (police)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health (e.g. forensic doctor or pediatrician)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Legal (e.g. prosecutor or court appointed advocate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education (teachers)</td>
<td></td>
<td></td>
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</tbody>
</table>

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place</td>
<td>5 to 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM</td>
<td></td>
</tr>
<tr>
<td>• Physical abuse</td>
<td></td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Exposure to intimate partner violence (IPV)</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>No Change</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No Change</td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>More Cases</td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system</td>
<td>Yes</td>
</tr>
<tr>
<td>Roma groups, refugees from out of the country</td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving</td>
<td></td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has</td>
<td>Decreased</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Autopsy required when child’s death</td>
<td></td>
</tr>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
SERVICES

Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>No</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Occasional</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Occasional</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>No</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>No</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Occasional</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q54) | Greatly

Extent of programs combating CSE (Q57) | Somewhat

Extent that agencies collaborate to stop CSE (Q58) | Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59) | Somewhat

Country keeps official records on CSE (Q60) | Yes

Commercial sex work (or prostitution) is legal (Q61) | No

Extent to which victims of CSE receive mental health care (Q63) | Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q64) | Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Don’t know
Extent to which children who are exploited sexually are arrested (Q67) Don’t know

Arrests in the past year for engaging in sex trafficking of children (Q68) Yes
Arrests in the past year for possession or production of child pornography (Q69) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

<table>
<thead>
<tr>
<th>Azerbaijan Child Helpline Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baku</td>
</tr>
<tr>
<td>Azerbaijan</td>
</tr>
<tr>
<td>Resources Provided: Helpline, counseling, referral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Committee for Family Children and Women Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baku</td>
</tr>
<tr>
<td>Azerbaijan</td>
</tr>
<tr>
<td>Resources Provided: Helpline, statistics</td>
</tr>
</tbody>
</table>
Bangladesh

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q8)
• Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
• If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
• If the action is by someone other than a parent (e.g. a babysitter or teacher)

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture, for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• School or educational training center
• Religious institution

Parent or caregiver behaviors (Q12)
• Physical discipline (e.g., spanking, hitting to correct child’s behavior)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q21) No
This law applies to (Q23)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment

National laws/policies regarding CM (Q42) No
Government agency to respond to CM (Q40) No
Investigation conducted by (Q41)
• Law enforcement

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) No
Duration system in place (Q16) < 5 years
Official labels for types of CM (Q17)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q18)
Physical abuse
Sexual abuse
Neglect
Emotional (psychological) maltreatment
Exposure to IPV
More Cases
Fewer Cases
No change
No change

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q19 & 20)
Refugees from Myanmar
Incidence rate of reported CM per 1000 children per year (Q24) ~1/4
% of reported cases involving (Q25)
Physical abuse 31-45%
Sexual abuse 0-15%
Neglect 76-90%
Emotional (psychological) maltreatment 76-90%
Street children 76-90%
Abandoned children 31-45%
Exposure to IPV Don’t know

250 Gross domestic product (US$ billions)
162,952 Total population (thousands)
19% Population below int’l poverty line of US$1.90 per day
72 Life expectancy at birth (years)
34 Under 5 mortality rate (per 1,000 births)
91% | 94% Youth (15-24 years) literacy rate (male | female)
% of reported cases investigated (Q26) 31-45%
% of investigated cases substantiated (Q27) 31-45%
% of substantiated cases in which (Q28)
  Child removed 0-15%
  Perpetrator removed 16-30%
  Alleged perpetrator prosecuted 16-30%

% of children placed outside of home due to CM (Q29) 16-30%
Of children removed from home, how many live in (Q30)
  Kinship care (with family) 0-15%
  Foster care 0-15%
  Orphanages 16-30%

% of children placed outside of home due to CM (Q29) 16-30%
Of children removed from home, how many live in (Q30)
  Kinship care (with family) 0-15%
  Foster care 0-15%
  Orphanages 16-30%

Government maintains count of deaths due to CM (Q36) No
Over the past 10 years, the number of deaths due to CM has (Q37) Increased
Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Of these deaths, % involving (Q39)
  Physical abuse 76-90%
  Neglect 0-15%

Sexual abuse 31-45%
Autopsy required when child’s death (Q31) Yes
Autopsy must follow specific protocol (Q32) Yes
Country has child death review team(s) (Q33) No

Availability of services (Q48)
- Hospitals/medical centers Minimal
- Mental health agencies Minimal
- Businesses Minimal
- Schools None
- Public social services agencies None
- Community-based NGO’s Moderate
- Religious institutions None
- Voluntary civic organizations Minimal
- Courts/law enforcement None
- Universities None

Funding for CM prevention (Q51)
- Government None
- Non-government Major

Funding for CM treatment (Q52)
- Government Moderate
- Non-government Major

Strategies used and thought to be effective in preventing CM (Q53)
- Professional training
- Child death review teams

Major barriers to preventing CM (Q54)
- Lack of specific laws related to CM
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q69) Somewhat
Major development to address CM (Q72)
• Only trials have been ensured in recent cases, and victims are getting immediate justice.

### CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th></th>
<th>Extent to which citizens who engage in CSE within the country are prosecuted (Q63)</th>
<th>Extent to which citizens who engage in CSE abroad are prosecuted (Q64)</th>
<th>Extent to which foreigners who engage in CSE within the country are prosecuted (Q65)</th>
<th>Extent to which children who are exploited sexually are arrested (Q66)</th>
<th>Extent to which victims of CSE receive mental health care (Q62)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</td>
<td>Somewhat</td>
<td>Rarely</td>
<td>Rarely</td>
<td>Rarely</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent that there are laws concerning CSE (Q55)</td>
<td>Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q56)</td>
<td>Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q57)</td>
<td>Somewhat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q58)</td>
<td>Greatly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q59)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q60)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at which it's legal to be a sex worker (Q61)</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q67)</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q68)</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Belarus

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the buttocks with an object (e.g., shoe, belt)
• Hitting a child on the head or face with an open hand

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution

Laws and policies regarding CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported</td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established</td>
<td>1990 – 2000</td>
</tr>
<tr>
<td>This law applies to</td>
<td>Yes</td>
</tr>
<tr>
<td>Law/policies first established</td>
<td>1990-2000</td>
</tr>
<tr>
<td>Government agency to respond to CM</td>
<td>Yes</td>
</tr>
<tr>
<td>Investigation conducted by</td>
<td>Law enforcement</td>
</tr>
<tr>
<td>Elements in laws/policies</td>
<td>Yes</td>
</tr>
<tr>
<td>Mandated periodic training for professionals</td>
<td>No</td>
</tr>
<tr>
<td>who may encounter maltreated children</td>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
</tr>
</tbody>
</table>

54 Gross domestic product (US$ billions) 73 Life expectancy at birth (years)
9,480 Total population (thousands) 4 Under 5 mortality rate (per 1,000 births)
0% Population below int’l poverty line of US$1.90 per day 100% Youth (15-24 years) literacy rate (male | female)
Mandated reporting of suspected CM for specific groups of professionals or individuals  Yes
Enforcement: Inconsistent
Support: Don't know

Mandated reporting of suspected CM for all adults  Yes
Enforcement: Inconsistent
Support: Don't know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that the child(ren)'s and family's needs be assessed Yes
Enforcement: Inconsistent
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety Yes
Enforcement: Never or almost never enforced
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Widely enforced
Support: Very inadequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Widely enforced
Support: Don't know

Requirement that all victims receive some form of service or intervention No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement of the development of specific prevention services No
Enforcement: Never or almost never enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests No
Enforcement: Never or almost never enforced
Support: Very inadequate

Penalties for professionals who fail to report CM Yes
Enforcement: Widely enforced
Support: Don’t know

Provision of immunity from liability when reports are made in good faith No
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of a specific budget for preventing CM No
Enforcement: Never or almost never enforced
Support: Very inadequate

Clear definition of child neglect Yes
Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse No
Clear definition of exposure to IPV No

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Mental health (psychologists)

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect

Change in no. of cases over past 4 years (Q19)

<table>
<thead>
<tr>
<th>Category</th>
<th>More Cases</th>
<th>Fewer Cases</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No

Incidence rate of reported CM per 1000 children per year (Q25) 1.1 per 1000
% of reported cases involving (Q26)

<table>
<thead>
<tr>
<th>Category</th>
<th>% of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>16-30%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>16-30%</td>
</tr>
<tr>
<td>Neglect</td>
<td>46-60%</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Don't know</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)

% of reported cases investigated (Q27) 46-60%
% of investigated cases substantiated (Q28) 76-90%
% of substantiated cases in which (Q29)

<table>
<thead>
<tr>
<th>Event</th>
<th>% of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>76-90%</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>76-90%</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>0-15%</td>
</tr>
</tbody>
</table>

Of children removed from home, how many live in (Q30)

<table>
<thead>
<tr>
<th>Type</th>
<th>% of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship care (with a family member)?</td>
<td>31-45%</td>
</tr>
<tr>
<td>Foster care?</td>
<td>46-60%</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>0-15%</td>
</tr>
</tbody>
</table>
### CHILD DEATHS

**Government maintains count of deaths due to CM (Q37)**  
No

**Over the past 10 years, the number of deaths due to CM has (Q40)**  
Don't know

**Annual rate of deaths attributed to CM (Q38)**  
Don't know

**Of these deaths, % involving (Q39)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Don't know</td>
</tr>
<tr>
<td>Neglect</td>
<td>Don't know</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Autopsy performed by (Q32)**  
Forensic doctor

**Autopsy must follow specific protocol (Q33)**  
Yes

**Country has child death review team(s) (Q34)**  
No

**Sexual Abuse Don't know**

**Neglect Don't know**

**Physical abuse Don't know**

**Emotional Abuse Don’t know**

**Intimate Abuse Don’t know**

**Autopsy required when child’s death (Q31)**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Available services (Q49)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>No</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Occasional</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>No</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Moderate</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM (Q54)**

- Media campaigns to raise public awareness
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Mental health services

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- Generally inadequate and poorly developed systems of basic health care or social services
- Lack of access to mental health services
- Lack of substance abuse treatment

**Funding for CM prevention (Q52)**

- Government  
  - No Funding
- Non-government  
  - Minimal

**Funding for CM treatment (Q53)**

- Government  
  - Minimal
- Non-government  
  - Minimal

**Extant that the UN CRC improved policies and programs concerning CM (Q70 & Q71)**

The UN CRC, and the mechanism of alternate reporting to the UN Committee on the Rights of the Child allowed civil society of Belarus lead by Ponimanie (supported by Child Rights Connect, and CCWF) to build comprehensive national agenda in area of protection children for CM in 2012-2016, and 2017-2021.
Major developments to address CM (Q73)
- In 2013-PT all honest professional community and civil society of Belarus fights the world biggest case of child sexual abuse with over 10,000 boy-victims. Due to involvement of top state functionaries, and gender-sensitiveness this case is both under fire by the Government (defragmenting and destroying the case) and the UN local office, and some minority organized groups. Though this case is not about “homosexual pedophilia” like they try to represent, this is about Child Sexual Abuse and misuse of power by the Government and the UN.
- The US Department of State publishes State of Human Rights Report every year. In 2016, The State of Human Rights Report on Belarus was including 1 positive page among 55 pages of hard criticism. This page is about Child Abuse, where Ponimanie was not named, and its shame on experts built the Report, but everything mentioned on that page was done by Ponimanie with support of its local, and international partners.
- In 2014 Ponimanie was recognized with ISPCAN Multidisciplinary Team Award for the achievements in protection children from abuse and neglect, and establishment the United Child Protection Model - followed then by highly developed countries of the Globe within “integrated services approach”. In 2016-2017 Founder of Ponimanie Mr. Andrey Makhanko was recognized with The Donald Fridley Memorial Award for Excellence in Training and Mentoring, The USAID Certificate of Recognition for Implementation of the US Experience to Protect children from violence in Belarus (though better to recognize Vs - developed by Makhanko Belarusian technologies and experience used to protect US children from violence), and the State of California Senate Certificate of Recognition of Outstanding Achievements. Mr. Makhanko is included at Who is Who Belarus, 2016, after proposal by the Ministry of Justice of Belarus, and he was nominated for a number of other prestigious international awards.

CHILD SEXUAL Exploitation (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q68) Somewhat
Extent of programs combating CSE (Q57) Not really
Extent that agencies collaborate to stop CSE (Q68) Not really
Extent of policies for reporting CSE to public agency or NGO (Q59) Greatly
Country keeps official records on CSE (Q60) Yes
Commercial sex work (or prostitution) is legal (Q61) No
Extent to which victims of CSE receive mental health care (Q63) Rarely

Extant to which citizens who engage in CSE within the country are prosecuted (Q64) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Most of the time
Extent to which children who are exploited sexually are arrested (Q67) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q68) Yes
Arrests in the past year for possession or production of child pornography (Q69) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► Academy of Postgraduate Studies
Nekrasov Street 20
Minsk 220040
Belarus
Fax: (017) 285-78-88
Email: yanchuk@academy.edu.by, info@academy.edu.by
Website: www.academy.edu.by

Resources Provided: Curricular courses and training for psychologists, social pedagogues, and all educational professionals in prevention and response to child abuse and neglect.

► Embassy Office of the Netherlands in Minsk, Belarus
Myasnikova Street, 70-320
Minsk 220030
Belarus
Telephone: (+375) (44) 731-00-16
Email: msk@minbuza.nl
Website: https://www.embassypages.com/missions/embassy8071/

Resources Provided: Financial support to projects protecting democracy, human rights, and rights of minorities in Belarus in frames of MATRA/Human Rights Fund of the Foreign Ministry of the Netherlands

► INGO “Ponimanie”
Ul. Leschinsky, House 8
Building 5, Office 403-404
Minsk 220140

Belarus
Telephone/Fax: +375 17 369 4883 / 201 0764
Email: office@ponimanie.org
Website: www.ponimanie.org

ISPCAN Country Partner

INGO “Ponimanie” is nationwide/international NGO focused on child protection. They are dedicated to creating a world fit for children through the professional contributions and help for difficult situations. Children in residential institutions and shelters, abused and neglected children and children-at-risk, as well as their families and professionals working for such children are the target population.

► U.S. Embassy in Belarus
U.S. Embassy Minsk
46 Starovilenskaya St.
Minsk 220002
Belarus
Telephone: +375 17 210-12-83 / 217-7347 / 217-7348
Fax: +375 17 234-78-53
Email: PavlovskayaGB@state.gov
Website: https://by.usembassy.gov

Resources Provided: Professional exchange programs, small grants, bigger USAID grants, library, participation at the US and global report for NGOs, and other types of support civil society in Belarus. Their support is especially important.
Belgium*

Forms of acceptable punishment (Q8)
• Hitting a child on the buttocks with an open hand

Circumstances of the above are considered CM (Q9)
• If the action leaves a bruise
• If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
• If the action is by someone other than a parent (e.g. a babysitter or teacher)

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture, for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage

• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place
• Law enforcement facility
• Refugee camp

Parent or caregiver behaviors (Q12)
• Physical abuse (e.g., beatings, burning)
• Physical discipline (e.g., spanking, hitting to correct child’s behavior)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child exposed to intimate partner (or domestic) violence
• Child exposed to parent’s illicit drug use

Laws and Policies regarding CM

| Law mandating suspected CM be reported (Q21) | No |
| National laws/policies regarding CM (Q42) | Yes |
| Laws/policies first established (Q43) | After 2000 |
| Government agency to respond to CM (Q44) | Yes |
| Investigation conducted by (Q41) | Social Services |
| Elements in laws/policies (Q44) | - Extent they are enforced (Q46) |
| - Adequacy of government resources (Q47) |
| Provisions for voluntary reporting of suspected CM by professionals or individuals | Enforcement: Wide |
| Support: Somewhat inadequate |
| Requirement that the child(ren)’s and family’s needs be assessed | Enforcement: Wide |
| Support: Somewhat inadequate |
| Provisions for removing child from parents/caretakers to ensure child’s safety | Enforcement: Wide |
| Support: Somewhat inadequate |
Provisions for removing alleged perpetrator from the home  
Enforcement: Never or almost never  
Support: Very inadequate  
Clear definition of child sexual abuse  
Enforcement: Widely  
Support: NA

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13)  No  
Incidence rate of reported CM per 1000 children per year (Q24)  7  
% of reported cases involving (Q25)  
Physical abuse  16-30%  

CHILD DEATHS

Government maintains count of deaths due to CM (Q36)  No  
Country has child death review team(s) (Q33)  No

SERVICES

Availability of services (Q48)  
Programs for those who neglect children  No  
Programs for neglected children  No  
Therapy for those who physically abuse children  Moderate  
Therapy for physically abused children  Moderate  
Therapy for those who sexually abuse children  Occasional  
Therapy for sexually abused children  Moderate  
Home-based services/family support  Usually  
Foster care with official foster parents  Usually  
Group homes for maltreated children  Usually  
Public shelters for maltreated children  No  
Public shelters for IPV victims and their children  Moderate  
Institutional care for maltreated children  Usually  
Financial and other material support  Usually  
Hospitalization for mental illness - adults  Usually  
Hospitalization for mental illness - children  Usually  
Substance abuse treatment - parents  Moderate  
Substance abuse treatment - children  Occasional  
Centers for parents to share experiences/concerns  Usually  
Universal home visits for all new parents  Usually  
Home visits for new, at-risk parents  Moderate  
Free child care  Moderate  
Universal health screening - children  Usually  
Universal free medical care - children  Usually  
Universal free medical care - all citizens  Moderate

Involvement of community sectors in supporting CM prevention (Q49)  
Hospitals/medical centers  Minimal  
Mental health agencies  Moderate  
Businesses  None  
Schools  Moderate  
Public social services agencies  Very involved  
Community-based NGO’s  Very involved  
Religious institutions  Minimal  
Voluntary civic organizations  Minimal  
Courts/law enforcement  Moderate  
Universities  Minimal

Involvement of community sectors in supporting CM treatment (Q50)  
Hospitals/medical centers  Minimal  
Mental health agencies  Very involved  
Businesses  None  
Schools  None

Funding for CM prevention (Q51)  
Government  Major  
Non-government  Moderate  
Funding for CM treatment (Q52)  
Government  Major  
Non-government  Moderate

Strategies used and thought to be effective in preventing CM (Q53)  
• Home-based services for at risk parents  
• Media campaigns  
• Risk assessment  
• Prosecution of offenders  
• Universal home visitation for new parents  
• Improving or increasing local services  
• Universal health care and preventive medical care  
• Professional training  
• Advocacy for children’s rights  
• Improving families’ basic living conditions  
• Mental health services  
• Substance abuse services  
• Services for victims of domestic violence

Strategies used and thought to be effective in preventing CM (Q53)  
• Limited resources for improving the government’s response to CM  
• Lack of system to investigate reports  
• Lack of trained professionals  
• Decline in informal support for parents  
• Strong sense of family privacy and parental rights to raise children as they choose  
• Support for the use of corporal punishment  
• Lack of health services  
• Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q54)  
Significantly
Major development to address CM (Q72)

- Reorganisation of youth care system (by law)

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► Kind en Gezin
Hallepoortlaan 27
Brussel 1060
Belgium
Bolivia*

Behaviors and Conditions Generally viewed as Child Maltreatment

Forms of acceptable punishment (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (shoe, belt, other)
- Shaking the child

Circumstances of the above are considered CM (Q9)
- If the action causes an injury (e.g. bleeding, a burn, a bone fracture)

Social conditions and behaviors (Q10)
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Child labor – under age 12
- Slavery
- Internet solicitation for sex

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child’s behavior)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent's illicit drug use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q21)  Yes
Year law established (Q22)  After 2005
National laws/policies regarding CM (Q42)  Yes
Laws/policies first established (Q43)  After 2000
Government agency to respond to CM (Q49)  Yes
Investigation conducted by (Q41)
- Social Services

Mandated periodic training for professionals who may encounter maltreated children
Enforcement:  Never or almost never
Support:  Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement:  Never or almost never
Support:  Very inadequate

Mandated reporting of suspected CM for all adults
Enforcement:  Never or almost never
Support:  Very inadequate

38 Gross domestic product (US$ billions)
10,888 Total population (thousands)
7% Population below int'l poverty line of US$1.90 per day
69 Life expectancy at birth (years)
37 Under 5 mortality rate (per 1,000 births)
99% | 99% Youth (15-24 years) literacy rate (male | female)
Country Profiles

Bolivia

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Inconsistent
Support: Very inadequate

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Never or almost never
Support: Very inadequate

Requirement that the investigation be a coordinated intersectorial response
Enforcement: Never or almost never
Support: Very inadequate

Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Never or almost never
Support: Very inadequate

Provisions for removing child from parents/caretakers to ensure child’s safety
Enforcement: Never or almost never
Support: Very inadequate

Provisions for removing alleged perpetrator from the home
Enforcement: Never or almost never
Support: Very inadequate

Criminal penalties for abusing a child
Enforcement: Never or almost never
Support: Somewhat inadequate

Requirement that all victims receive a service or intervention
Enforcement: Never or almost never
Support: Very inadequate

Requirement that all perpetrators receive a service or intervention
Enforcement: Never or almost never
Support: Very inadequate

Requires development of prevention services
Enforcement: Never or almost never
Support: Very inadequate

Requires a separate attorney or advocate represents the child’s interests
Enforcement: Inconsistent
Support: Very inadequate

Penalties for professionals who fail to report CM
Enforcement: Inconsistent
Support: Somewhat inadequate

Provision of immunity from liability when reports made in good faith
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child neglect
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child physical abuse
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child sexual abuse
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child emotional/psychological abuse
Enforcement: Inconsistent
Support: Somewhat inadequate

Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Psychological therapy

GOVERNMENT MAINTAINS COUNT OF SUSPECTED CM (Q13)
No

INCIDENCE RATE OF REPORTED CM PER 1000 CHILDREN PER YEAR (Q24)
No official data

Government maintains count of deaths due to CM (Q36)
No

Country has child death review team(s) (Q33)
No

OFFICIAL DOCUMENTATION OF CM

% of reported cases investigated (Q26) 0-15%
% of investigated cases substantiated (Q27) 0-15%
% of children placed outside of home due to CM (Q29) 0-15%

SERVICES

Availability of services (Q48)
- Programs for those who neglect children: No
- Programs for neglected children: No
- Therapy for those who physically abuse children: No
- Therapy for physically abused children: No
- Therapy for those who sexually abuse children: Occasional
- Therapy for sexually abused children: Occasional
- Case management services: No
- Home-based services/family support: No
- Foster care with official foster parents: No
- Group homes for maltreated children: No
- Public shelters for maltreated children: Occasional
- Public shelters for IPV victims and their children: Occasional

Institutional care for maltreated children: Occasional
Financial and other material support: No
Hospitalization for mental illness - adults: No
Hospitalization for mental illness - children: No
Substance abuse treatment - parents: No
Substance abuse treatment - children: No
Centers for parents to share experiences/concerns: No
Universal home visits for all new parents: No
Home visits for new, at-risk parents: No
Free child care: No
Universal health screening - children: No
Universal free medical care - children: Occasional
Universal free medical care - all citizens: Occasional
Involvement of community sectors in supporting CM prevention (Q49)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
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</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<td>Courts/law enforcement</td>
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Involvement of community sectors in supporting CM treatment (Q50)

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Involvement of community sectors in supporting CM prevention (Q49)

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<tr>
<td>Universities</td>
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</table>

Funding for CM prevention (Q51)

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>None</td>
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<tr>
<td>Non-government</td>
<td>Moderate</td>
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Funding for CM treatment (Q52)

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<th>Source</th>
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<tbody>
<tr>
<td>Government</td>
<td>None</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate</td>
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</tbody>
</table>

Major barriers to preventing CM (Q54)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q69) Slightly

Major development to address CM (Q72)

- Normas especificas de protección contra el maltrato y negligencia, pero no se han definido los recursos económicos con los que se implementarán, tampoco se ha previsto la capacitación o mejoramiento profesional de los profesionales que trabajan en la atención de casos de violencia o negligencia infantil.

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**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Extent</th>
<th>Q55</th>
<th>Somewhat</th>
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</thead>
<tbody>
<tr>
<td>Extent of laws concerning CSE</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Extent</th>
<th>Q56</th>
<th>Not really</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of programs combating CSE</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q57</th>
<th>Somewhat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td></td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q58</th>
<th>Somewhat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Extent</th>
<th>Q59</th>
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<tr>
<td>Country keeps official data on CSE</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q60</th>
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<tbody>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q61</th>
<th>Rarely</th>
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<tbody>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
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<td></td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q62</th>
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<tbody>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q63</th>
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<tbody>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q64</th>
<th>Rarely</th>
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<tbody>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q65</th>
<th>Rarely</th>
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<tbody>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
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<thead>
<tr>
<th>Extent</th>
<th>Q66</th>
<th>Rarely</th>
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<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q67</th>
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<tbody>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
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<table>
<thead>
<tr>
<th>Extent</th>
<th>Q68</th>
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</thead>
<tbody>
<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **International Justice Mission**
  La Paz, 2
  Bolivia
  Website: https://www.ijm.org/partner-offices/bolivia/
  Resources Provided: Patrocinio legal a casos de violencia sexual infantil

- **SEPAMOS**
  Calle SOTOMAYOR 673
  Calle 25 Nr 788 villa Tunari, El Alto
  La Paz, 2
  Bolivia
  Telephone: 2864281
  Email: sepamosbolivia@gmail.com
  Website: https://www.facebook.com/sepamos.prevencion.atencion/
  Resources Provided: Prevención primaria, secundaria y terciaria de violencia sexual contra niñas, niños y adolescentes. Escolarización para niñas, niños y adolescentes trabajadores.
### Brazil+$^{1}$

#### Behaviors and Conditions Generally viewed as Child Maltreatment

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child on the head or face with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Burning a child deliberately
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

#### Laws and Policies Regarding CM

| Law mandating suspected CM be reported (Q22) | Yes | National laws/policies regarding CM (Q43) | Yes |
| Year law established (Q23) | 1990 – 2000 | Laws/policies first established (Q44) | 1990-2000 |
| This law applies to (Q24) | | Government agency to respond to CM (Q41) | Yes |
| | Physical abuse | Investigation conducted by (Q42) | Social services |
| | Sexual abuse | Elements in laws/policies (Q45) | |
| | Neglect | - Extent they are enforced (Q47) | |
| | Emotional (psychological) maltreatment | - Adequacy of government resources (Q48) | |
| | Exposure to IPV | |

![Image of Brazil map](image_url)
Mandated periodic training for professionals who may encounter maltreated children  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals  
Yes  
Enforcement: Widely enforced  
Support: Don't know

Mandated reporting of suspected CM for all adults  
Yes  
Enforcement: Widely enforced  
Support: Don't know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual  
Yes  
Enforcement: Widely enforced  
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)  
Yes  
Enforcement: Inconsistent  
Support: Adequate

Requirement that an investigation be a coordinated intersectoral response  
Yes  
Enforcement: Widely enforced  
Support: Adequate

Requirement that the child(ren)'s and family's needs be assessed  
Yes  
Enforcement: Widely enforced  
Support: Adequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety  
Yes  
Enforcement: Inconsistent  
Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Specific criminal penalties for maltreating a child  
Yes  
Enforcement: Widely enforced  
Support: Don't know

Requirement that all victims receive some form of service or intervention  
Yes  
Enforcement: Inconsistent  
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention  
Yes  
Enforcement: Never or almost never enforced  
Support: Very inadequate

Requirement of the development of specific prevention services  
Yes  
Enforcement: Inconsistent  
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests  
Yes  
Enforcement: Widely enforced  
Support: Adequate

Penalties for professionals who fail to report CM  
Yes  
Enforcement: Inconsistent  
Support: Don't know

Provision of immunity from liability when reports are made in good faith  
Yes  
Enforcement: Inconsistent  
Support: Don't know

Provision of a specific budget for preventing CM  
No  
Enforcement: Inconsistent  
Support: Very inadequate

Clear definition of child neglect  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Clear definition of child physical abuse  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Clear definition of child sexual abuse  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Clear definition of child emotional/psychological abuse  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Clear definition of exposure to IPV  
Yes  
Enforcement: Inconsistent  
Support: Very inadequate

Sectors included in required intersectoral response (Q46)  
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)

Government maintains count of suspected CM (Q13)  
Yes

Duration system in place (Q17)  
> 10 years

Official labels for types of CM (Q18)  
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q19)  
- Physical abuse: More Cases
- Sexual abuse: More Cases
- Neglect: More Cases
- Emotional (psychological) maltreatment: More Cases
- Exposure to intimate partner violence (IPV): Don't Know

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20 & Q21)  
Yes

Indigenous, riverside population, quilombola communities: Don't know

Incidence rate of reported CM per 1000 children per year (Q25)  
0.07

% of reported cases involving (Q26)  
- Physical abuse: 31-45%
- Sexual abuse: 16-30%
- Neglect: 61-75%
- Emotional (psychological) maltreatment: 31-45%
- Street children: Don't know
- Abandoned children: Don't know
- Exposure to IPV: Don't know

% of reported cases investigated (Q27)  
Don't know

% of investigated cases substantiated (Q28)  
Don't know

% of substantiated cases in which (Q29)  
- Result in the perpetrator being removed from the home: Don't know
- Lead to prosecution of the alleged perpetrator: Don't know
- Result in the child being removed from the home: Don't know

Of children removed from home, how many live in (Q30)  
- Kinship care (with a family member): Don't know
- Foster care: Don't know
- Orphanages: Don't know
CHILD DEATHS

Government maintains count of deaths due to CM (Q37) No
Over the past 10 years, the number of deaths due to CM has (Q40) Don’t know
Annual rate of deaths due to CM (Q38) Don’t know
Of these deaths, % involving (Q39)
Physical abuse Don’t know
Neglect Don’t know
Sexual Abuse Don’t know
Emotional Abuse Don’t know
Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31) Yes
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32) Forensic doctor
Autopsy must follow specific protocol (Q33) Yes
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) Yes
Scope of team(s) (Q36) National

SERVICES

Availability of services (Q49)
Therapy for those who neglect a child No
Therapy for neglected children Occasional
Therapy for those who physically abuse a child No
Therapy for physically abused children Occasional
Therapy for those who sexually abuse a child Occasional
Therapy for sexually abused children Occasional
Case management support services to meet a family’s basic needs No
Home-based services to support parents and family Occasional
Foster care with official foster parents Occasional
Group homes for maltreated children Occasional
Public shelters for maltreated children Occasional
Public shelters for victims of domestic violence and their children Occasional
Institutional care for maltreated children Occasional
Financial and other material support No
Hospitalization for mental illness for adults Moderate
Hospitalization for mental illness for children Occasional
Substance abuse treatment for parents Moderate
Substance abuse treatment for children Moderate
Centers for parents to share experiences/concerns No
Universal home visits for all new parents No
Targeted home visits for new parents at-risk No
Free/highly subsidized child care Occasional
Universal health screening for children Moderate
Universal, mostly free medical care for children Moderate
Universal, mostly free medical care for all citizens Moderate

Religious institutions None
Voluntary civic organizations None
Courts/law enforcement Universities Moderately Involved
Universities Moderately Involved

Funding for CM prevention (Q52)
Government Minimal
Non-government Minimal

Funding for CM treatment (Q53)
Government Minimal
Non-government Minimal

Strategies used and thought to be effective in preventing CM (Q54)
• Media campaigns to raise public awareness
• Risk assessment methods
• Increasing individual responsibility for child protection
• Prosecution of child abuse offenders
• Improving/increasing local services
• A system of universal health care and access to preventive medical care
• University programs for students
• Advocacy for children’s rights
• Services for victims of domestic violence

Major barriers to preventing CM (Q55)
• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports of CM
• Lack of trained professionals
• Public resistance to supporting prevention efforts
• Extreme poverty
• Decline in family life and informal support systems for parents
• Strong sense of family privacy and parental rights to raise children as they choose
• General support for the use of corporal punishment/physical discipline of children
• Lack of commitment or support for children’s rights
• Overwhelming number of children living on their own
• Generally inadequate and poorly developed systems of basic health care or social services
• Political or religious conflict and instability
• Lack of access to mental health services
• Lack of substance abuse treatment
• Lack of laws allowing sharing of information among professionals

Involvement of community sectors in supporting CM prevention (Q56)
Hospitals/medical centers None
Mental health agencies None
Businesses/factories None
Schools Minimally Involved
Public social service agencies Minimally Involved
Community-based NGOs Minimally Involved

Involvement of community sectors in supporting CM treatment (Q57)
Hospitals/medical centers Moderately Involved
Mental health agencies Minimally Involved
Businesses/factories None
Schools None
Public social service agencies Moderately Involved
Community-based NGOs Minimally Involved

Extent that the UN CRC improved policies and programs concerning CM (Q70) Significantly
Major developments to address CM (Q73)

- **POSITIVE:** Law Nº 13.431, 4, APRIL, 2017. This law establishes periodic awareness-raising campaigns for society, encouraging the quicker identification of violence against children and adolescents and the dissemination of their rights and protection services. In addition, the new law also creates the special testimony that assures the child and adolescent victims of violence the right to be heard in an appropriate and welcoming place, with infrastructure and physical spaces that guarantee their privacy.

- **NEGATIVE:** The law project that has been evaluated by the Deputy Chamber about abortion after rape influenced by religious beliefs. The project proposes that it should be forbidden despite this is currently legal in Brazil.

- **POSITIVE:** Law Menino Bernardo 13.010, 2014. Define as “physical punishment” any “punitive or disciplinary action applied using physical force that results in physical suffering or injury,” while “cruel or degrading treatment” is defined as “humiliating, seriously threatening or ridiculing” a child or adolescent. Asks for the prevention intervention focused in parents and caregivers based on parental positive practices.

### CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
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<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
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<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
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<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
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<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
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<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
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<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
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</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Centro de Referência Especializado de Assistência Social (CREAS) / Specialized Reference Center for Social Assistance**
  
  R. Tâmisa, 222-326 - Geraldo Fleming
  Rio Branco - AC, 69918-890
  Brazil
  
  Telephone: +55 68 3223-6768
  Website: http://mds.gov.br/assuntos/assistencia-social/unidades-de-atendimento/creas
  Resources Provided: Social Work

- **DATASUS**
  
  Brasília, DF
  Brazil
  
  Email: datasus@saude.gov.br
  Website: http://datasus.saude.gov.br/
  Resources Provided: Official data from the public health care system.

- **FLACSO**
  
  Headquarters
  SAIS Area 2-A, s/n, 1º andar, sala 120
  Brasília, DF 70460-900
  Brazil
  
  Telephone: (+55 61) 3702-2350 / (+55 61) 3703-2540 / (+55 61) 2020-3390 / (+55 61) 2020-3330 / (+55 61) 2020-3316
  Email: flacsobr@flacso.org.br
  Website: http://flacso.org.br/?page_id=187
  Resources Provided: Organizes public databases regarding violence and notifications on all levels.

- **Mapa da Violência**
  
  Brasília
  Brazil
  
  Telephone: 61 2020-3390 / 3703-2540
  Email: Julio Jacobo Waiselfiz, j.jacobo@flacso.org.br
  Website: http://www.mapadaviolencia.org.br/
  Resources Provided: Series of studies about epidemiology of violence in Brazil

- **Ministério dos Direitos Humanos / Ministry of Human Rights**
  
  Esplanada dos Ministérios
  Block A
  Brasília, DF
  Brazil
  
  Telephone: [55] (61) 2025 3318 / 2025-3225, Hotline: 100
  Fax: [55] (61) 2025 9667
  Email: spdca@sdh.gov.br
  Website: http://www.mdh.gov.br
  Resources Provided: The National Human Rights Ombudsman Department has the competence to receive, examine and forward denunces and complaints, to act in the resolution of social tensions and conflicts that involve human rights violations, and to guide and adopt measures for the treatment of cases of human rights violations. It is able to act on its own initiative and act directly or in articulation with other public bodies and organizations of society. The denunciations may be anonymous or, when requested by the denouncer, the confidentiality of the source of the information is guaranteed
  
  A free of charge helpline receives, examines and forwards complaints and resolves conflicts involving violations of human rights. It operates 24 hours a day, 7 days a week.
  
  Call 100 to report child abuse and/or neglect (8 AM to 10 PM), or any time via the web (www.disque100.gov.br).
Bulgaria*

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q21) Yes
Year law established (Q22) 2001 – 2005

This law applies to (Q23)
- Physical abuse
- Sexual abuse
- Neglect
- Exposure to Intimate Partner Violence (IPV)

National laws/policies regarding CM (Q42) Yes
Laws/policies first established (Q43) After 2000

Government agency to respond to CM (Q46)

Investigation conducted by (Q41)
- Social Services

Elements in laws/policies (Q44)
- Extent they are enforced (Q48) Inconsistent
- Adequacy of government resources (Q47) Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Somewhat inadequate

Mandated reporting of suspected CM for all adults
Enforcement: Wide
Support: Adequate

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Wide
Support: Somewhat inadequate

57 Gross domestic product (US$ billions)
7,131 Total population (thousands)
2% Population below int’l poverty line of US$1.90 per day
75 Life expectancy at birth (years)
8 Under 5 mortality rate (per 1,000 births)
98% | 98% Youth (15-24 years) literacy rate (male | female)

57 Gross domestic product (US$ billions)
7,131 Total population (thousands)
2% Population below int’l poverty line of US$1.90 per day
75 Life expectancy at birth (years)
8 Under 5 mortality rate (per 1,000 births)
98% | 98% Youth (15-24 years) literacy rate (male | female)
Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Enforcement: Wide
- Support: Adequate

Requirement that the investigation be a coordinated intersectorial response
- Enforcement: Wide
- Support: Adequate

Requirement that the child(ren)’s and family’s needs be assessed
- Enforcement: Wide
- Support: Adequate

Provisions for removing child from parents/caretakers to ensure child’s safety
- Enforcement: Wide
- Support: Adequate

Provisions for removing alleged perpetrator from the home
- Enforcement: Wide
- Support: Somewhat inadequate

Requirement that all victims receive a service or intervention
- Enforcement: Wide
- Support: Adequate

Requires development of prevention services
- Enforcement: Inconsistent
- Support: Somewhat inadequate

Requires a separate attorney or advocate represents the child’s interests
- Enforcement: Wide
- Support: Adequate

Requires a separate attorney or advocate represents the child’s interests
- Enforcement: Wide
- Support: Adequate

Clear definition of child neglect
- Enforcement: Wide
- Support: Adequate

Clear definition of child physical abuse
- Enforcement: Wide
- Support: Adequate

Clear definition of child sexual abuse
- Enforcement: Wide
- Support: Adequate

Clear definition of child emotional/psychological abuse
- Enforcement: Wide
- Support: Adequate

Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court-appointed advocate)
- Education (teachers)

Government maintains count of suspected CM (Q13) Yes

Duration system in place (Q16) > 10 years

Official labels for types of CM (Q17)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

% of reported cases investigated (Q26) 46-60%

% of investigated cases substantiated (Q27) 16-30%

% of substantiated cases in which Child removed 0-15%
Perpetrator removed 0-15%

% of children placed outside of home due to CM (Q29) 16-30%

Of children removed from home, how many live in Kinship care (with family) 16-30%
Foster care 0-15%
Orphanages 0-15%

Government maintains count of deaths due to CM (Q36) No

Autopsy required when child’s death (Q31)

- Is unexpected

Autopsy must follow specific protocol (Q32) No

Country has child death review team(s) (Q33) No

Availability of services (Q48)
- Therapy for those who neglect children No
- Therapy for those who abuse children No
- Therapy for children with mental/behavioral problems No
- Therapy for children with learning problems No
- Therapy for children with emotional problems No
- Therapy for children with substance use No

Services
- Therapy for children with severe physical disabilities
- Therapy for children with severe sensory disabilities
- Therapy for children with severe visual impairments
- Therapy for children with severe hearing impairments
- Therapy for children with severe speech impairments
- Therapy for children with severe feeding impairments
- Therapy for children with severe motor impairments
- Therapy for children with severe cognitive impairments
- Therapy for children with severe emotional impairments
- Therapy for children with severe social impairments
- Therapy for children with severe educational impairments
- Therapy for children with severe behavioral impairments
- Therapy for children with severe medical impairments
- Therapy for children with severe dental impairments
- Therapy for children with severe nutritional impairments
- Therapy for children with severe religious impairments
- Therapy for children with severe legal impairments
- Therapy for children with severe ethical impairments
- Therapy for children with severe environmental impairments
- Therapy for children with severe economic impairments
- Therapy for children with severe political impairments
- Therapy for children with severe technological impairments
- Therapy for children with severe cultural impairments
- Therapy for children with severe historical impairments
- Therapy for children with severe geographical impairments
- Therapy for children with severe astronomical impairments
- Therapy for children with severe environmental impairments
- Therapy for children with severe geographical impairments
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- Therapy for children with severe environmental impairments
- Therapy for children with severe geographical impairments
- Therapy for children with severe astronomical impairments
- Therapy for children with severe environmental impairments
- Therapy for children with severe geographical impairments
- Therapy for children with severe astronomical impairments
Case management services Occasional
Home-based services/family support Moderate
Foster care with official foster parents Moderate
Group homes for maltreated children Moderate
Public shelters for maltreated children Moderate
Public shelters for IPV victims and their children Moderate
Institutional care for maltreated children Moderate
Financial and other material support Moderate
Hospitalization for mental illness - adults Moderate
Hospitalization for mental illness - children Moderate
Substance abuse treatment - parents Moderate
Substance abuse treatment - children Moderate
Centers for parents to share experiences/concerns Occasional
Universal home visits for all new parents Moderate
Home visits for new, at-risk parents Occasional
Free child care Occasional
Universal health screening - children Moderate
Universal free medical care - children Moderate
Universal free medical care - all citizens No

Involvement of community sectors in supporting CM prevention (Q49)
Hospitals/medical centers Minimal
Mental health agencies Minimal
Businesses None
Schools Minimal
Public social services agencies Minimal
Community-based NGO’s Moderate
Religious institutions None
Voluntary civic organizations Moderate
Courts/law enforcement Minimal
Universities Moderate

Involvement of community sectors in supporting CM treatment (Q50)
Hospitals/medical centers Moderate
Mental health agencies Moderate
Businesses None
Schools Minimal
Public social services agencies Very involved
Community-based NGO’s Very involved

Funding for CM prevention (Q51)
Government Non-government Moderate
Non-government Moderate

Funding for CM treatment (Q52)
Government Non-government Moderate
Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q53)
• Increasing individual responsibility for child protection
• Improving or increasing local services
• Universal health care and preventive medical care
• University programs for students
• Advocacy for children’s rights
• Mental health services
• Services for victims of domestic violence

Major barriers to preventing CM (Q54)
• Limited resources for improving the government’s response to CM
• Lack of trained professionals
• Public resistance to prevention efforts
• Extreme poverty
• Decline in informal support for parents
• Strong sense of family privacy and parental rights to raise children as they choose
• Support for the use of corporal punishment
• Overwhelming no. of children living alone
• Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q55) Significantly

Major development to address CM (Q56)
• Improvement of child protection policy

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q57) Greatly
Extent of programs combating CSE (Q58) Somewhat
Extent that agencies collaborate to stop CSE (Q59) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q60) Greatly
Country keeps official data on CSE (Q61) Yes
Commercial sex work (or prostitution) is legal (Q62) No
Extent to which victims of CSE receive mental health care (Q63) Sometimes
Extensive estimates concerning CSE (Q64) Yes
Extent to which citizens who engage in CSE within the country are prosecuted (Q65) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q66) Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q67) Most of the time
Extent to which children who are exploited sexually are arrested (Q68) Sometimes
Arrests in the past year for engaging in sex trafficking of children (Q69) No
Arrests in the past year for possession or production of child pornography (Q70) No

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

State Agency for Child Protection
2, Triaditza Str.
1051 Sofia
Bulgaria

Telephone: +359 2 933 90 10
Fax: +359 2 980 24 15
Email: sacp@sacp.government.bg
Website: www.sacp.government.bg
Burundi*

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (shoe, belt, other)
- Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)
- If the action is done in the presence of non-family members

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- School or educational training center
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child's behavior)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q21) Yes
Year law established (Q22) After 2005
This law applies to (Q23)
- Physical abuse
- Sexual abuse
- Exposure to Intimate Partner Violence (IPV)

National laws/policies regarding CM (Q42) Yes
Laws/policies first established (Q43) After 2000
Government agency to respond to CM (Q44) Yes
Investigation conducted by (Q45)

Elements in laws/policies (Q44)
- Extent they are enforced (Q46)
- Adequacy of government resources (Q47)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Inconsistent
Support: Adequate
Burundi

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

**Mandated reporting of suspected CM for all adults**
- **Enforcement:** Never or almost never
- **Support:** Adequate

**Provisions for voluntary reporting of suspected CM by professionals or individuals**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- **Enforcement:** Never or almost never
- **Support:** Adequate

**Requirement that the investigation be a coordinated intersectorial response**
- **Enforcement:** Never or almost never
- **Support:** Adequate

**Provisions for removing child from parents/caretakers to ensure child’s safety**
- **Enforcement:** Never or almost never
- **Support:** Adequate

**Provisions for removing alleged perpetrator from the home**
- **Enforcement:** Don’t know
- **Support:** Adequate

**Criminal penalties for abusing a child**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Requirement that all victims receive a service or intervention**
- **Enforcement:** Never or almost never
- **Support:** Adequate

**Requirement that all perpetrators receive a service or intervention**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Requires development of prevention services**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Requires a separate attorney or advocate represents the child’s interests**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Penalties for professionals who fail to report CM**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Provision of immunity from liability when reports made in good faith**
- **Enforcement:** Never or almost never
- **Support:** Adequate

**Provide a specific budget for preventing CM**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Clear definition of child neglect**
- **Enforcement:** Never or almost never
- **Support:** Somewhat inadequate

**Clear definition of child physical abuse**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Clear definition of child sexual abuse**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Clear definition of child emotional/psychological abuse**
- **Enforcement:** Inconsistent
- **Support:** Adequate

**Sectors included in required intersectorial response**
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Social actors

**Government maintains count of suspected CM**
- **(Q13)** Yes

**Duration system in place**
- **(Q16)** 5 to 10 years

**Official labels for types of CM**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Street children
- Abandoned children
- Exposure to IPV

**Change in no. of cases over past 4 years**
- Physical abuse
- More Cases
- Sexual abuse
- Fewer Cases
- Neglect
- Don’t know
- Emotional (psychological) maltreatment
- Don’t know
- Street children
- 0-15%
- Abandoned children
- 0-15%
- Exposure to IPV
- Don’t know

**Incidence rate of reported CM per 1000 children per year**
- **(Q24)** 480

**% of reported cases involving**
- Physical abuse
- 31-45%
- Sexual abuse
- 16-30%
- Neglect
- Don’t know
- Emotional (psychological) maltreatment
- Don’t know
- Street children
- 0-15%
- Abandoned children
- 0-15%
- Exposure to IPV
- Don’t know

**% of reported cases investigated**
- **(Q26)** 0-15%

**% of investigated cases substantiated**
- **(Q27)** 31-45%

**% of children placed outside of home due to CM**
- **(Q29)** 0-15%

**Government maintains count of deaths due to CM**
- **(Q36)** No

**Over the past 10 years, the number of deaths due to CM has**
- **(Q37)** Increased

**Annual rate of deaths attributed to CM**
- **(Q38)** > 4 in 100,000

**Of these deaths, % involving**
- Physical abuse
- 31-45%
- Neglect
- 16-30%

**Clear definition of child neglect**
- **(Q39)**

**Clear definition of child physical abuse**
- **(Q40)**

**Clear definition of child sexual abuse**
- **(Q41)**

**Clear definition of child emotional/psychological abuse**
- **(Q42)**

**Sectors included in required intersectorial response**
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Social actors

**Clear definition of child neglect**
- **(Q43)**

**Clear definition of child physical abuse**
- **(Q44)**

**Clear definition of child sexual abuse**
- **(Q45)**

**Clear definition of child emotional/psychological abuse**
- **(Q46)**
Sexual abuse 0-15%  

Country has child death review team(s) (Q33)  No

SERVICES

Availability of services (Q48)

<table>
<thead>
<tr>
<th>Service</th>
<th>Country</th>
<th>13th Edition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for IPV victims and their children</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness - adults</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness - children</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment - parents</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment - children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Free child care</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal health screening - children</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal free medical care - children</td>
<td>Occasional</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal free medical care - all citizens</td>
<td>No</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q49)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Country</th>
<th>13th Edition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
<td>Moderate</td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
<td>Moderate</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Very involved</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Country</th>
<th>13th Edition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
<td>Moderate</td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
<td>Moderate</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q51)

- Media campaigns
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Professional training
- Advocacy for children’s rights
- Services for victims of domestic violence

Major barriers to preventing CM (Q52)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q53)

- Somewhat

Major development to address CM (Q54)

- In Burundi, training and awareness campaigns through the media change the negative treatment of children. The problems lie in the fact that these formations are rare and affect a small proportion of professionals in this field. As for the media, they often worry about politics and they forget this

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Country</th>
<th>13th Edition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Greatly</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Greatly</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Greatly</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Somewhat</td>
<td>Moderate</td>
</tr>
<tr>
<td>Country keeps official data on CSE</td>
<td>Yes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>No</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
<td>Sometimes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
<td>Most of the time</td>
<td>Moderate</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
<td>Most of the time</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Extent to which foreigners who engage in CSE within the country are prosecuted (Q65)  
Most of the time

Extent to which children who are exploited sexually are arrested (Q66)  
Sometimes

Arrests in the past year for engaging in sex trafficking of children (Q67)  Yes

Arrests in the past year for possession or production of child pornography (Q68)  Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

RSD-NKABANDI
Q.Kigobe Nord, Av.Kivyeyi, N°47
Bujumbura, BDI
Burundi

Email: rsd_nkabandi@yahoo.fr
Resources Provided: Trainings, assistance, symposium, conferences, briefings, awareness, etc.
Canada+

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment** *(Q9)*
- Hitting a child on the buttocks with an open hand

**Social conditions and behaviors** *(Q10)*
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** *(Q11)*
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution

**Laws and Policies Regarding CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported <em>(Q22)</em></td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established <em>(Q23)</em></td>
<td>Before 1990</td>
</tr>
<tr>
<td>This law applies to <em>(Q24)</em></td>
<td></td>
</tr>
<tr>
<td>- Physical abuse</td>
<td></td>
</tr>
<tr>
<td>- Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>- Neglect</td>
<td></td>
</tr>
<tr>
<td>- Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>- Exposure to IPV</td>
<td></td>
</tr>
<tr>
<td>In some jurisdictions only some of these five are covered by the mandatory reporting laws.</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM <em>(Q43)</em></td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established <em>(Q44)</em></td>
<td>Before 1980</td>
</tr>
<tr>
<td>Government agency to respond to CM <em>(Q41)</em></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Investigation conducted by** *(Q42)*
- Social services
- Law enforcement

**Elements in laws/policies** *(Q45)*
- Extent they are enforced *(Q47)*
- Adequacy of government resources *(Q46)*

**Mandated periodic training for professionals**
who may encounter maltreated children

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Mandated reporting of suspected CM for specific groups of professionals or individuals**

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
### Canada

<table>
<thead>
<tr>
<th>Topic</th>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Yes</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Don’t know</td>
<td>Not applicable</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/ caretakers to ensure the child’s safety</td>
<td>Don’t know</td>
<td>Not applicable</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Don’t know</td>
<td>Not applicable</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child’s interests</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>Don’t know</td>
<td>Not applicable</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>Don’t know</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Official Documentation of CM

- **Government maintains count of suspected CM** (Q13): Yes
- **Duration system in place** (Q17): > 10 years
- **Official labels for types of CM** (Q18):
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional (psychological) maltreatment
  - Exposure to intimate partner violence (IPV)
- **Change in no. of cases over past 4 years** (Q19):
  - Physical abuse: Fewer Cases
  - Sexual abuse: Fewer Cases
  - Neglect: Don’t Know
  - Emotional (psychological) maltreatment: Don’t Know
  - Exposure to intimate partner violence (IPV): Don’t Know
- **Subgroups (e.g. refugees, Aboriginals) excluded from reporting system** (Q20): No
- **Incidence rate of reported CM per 1000 children per year** (Q25): Unknown
- **% of reported cases involving** (Q26):
  - Physical abuse: Don’t know
  - Sexual abuse: Don’t know
  - Neglect: Don’t know
  - Emotional (psychological) maltreatment: Don’t know
  - Street children: Don’t know
  - Abandoned children: Don’t know
  - Exposure to IPV: Don’t know
- **% of reported cases investigated** (Q27): Don’t know
- **% of substantiated cases** (Q28):
  - % of investigated cases substantiated: Don’t know
- **% of substantiated cases in which** (Q29):
  - Result in the perpetrator being removed from the home?: Don’t know
  - Lead to prosecution of the alleged perpetrator?: Don’t know
  - Result in the child being removed from the home?: Don’t know
  - Of children removed from home, how many live in:
    - Kinship care (with a family member)?: Don’t know
    - Foster care?: Don’t know
    - Orphanages?: Don’t know
CHILD DEATHS

Government maintains count of deaths due to CM (Q37) No
Over the past 10 years, the number of deaths due to CM has (Q40) Don’t know
Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Of these deaths, % involving (Q39)
  Physical abuse Don’t know
  Neglect Don’t know
  Sexual Abuse Don’t know
  Emotional Abuse Don’t know
  Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31)
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32)
Coroner

Autopsy must follow specific protocol (Q33) Yes

Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) Yes
Scope of team(s) (Q36) Local

SERVICES

Availability of services (Q49)

- Therapy for those who neglect a child Occasional
- Therapy for neglected children Occasional
- Therapy for those who physically abuse a child Occasional
- Therapy for physically abused children Occasional
- Therapy for those who sexually abuse a child Occasional
- Therapy for sexually abused children Moderate
- Case management support services to meet a family’s basic needs Usually
- Home-based services to support parents and family Moderate
- Foster care with official foster parents Usually
- Group homes for maltreated children Moderate
- Public shelters for maltreated children Moderate
- Public shelters for victims of domestic violence and their children Usually
- Institutional care for maltreated children Moderate
- Financial and other material support Usually
- Hospitalization for mental illness for adults Usually
- Hospitalization for mental illness for children Usually
- Substance abuse treatment for parents Moderate
- Substance abuse treatment for children Moderate
- Centers for parents to share experiences/concerns Moderate
- Universal home visits for all new parents Usually
- Targeted home visits for new parents at-risk Usually
- Free/highly subsidized child care Occasional
- Universal health screening for children Usually
- Universal, mostly free medical care for children Usually
- Universal, mostly free medical care for all citizens Usually

Involvement of community sectors in supporting CM prevention (Q50)

- Hospitals/medical centers Minimally Involved
- Mental health agencies Don’t Know
- Businesses/factories Don’t Know
- Schools Minimally Involved
- Public social service agencies Moderately Involved
- Community-based NGOs Minimally Involved
- Religious institutions Minimally Involved
- Voluntary civic organizations Minimally Involved
- Courts/law enforcement Minimally Involved
- Universities Minimally Involved

Involvement of community sectors in supporting CM treatment (Q51)

- Hospitals/medical centers Moderately Involved
- Mental health agencies Moderately Involved
- Businesses/factories Don’t Know
- Schools Minimally Involved
- Public social service agencies Very Involved
- Community-based NGOs Moderately Involved
- Religious institutions Minimally Involved
- Voluntary civic organizations Minimally Involved
- Courts/law enforcement Moderately Involved
- Universities Minimally Involved

Funding for CM prevention (Q52)

- Government Moderate Funding
- Non-government NA

Funding for CM treatment (Q53)

- Government Major
- Non-government NA

Major barriers to preventing CM (Q56)

- Lack of trained professionals
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70) Slightly

Major developments to address CM (Q73)

- Progress to share administrative data from jurisdictions to inform national analysis.
- Progress toward an improved national surveillance system.
- Collaboration with remote territories.

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56) Greatly
Extent of programs combating CSE (Q57) Don’t know
Extent that agencies collaborate to stop CSE (Q58) Don’t know
### Extent of policies for reporting CSE to public agency or NGO (Q59)
- Somewhat

### Country keeps official records on CSE (Q60)
- Don’t know

### Commercial sex work (or prostitution) is legal (Q61)
- Yes

### Age at which it’s legal to be a sex worker (Q62)
- 18

### Extent to which victims of CSE receive mental health care (Q63)
- Don’t know

### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)
- Sometimes

### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)
- Sometimes

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)
- Sometimes

### Extent to which children who are exploited sexually are arrested (Q67)
- Rarely

### Arrests in the past year for engaging in sex trafficking of children (Q68)
- Yes

### Arrests in the past year for possession or production of child pornography (Q69)
- Yes

### Agencies And Organizations For More Information On CM

**Canadian International Development Agency (CIDA)**
- 200 Promenade du Portage Gatineau
- Quebec K1A 0G4
- Canada
- Telephone: 819-997-5006, 819 997 5456, Toll free: 1 800 230 6349
- Fax: 819 953 6088
- Email: info@acdi-cida.gc.ca
- Website: http://www.international.gc.ca/
- Resources Provided: The Canadian International Development Agency (CIDA) is Canada’s lead agency for development assistance. CIDA’s aim is to manage Canada’s support and resources effectively and accountably to achieve meaningful, sustainable results and engage in policy development in Canada and internationally, enabling Canada’s effort to realize its development objectives.

**Child Welfare League of Canada (CWLC)**
- 492 Somerset St
- Ottawa, K1R 5J8
- Canada
- Telephone: (613) 235-4412
- Website: www.cwlc.ca

**International Institute for Child Rights and Development (IICRD)**
- 1694 Cedar Hill X Road
- Victoria, British Columbia V8P 2P7
- Canada
- Telephone: +1 (250) 891-2424, +1 250-590-4986
- Email: info@iicrd.org
- Website: www.iicrd.org
- Resources Provided: IICRD is a unique hybrid organization: part non-governmental organization (NGO), part academic institution, located in Victoria, British Columbia (BC), focused on social innovation with and for children and youth. For the past 20 years, IICRD has been a bridge building organization working with a wide variety of partners in participatory, applied research, professional education, and community capacity building initiatives. Our programs and projects catalyze change, transformation, and healing for the most vulnerable young people in our society, in Canada and in over 30 countries around the world.

**Public Health Agency of Canada**
- 785 Carling Avenue
- Address Locator 6802B
- Ottawa, Ontario K1A 0K9
- Canada
- Telephone: 613-960-0061
- Fax: 613-960-0364
- Email: lil.tonmyr@canada.ca
- Website: www.gc.ca
- Resources Provided: A national picture of child maltreatment from a public health perspective
### Chile

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>277 Gross domestic product (US$ billions)</td>
<td></td>
</tr>
<tr>
<td>17,910 Total population (thousands)</td>
<td></td>
</tr>
<tr>
<td>1% Population below int'l poverty line of US$1.90 per day</td>
<td></td>
</tr>
<tr>
<td>80 Life expectancy at birth (years)</td>
<td></td>
</tr>
<tr>
<td>8 Under 5 mortality rate (per 1,000 births)</td>
<td></td>
</tr>
<tr>
<td>99%</td>
<td>99% Youth (15-24 years) literacy rate (male</td>
</tr>
</tbody>
</table>

#### BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

**Forms of acceptable punishment** (Q9)
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors** (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child labor – under age 12
- Internet solicitation for sex
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Their own homes or families homes

**Parent or caregiver behaviors** (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use
- School emotional and physical abuse from teachers

#### LAWS AND POLICIES REGARDING CM

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established (Q23)</td>
<td>1990 – 2000</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q44)</td>
<td>1990-2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q41)</td>
<td>Yes</td>
</tr>
<tr>
<td>Investigation conducted by (Q42)</td>
<td></td>
</tr>
<tr>
<td>Elements in laws/policies (Q45)</td>
<td></td>
</tr>
</tbody>
</table>

- **Mandated periodic training for professionals who may encounter maltreated children**
  - Enforcement: Never or almost never enforced
  - Support: Very inadequate

- **Mandated reporting of suspected CM for specific groups of professionals or individuals**
  - Enforcement: Widely enforced
  - Support: Don’t know

- **Mandated reporting of suspected CM for all adults**
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

- **Provisions that allow for voluntary reporting of suspected CM by any professional or individual**
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

---

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**Country Profiles: Chile**

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Yes
- No
- Enforcement: Never or almost never enforced
- Support: Not Applicable

**Requirement that an investigation be a coordinated intersectoral response**
- No
- Enforcement: Never or almost never enforced
- Support: Not Applicable

**Requirement that the child(ren)’s and family’s needs be assessed**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Provisions for removing child from his or her parents/caretakers to ensure the child’s safety**
- No
- Enforcement: Never or almost never enforced
- Support: Somewhat inadequate

**Provisions for removing the alleged perpetrator from the home**
- Yes
- Enforcement: Widely enforced
- Support: Somewhat inadequate

**Specific criminal penalties for maltreating a child**
- Yes
- Enforcement: Never or almost never enforced
- Support: Don’t know

**Requirement that all victims receive some form of service or intervention**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Requirement that all perpetrators receive some form of service or intervention**
- No
- Enforcement: Never or almost never enforced
- Support: Not Applicable

**Requirement of the development of specific prevention services**
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

**Requirement that a separate attorney or advocate be assigned to represent the child’s interests**
- No
- Enforcement: Never or almost never enforced
- Support: Not Applicable

**Penalties for professionals who fail to report CM**
- No
- Enforcement: Never or almost never enforced
- Support: Don’t know

**Provision of immunity from liability when reports are made in good faith**
- No
- Enforcement: Never or almost never enforced
- Support: Don’t know

**Provision of a specific budget for preventing CM**
- No
- Enforcement: Never or almost never enforced
- Support: Not Applicable

**Clear definition of child neglect**
- Yes

**Clear definition of child physical abuse**
- Yes

**Clear definition of exposure to IPV**
- No

**Sectors included in required intersectorial response**
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- ONG that work with CM

---

**Official Documentation of CM**

- Government maintains count of suspected CM (Q13): Yes
- Duration system in place (Q17): < 5 years
- Official labels for types of CM (Q18): Sexual abuse
- Change in no. of cases over past 4 years (Q19): More Cases
- Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20): No
- Incidence rate of reported CM per 1000 children per year (Q25): 73 per cent
- % of reported cases investigated (Q27): Don’t know
- % of investigated cases substantiated (Q28): 0-15%
- % of substantiated cases in which... (Q29): Result in the perpetrator being removed from the home? Don’t know
- Of children removed from home, how many live in... (Q30): Kinship care (with a family member)? 31-45%
- Annual rate of deaths attributed to CM (Q38): 1-2 in 100,000
- Of these deaths, % involving (Q39): Physical abuse 46-60%
- Over the past 10 years, the number of deaths due to CM has (Q40): Don’t know
- Autopsy required when child’s death (Q31): Is unexpected? Don’t know
- Neglect
- Sexual Abuse
- Emotional Abuse
- Intimate Partner Violence

---

**Child Deaths**

- Government maintains count of deaths due to CM (Q37): No
- Of these deaths, % involving (Q39): Physical abuse Don’t know
Autopsy performed by (Q32)  Forensic doctor
Autopsy must follow specific protocol (Q33)  Don’t know

Country has child death review team(s) (Q34)  No

Extents

Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Occasional</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>No</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

**Funding for CM prevention (Q52)**

- Government: Don’t know
- Non-government: Moderate Funding

**Funding for CM treatment (Q53)**

- Government: Don’t know
- Non-government: Moderate Funding

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children's rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q58 & Q71)**

Changes in law, improvements in budget for infancy, generation of psychosocial strategies for the first five years

**Major developments to address CM (Q72)**

- Since 2015, the health area begins to implement forensic units at the emergency rooms dedicated for detection and support for victims of child sexual abuse.
- Since 2017 health area, dependent from health ministry and SENAME, dependent from social development ministry, are trying to create protocols to improve integral attention for children and adolescents victims of all forms of abuse or neglect.
- We don’t have statistics from one institution that collects all the numbers originated from different forms of CM, instead, there is information from health, social ministry, justice, SENAME, all from their different areas of concern.

**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Extent</th>
<th>Q56</th>
<th>Q57</th>
<th>Q58</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Greatly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Extent of policies for reporting CSE to public agency or NGO (Q59)
- Not really

### Country keeps official records on CSE (Q60)
- Don’t know

### Commercial sex work (or prostitution) is legal (Q61)
- No

### Age at which it’s legal to be a sex worker (Q62)
- Don’t have a legislation to regulate this—just for children and adolescents under 18. CSE

### Extent to which victims of CSE receive mental health care (Q63)
- Sometimes

### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)
- Most of the time

### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)
- Most of the time

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)
- Most of the time

### Extent to which children who are exploited sexually are arrested (Q67)
- Don’t know

### Arrests in the past year for engaging in sex trafficking of children (Q68)
- Yes

### Arrests in the past year for possession or production of child pornography (Q69)
- Yes

---

### Agencies and Organizations for More Information on CM

**ONG Paicabi – Corporación de Promoción y Apoyo a la Infancia / Center for the Promotion and Support of Children**

11 Norte 967  
Villa del Mar, 5ta Region  
Chile  
Telephone: (56) (32) 2861777  
Email: paicabi@paicabi.cl  
Website: www.paicabi.cl  

Resources Provided: Promoción, protección y defensa de la infancia en el marco de la Convención Internacional de los Derechos del Niño. Paicabi realiza intervenciones especializadas y acciones promocionales en el íçmbito de los derechos de la infancia y adolescencia, especialmente respecto del maltrato, el abuso sexual, la exclusión social y la explotación sexual comercial que afecta a niños, niñas y jóvenes

**Servicio Nacional de Menores (SENAME) / National Children’s Service**

Huérfanos 587  
Santiago Centro  
Chile  
Telephone: (02) 23984000  
Website: www.sename.cl  

Resources Provided: Organization that works with CM, children in treatment for child CM, children that are out of their home due to CM, statistics, intervention programs

**Ministerio de Desarrollo Social / Ministry of Social Development**

Catedral 1575  
Santiago  
Chile  
Telephone: +56226751400  
Website: www.ministeriodesarrollosocial.gob.cl  

Resources Provided: Inquest related to infancy


Mailing address:  
Casilla 196, Correo 10  
6760323 Las Condes  
Santiago  
Chile  
Telephone: [56] (2) 2422.8800  
Fax: 56-2-2422.8888  
Email: infochile@unicef.org  
Website: www.unicef.cl  

Resources Provided: Education, research, legal protection
Colombia

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an object (e.g., shoe, belt)

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Religious institution
- Sporting organization

**Parent or caregiver behaviors (Q12)**
- Physical discipline without bruising or other injury
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**LAWS AND POLICIES REGARDING CM**

| Law mandating suspected CM be reported (Q22) | No |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | |
| - Social services | |
| - Law enforcement | |
| Elements in laws/policies (Q45) | |
| - Extent they are enforced (Q47) | |
| - Adequacy of government resources (Q48) | |
| Mandated periodic training for professionals who may encounter maltreated children | |
| Enforcement: Never or almost never enforced | |
| Support: Very inadequate | |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | |
| Enforcement: Inconsistent | |
| Support: Don’t know | |
| Mandated reporting of suspected CM for all adults | |
| Enforcement: Never or almost never enforced | |
| Support: Don’t know | |

Provisions that allow for voluntary reporting of suspected CM by any professional or individual | Yes |
| Enforcement: Inconsistent | |
| Support: Don’t know | |

Requirement that reports be investigated within a specific time period (e.g., 24 hours) | No |
| Enforcement: Never or almost never enforced | |
| Support: Very inadequate | |

Requirement that an investigation be a coordinated intersectoral response | Yes |
| Enforcement: Inconsistent | |
| Support: Very inadequate | |

Requirement that the child(ren)’s and family’s needs be assessed | Yes |
| Enforcement: Inconsistent | |
| Support: Somewhat inadequate | |

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety | Yes |
| Enforcement: Inconsistent | |
| Support: Somewhat inadequate | |

Provisions for removing the alleged perpetrator from the home | No |
| Enforcement: Never or almost never enforced | |
| Support: Very inadequate | |

---

Colombia
309 Gross domestic product (US$ billions)
48,653 Total population (thousands)
6% Population below int’l poverty line of US$1.90 per day
74 Life expectancy at birth (years)
15 Under 5 mortality rate (per 1,000 births)
98% | 99% Youth (15-24 years) literacy rate (male | female)

---

Gross domestic product (US$ billions)
48,653 Total population (thousands)
6% Population below int’l poverty line of US$1.90 per day
74 Life expectancy at birth (years)
15 Under 5 mortality rate (per 1,000 births)
98% | 99% Youth (15-24 years) literacy rate (male | female)
Specific criminal penalties for maltreating a child: Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement of the development of specific prevention services: No
Enforcement: Never or almost never enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Penalties for professionals who fail to report CM: No
Enforcement: Inconsistent
Support: Don't know

Provision of immunity from liability when reports are made in good faith: No
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of a specific budget for preventing CM: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Clear definition of child neglect: No
Clear definition of child physical abuse: No
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: No
Clear definition of exposure to IPV: No

Sectors included in required intersectorial response (Q46)
• Child protection
• Law enforcement (police)
• Health (e.g. forensic doctor or pediatrician)
• Legal (e.g. prosecutor or court appointed advocate)

Government maintains count of suspected CM (Q13): Yes
Duration system in place (Q17): 5 to 10 years

Official labels for types of CM (Q18)
• Physical abuse
• Sexual abuse
• Neglect

Change in no. of cases over past 4 years (Q19)
Physical abuse: More Cases
Sexual abuse: More Cases
Neglect: More Cases
Emotional (psychological) maltreatment: N/A
Exposure to intimate partner violence (IPV): N/A

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & Q21): Yes
Indigenous

Incidence rate of reported CM per 1000 children per year (Q25): Bogota 1.2

% of reported cases involving (Q26)
Physical abuse: 16-30%
Sexual abuse: 16-30%
Emotional (psychological) maltreatment: Don’t know
Street children: 0-15%
Abandoned children: Don’t know
Exposure to IPV: Don’t know

% of reported cases investigated (Q27): 76-90%
% of investigated cases substantiated (Q28): Don’t know
% of substantiated cases in which (Q29)
Result in the perpetrator being removed from the home?: Don’t know
Lead to prosecution of the alleged perpetrator?: Don’t know
Result in the child being removed from the home?: Don’t know

Of children removed from home, how many live in (Q30)
• Kinship care (with a family member)? Don’t know
• Foster care? Don’t know
• Orphanages? Don’t know

Government maintains count of deaths due to CM (Q37): Yes
Over the past 10 years, the number of deaths due to CM has (Q40): Increased
Annual rate of deaths attributed to CM (Q38): 1-2 in 100,000
Of these deaths, % involving (Q39)
Physical abuse: Don’t know
Neglect: Don’t know
Sexual Abuse: Don’t know
Emotional Abuse: Don’t know

Intimate Partner Violence: Don’t know

Autopsy required when child’s death (Q31)
Is unexpected?: Yes
Has an unclear cause?: Yes

Autopsy performed by (Q32): Forensic doctor
Autopsy must follow specific protocol (Q33): Yes
Country has child death review team(s) (Q34): No

Child Deaths

Government maintains count of deaths due to CM (Q37): Yes
Over the past 10 years, the number of deaths due to CM has (Q40): Increased
Annual rate of deaths attributed to CM (Q38): 1-2 in 100,000
Of these deaths, % involving (Q39)
Physical abuse: Don’t know
Neglect: Don’t know
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Emotional Abuse: Don’t know

Intimate Partner Violence: Don’t know

Autopsy required when child’s death (Q31)
Is unexpected?: Yes
Has an unclear cause?: Yes

Autopsy performed by (Q32): Forensic doctor
Autopsy must follow specific protocol (Q33): Yes
Country has child death review team(s) (Q34): No
SERVICES

Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td></td>
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<tr>
<td>Therapy for neglected children</td>
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<td>Therapy for those who physically abuse a child</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
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Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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<td>Public social service agencies</td>
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<tr>
<td>Religious institutions</td>
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<td>Community-based NGOs</td>
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<tr>
<td>Voluntary civic organizations</td>
<td></td>
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<tr>
<td>Courts/law enforcement</td>
<td></td>
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<tr>
<td>Universities</td>
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</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
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<td></td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Public social service agencies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q54)

- Services for victims of domestic violence
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)

- Somewhat
- Broad recognition of children’s rights

Major developments to address CM (Q73)

- Ley 1098 de 2006
- Crime against children is more visible every day
- There is no adequate definition of child abuse

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q58)

- Somewhat

Extent of programs combating CSE (Q57)

- Somewhat

Extent that agencies collaborate to stop CSE (Q58)

- Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59)

- Somewhat

Country keeps official records on CSE (Q60)

- Yes

Commercial sex work (or prostitution) is legal (Q61)

- Yes

Commercial sex work (or prostitution) is legal (Q61)

- Yes

Age at which it’s legal to be a sex worker (Q62)

- 18

Extent to which victims of CSE receive mental health care (Q63)

- Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q64)

- Rarely

Extent to which citizens who engage in CSE abroad are prosecuted (Q65)

- Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)

- Sometimes

Extent to which children who are exploited sexually are arrested (Q67)

- Sometimes

Arrests in the past year for engaging in sex trafficking of children (Q68)

- Yes
Arrests in the past year for possession or production of child pornography (Q69)

Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► Asociación Afecto - Contra El Maltrato Infantil (Afecto) / Association Affect - Against Child Abuse
  Transversal 3 #55-07 Of. 201
  Bogotá D.C.
  Colombia
  Telephone: +(571) 345 8775
  Mobile: +(57) 312 479 3720
  Email: afecto@afecto.org.co
  Website: www.afecto.org.co/
  ISPCAN Country Partner

AFECTO carries out projects of care, prevention of child maltreatment and sexual abuse, and promotion of good treatment by providing training to groups, mobilizing public opinion, generating and starting campaigns and studies with the purpose of reducing maltreatment and violence against boys and girls.

► Instituto Colombiano de Bienestar Familiar (ICBF) / Colombian Family Welfare Institute
  Avenida Cra. 68 No.64C-75
  Bogotá
  Colombia
  Telephone: (+57 1) 437 76 30
  Email: Karen.Abudinen@icbf.gov.co
  Website: www.icbf.gov.co
  Resources Provided: National support for children
### Croatia*

<table>
<thead>
<tr>
<th>BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Forms of acceptable punishment</strong> (Q9)</td>
</tr>
<tr>
<td>• Hitting a child on the buttocks with an open hand</td>
</tr>
<tr>
<td>• Hitting a child on the buttocks with an object (e.g., shoe, belt)</td>
</tr>
<tr>
<td>• Hitting a child on the head or face with an open hand</td>
</tr>
<tr>
<td>• Hitting a child on the head or face with a fist</td>
</tr>
<tr>
<td>• Hitting a child anywhere else on the body with an open hand</td>
</tr>
<tr>
<td>• Hitting a child anywhere else on the body with a fist</td>
</tr>
<tr>
<td>• Putting something spicy, bitter, or salty in a child’s mouth</td>
</tr>
<tr>
<td>• Burning a child deliberately</td>
</tr>
<tr>
<td>• Shaking a child</td>
</tr>
<tr>
<td>• Locking a child in a small space, such as a closet</td>
</tr>
<tr>
<td>• Making a child stand or kneel in one place for more than 5 minutes</td>
</tr>
<tr>
<td><strong>Social conditions and behaviors</strong> (Q10)</td>
</tr>
<tr>
<td>• Physical beating of a child by any adult</td>
</tr>
<tr>
<td>• Child living on the street</td>
</tr>
<tr>
<td>• Prostituting a child</td>
</tr>
<tr>
<td>• Infanticide</td>
</tr>
<tr>
<td>• Female circumcision/female genital mutilation</td>
</tr>
<tr>
<td>• Forcing a child to beg</td>
</tr>
<tr>
<td>• Child serving as soldier</td>
</tr>
<tr>
<td>• Child labor – under age 12</td>
</tr>
<tr>
<td>• Slavery</td>
</tr>
<tr>
<td>• Internet solicitation for sex</td>
</tr>
<tr>
<td>• Child marriage</td>
</tr>
<tr>
<td>• Making a child responsible for an adult crime to lessen risk of prosecution</td>
</tr>
<tr>
<td><strong>Abuse or neglect of a child within a</strong> (Q11)</td>
</tr>
<tr>
<td>• Foster care, group home or orphanage</td>
</tr>
<tr>
<td>• Day care center</td>
</tr>
<tr>
<td>• School or educational training center</td>
</tr>
<tr>
<td>• Psychiatric institution</td>
</tr>
<tr>
<td>• Detention facility</td>
</tr>
<tr>
<td>• Religious institution</td>
</tr>
<tr>
<td>• Work place</td>
</tr>
<tr>
<td>• Law enforcement facility</td>
</tr>
<tr>
<td><strong>Parent or caregiver behaviors</strong> (Q12)</td>
</tr>
<tr>
<td>• Physical discipline with bruising</td>
</tr>
<tr>
<td>• Physical discipline without bruising or other injury</td>
</tr>
<tr>
<td>• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)</td>
</tr>
<tr>
<td>• Failure to seek medical care for any reason</td>
</tr>
<tr>
<td>• Sexual abuse (e.g., incest, sexual touching)</td>
</tr>
<tr>
<td>• Exposing child to pornography</td>
</tr>
<tr>
<td>• Commercial sexual exploitation</td>
</tr>
<tr>
<td>• Abandonment</td>
</tr>
<tr>
<td>• Child experiencing intimate partner (or domestic) violence</td>
</tr>
<tr>
<td>• Child exposed to parent’s substance use</td>
</tr>
</tbody>
</table>

### LAWS AND POLICIES REGARDING CM

| **Law mandating suspected CM be reported** (Q22) | Yes |
| **Year law established** (Q23) | 1990 – 2000 |
| **This law applies to** (Q24) | |
| • Physical abuse | |
| • Sexual abuse | |
| • Neglect | |
| • Emotional (psychological) maltreatment | |
| • Exposure to IPV | |
| **National laws/policies regarding CM** (Q43) | Yes |
| **Laws/policies first established** (Q44) | 1990-2000 |
| **Government agency to respond to CM** (Q41) | Yes |
| **Investigation conducted by** (Q42) | |

- **Social services**
- **Law enforcement**

**Elements in laws/policies** (Q45)
- **Extent they are enforced** (Q47)
- **Adequacy of government resources** (Q46)

**Mandated periodic training for professionals who may encounter maltreated children**

- **Enforcement:**
  - **Support:**

**Mandated reporting of suspected CM for specific groups of professionals or individuals**

- **Enforcement:**
  - **Support:**

---

*Gross domestic product (US$ billions) 4,213
Total population (thousands) 1%
Population below int’l poverty line of US$1.90 per day 1%
Life expectancy at birth (years) 78
Under 5 mortality rate (per 1,000 births) 5
Youth (15-24 years) literacy rate (male | female) 100% | 100%*
| Mandated reporting of suspected CM for all adults | Don't know |  
| Enforcement: | Not applicable |  
| Support: | Don't know |  
| Provisions that allow for voluntary reporting of suspected CM by any professional or individual | Don't know |  
| Enforcement: | Not applicable |  
| Support: | Don't know |  
| Requirement that reports be investigated within a specific time period (e.g., 24 hours) | No |  
| Enforcement: | Not applicable |  
| Support: | Not Applicable |  
| Requirement that an investigation be a coordinated intersectoral response | Yes |  
| Enforcement: | Never or almost never enforced |  
| Support: | Very inadequate |  
| Requirement that the child(ren)’s and family’s needs be assessed | Yes |  
| Enforcement: | Inconsistent |  
| Support: | Somewhat inadequate |  
| Provisions for removing child from his or her parents/caretakers to ensure the child’s safety | Yes |  
| Enforcement: | Inconsistent |  
| Support: | Somewhat inadequate |  
| Provisions for removing the alleged perpetrator from the home | No |  
| Enforcement: | Not applicable |  
| Support: | Not Applicable |  
| Specific criminal penalties for maltreating a child | Yes |  
| Enforcement: | Inconsistent |  
| Support: | Don’t know |  
| Requirement that all victims receive some form of service or intervention | No |  
| Enforcement: | Not applicable |  
| Support: | Very inadequate |  
| Requirement that all perpetrators receive some form of service or intervention | No |  
| Enforcement: | Inconsistent |  
| Support: | Very inadequate |  
| Requirement of the development of specific prevention services | No |  
| Enforcement: | Not applicable |  
| Support: | Don’t know |  
| Requirement that a separate attorney or advocate be assigned to represent the child’s interests | Yes |  
| Enforcement: | Inconsistent |  
| Support: | Somewhat inadequate |  
| Penalties for professionals who fail to report CM | Yes |  
| Enforcement: | Inconsistent |  
| Support: | Don’t know |  
| Provision of immunity from liability when reports are made in good faith | Don’t know |  
| Enforcement: | Not applicable |  
| Support: | Don’t know |  
| Provision of a specific budget for preventing CM | No |  
| Enforcement: | Not applicable |  
| Support: | Not Applicable |  
| Clear definition of child neglect | Yes |  
| Clear definition of child physical abuse | Yes |  
| Clear definition of child sexual abuse | Yes |  
| Clear definition of child emotional/psychological abuse | Yes |  
| Clear definition of exposure to IPV | Don’t know |  

**Sectors included in required intersectoral response** (Q46)  
- Child protection  
- Law enforcement (police)  
- Health (e.g., forensic doctor or pediatrician)  
- Legal (e.g., prosecutor or court appointed advocate)  
- Education (teachers)  

**OFFICIAL DOCUMENTATION OF CM**

| Government maintains count of suspected CM (Q13) | Yes |  
| Duration system in place (Q17) | Don’t know |  
| Official labels for types of CM (Q18) |  
| • Physical abuse |  
| • Sexual abuse |  
| • Neglect |  
| • Emotional (psychological) maltreatment |  
| • Exposure to intimate partner violence (IPV) |  
| Change in no. of cases over past 4 years (Q19) | More Cases |  
| Physical abuse |  
| Sexual abuse |  
| Emotional (psychological) maltreatment |  
| Exposure to intimate partner violence (IPV) | More Cases |  
| Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20) | Don’t know |  
| Incidence rate of reported CM per 1000 children per year (Q29) | around 3000 or 300% |  
| % of reported cases involving (Q26) |  
| Physical abuse | 46-60% |  
| Sexual abuse | 0-15% |  
| Neglect | Don’t know |  
| Emotional (psychological) maltreatment | Don’t know |  
| Street children | Don’t know |  
| Abandoned children | 0-15% |  
| Exposure to IPV | 31-45% |  
| % of reported cases investigated (Q27) | Don’t know |  
| % of investigated cases substantiated (Q28) | Don’t know |  
| % of substantiated cases in which (Q29) |  
| Result in the perpetrator being removed from the home? | Don’t know |  
| Lead to prosecution of the alleged perpetrator? | Don’t know |  
| Result in the child being removed from the home? | Don’t know |  
| Of children removed from home, how many live in (Q30) |  
| Kinship care (with a family member)? | Don’t know |  
| Foster care? | Don’t know |  
| Orphanages? | Don’t know |
### CHILD DEATHS

**Government maintains count of deaths due to CM** (Q37)  
Don’t know  
Sexual Abuse  
Don’t know  
Emotional Abuse  
Don’t know  
Intimate Partner Violence

**Over the past 10 years, the number of deaths due to CM has** (Q46)  
Don’t know  
Autopsy required when child’s death (Q31)  
Don’t know  
Is unexpected?  
Don’t know  
Has an unclear cause?  
Don’t know

**Annual rate of deaths attributed to CM** (Q38)  
Don’t know  
Team(s) supported by legislation (Q35)  
Don’t know

**Of these deaths, % involving** (Q39)  
Physical abuse  
Don’t know  
Neglect  
Don’t know

<table>
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<th>SERVICES</th>
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<tr>
<td>Therapy for those who sexually abuse a child</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
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<tr>
<td>Home-based services to support parents and family</td>
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<tr>
<td>Foster care with official foster parents</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
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<tr>
<td>Public shelters for victims of domestic violence and their children</td>
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</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM prevention** (Q50)  
Hospitals/medical centers  
Minimally Involved  
Mental health agencies  
Moderately Involved  
Businesses/factories  
Minimally Involved  
Schools  
Very Involved  
Public social service agencies  
Very Involved  
Community-based NGOs  
Very Involved  
Religious institutions  
Very Involved  
Voluntary civic organizations  
Very Involved

**Involvement of community sectors in supporting CM treatment** (Q51)  
Hospitals/medical centers  
Very Involved  
Mental health agencies  
Very Involved  
Businesses/factories  
Minimally Involved  
Schools  
Very Involved  
Public social service agencies  
Very Involved  
Community-based NGOs  
Very Involved  
Religious institutions  
Very Involved  
Voluntary civic organizations  
Very Involved

**Funding for CM prevention** (Q52)  
Government  
Minimal  
Non-government  
Moderate Funding

**Funding for CM treatment** (Q53)  
Government  
Minimal  
Non-government  
Moderate Funding

**Strategies used and thought to be effective in preventing CM** (Q54)  
• Nurse Family Partnership  
• Universal home visitation for new parents  
• Improving/increasing local services  
• A system of universal health care and access to preventive medical care  
• University programs for students  
• Improving the basic living conditions of families (e.g., housing, access to clean water).

**Major barriers to preventing CM** (Q55)  
• Lack of specific laws related to CM  
• Lack of system to investigate reports of CM  
• Lack of trained professionals  
• Extreme poverty  
• Decline in family life and informal support systems for parents  
• Country’s dependency on foreign investment to sustain its local economy  
• Strong sense of family privacy and parental rights to raise children as they choose  
• General support for the use of corporal punishment/physical discipline of children  
• Lack of commitment or support for children’s rights  
• Generally inadequate and poorly developed systems of basic health care or social services  
• Political or religious conflict and instability  
• Lack of access to mental health services  
• Lack of substance abuse treatment

**Extent that the UN CRC improved policies and programs concerning CM** (Q70)  
Somewhat

**Major developments to address CM** (Q73)  
• Croatia has a relatively high child poverty and social exclusion risk and, crucially, appears to be one of the EU countries in which child poverty is a static phenomenon, with the same children affected year on year.  
• A crucial issue in Croatia remains low levels of female employment and the absence of pre-school places for all children, but particularly for children in disadvantaged areas and children whose parents are unemployed. Government policies seem powerless to redress this issue given that pre-school provision is the responsibility of local authorities.
• There is growing need to promote work-care and work-life balance, particularly for women workers; increase access to affordable and good-quality pre-school provision of diverse kinds; combine cash and care in ways that augment child well-being; and focus on improving the quality of life of Roma children and children with disabilities.


### CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th>CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</th>
<th>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</th>
<th>Most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q68)</td>
<td>Greatly</td>
<td></td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
<td></td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Not really</td>
<td></td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
<td></td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
<td></td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**Ombudsperson for Children**  
Teslina 10  
10000 Zagreb  
Croatia  
Telephone: 01/4929 669, 01/4921 278  
Fax: 01/4921 277  
E-mail: info@dijete.hr  
Website: www.dijete.hr  
Resources Provided: Protection of children’s rights; Annual report about children’s rights in Croatia

**Parents’ Association Step by Step**  
Illica 73  
10000 Zagreb  
Croatia  
Telephone/Fax: + 385-1-4855-578  
Email: info@udrugaroditeljakpk.hr, marina@udrugaroditeljakpk.hr  
Website: www.udrugaroditeljakpk.hr  
Resources Provided: Prevention of violence program for children and youths, counseling for parents in need, advocacy, training, awareness activities
Denmark

325 Gross domestic product (US$ billions)
5,712 Total population (thousands)
4 Under 5 mortality rate (per 1,000 births)
81 Life expectancy at birth (years)

Population below int’l poverty line of US$1.90 per day

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) Before 1990
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect

Emotional (psychological) maltreatment
Exposure to IPV
National laws/policies regarding CM (Q43) No
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42) Social services

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years
Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19)
Physical abuse Don’t Know
Sexual abuse Don’t Know
**Country Profiles**

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td></td>
</tr>
<tr>
<td>Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20)</td>
<td>No</td>
</tr>
<tr>
<td>% of reported cases involving (Q28)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Street children</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>Don’t know</td>
</tr>
<tr>
<td>% of reported cases investigated (Q27)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q28)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>% of substantiated cases in which (Q29)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Of children removed from home, how many live in (Q30)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Kinship care (with a family member)?</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Foster care?</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Child Deaths**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>No</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q40)</td>
<td></td>
</tr>
<tr>
<td>Remained about the same</td>
<td></td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Autopsy required when child’s death (Q31)</td>
<td></td>
</tr>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
<tr>
<td>Autopsy performed by</td>
<td>Coroner</td>
</tr>
<tr>
<td>Autopsy must follow specific protocol (Q33)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q34)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Services**

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Usually</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Usually</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Usually</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Usually</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>No</td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM prevention (Q50)</td>
<td></td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>None</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM treatment (Q51)</td>
<td></td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM prevention (Q50)</td>
<td></td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Business/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>None</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>None</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM prevention (Q50)</td>
<td></td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM prevention (Q50)</td>
<td></td>
</tr>
<tr>
<td>Funding for CM prevention (Q52)</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>No Funding</td>
</tr>
<tr>
<td>Funding for CM treatment (Q53)</td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM (Q54)**

- Nurse Family Partnership
- Home-based services and support for parents at risk
- Risk assessment methods
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- Improving/increasing local services
• A system of universal health care and access to preventive medical care
• Professional training
• Advocacy for children’s rights
• Improving the basic living conditions of families (e.g., housing, access to clean water).
• Mental health services
• Substance abuse services
• Services for victims of domestic violence

Major barriers to preventing CM (Q55)
• Limited resources for improving the government’s response to CM
• Lack of trained professionals

Major developments to address CM (Q73)
• Sexual abuse of children is very highlighted in Danish media
• Children’s Houses in all 5 regions of Denmark are very effective
• Police and NGOs are very aware of child pornography crimes and they are also very highlighted in Danish media

Child Sexual Exploitation (CSE)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Yes</th>
<th>Greatly</th>
<th>Most of the time</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Not really</th>
<th>Somewhat</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q24)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q25)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q26)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q27)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q28)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q29)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Country keeps official records on CSE (Q30)
Commercial sex work (or prostitution) is legal (Q31)
Age at which it’s legal to be a sex worker (Q32)
Extent to which victims of CSE receive mental health care (Q33)

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Danish Society for Prevention of Child Abuse and Neglect (DASPCAN)
c/o Department of Pediatrics
County Hospital, DK-4700
Denmark
Telephone: 45 56514022
Fax: 45 56513771
Email: info@daspcan.dk, tos@regionsjaelland.dk
Website: www.daspcan.dk

ISPACN Country Partner
DASPCAN works to increase and facilitate knowledge on children exposed to physical violence, sexual and psychological abuse and neglect, and to enhance cooperation among professionals in the field of child abuse and neglect.

Red Barnet
Rosenørns Allé 12
København V, 1634
Denmark
Telephone: 3536 5555

Email: redbarnet@redbarnet.dk
Website: redbarnet.dk

Resources Provided: Stopping distribution of child pornography, preventing and fighting mobbing at schools and child institutions, supporting children in poor families, fighting violence and sexual abuse of children, fighting child marriages and securing human rights of girls in Denmark, and helping children exposed to catastrophes abroad.

Socialstyrelsen
National Board of Health and Welfare
Edisonsvej 1
5000 Odense C
Denmark
Telephone: 72 42 37 00
Email: info@socialstyrelsen.dk
Website: socialstyrelsen.dk

Resources Provided: Implementing knowledge-based programs in local social services agencies, spreading knowledge of such programs, bridging between politicians and practitioners in social work, guiding local social agencies in difficult cases.
Forms of acceptable punishment (Q8)
• Hitting a child on the buttocks with an open hand
• Hitting a child anywhere else on the body with an open hand

Circumstances of the above are considered CM (Q9)
• If the action leaves a bruise
• If the action causes an injury (e.g., bleeding, a burn, a bone fracture)

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Child marriage
• Torture, for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place
• Law enforcement facility

Parent or caregiver behaviors (Q12)
• Physical abuse (e.g., beatings, burning)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Child exposed to intimate partner (or domestic) violence

LAWs AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q21) Yes
Year law established (Q22) 1990 – 2000
This law applies to (Q23)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to Intimate Partner Violence (IPV)

National laws/policies regarding CM (Q42) Yes
Laws/policies first established (Q43) 1990-2000
Government agency to respond to CM (Q48) Yes
Institutionalized children
Social Services
Law enforcement
Health agencies

Elements in laws/policies (Q44)
- Extent they are enforced (Q46)
- Adequacy of government resources (Q47)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Wide
Support: Adequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Wide
Support: Adequate

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Wide
Support: Adequate
### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- **Enforcement**: Wide
- **Support**: Adequate

### Requirement that the investigation be a coordinated intersectorial response
- **Enforcement**: Wide
- **Support**: Adequate

### Requirement that the child(ren)’s and family’s needs be assessed
- **Enforcement**: Wide
- **Support**: Adequate

### Provisions for removing child from parents/caretakers to ensure child’s safety
- **Enforcement**: Wide
- **Support**: Adequate

### Provisions for removing alleged perpetrator from the home
- **Enforcement**: Wide
- **Support**: Adequate

### Criminal penalties for abusing a child
- **Enforcement**: Wide
- **Support**: Adequate

### Requirement that all victims receive a service or intervention
- **Enforcement**: Wide
- **Support**: Adequate

### Requirement that all perpetrators receive a service or intervention
- **Enforcement**: Wide
- **Support**: Adequate

### Requires development of prevention services
- **Enforcement**: Wide
- **Support**: Adequate

### Requires a separate attorney or advocate represents the child’s interests
- **Enforcement**: Wide
- **Support**: Adequate

### Penalties for professionals who fail to report CM
- **Enforcement**: Wide
- **Support**: Adequate

### Provide a specific budget for preventing CM
- **Enforcement**: Wide
- **Support**: Adequate

### Clear definition of child neglect
- **Enforcement**: Wide
- **Support**: Adequate

### Clear definition of child physical abuse
- **Enforcement**: Wide
- **Support**: Adequate

### Clear definition of child sexual abuse
- **Enforcement**: Wide
- **Support**: Adequate

### Clear definition of child emotional/psychological abuse
- **Enforcement**: Wide
- **Support**: Adequate

### Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)
- Education (teachers)
- Parents or other family members

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Change in no. of cases over past 4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13</td>
<td>Yes</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Q16</td>
<td>&gt; 10 years</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Q17</td>
<td>• Physical abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sexual abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Neglect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Exposure IPV</td>
<td></td>
</tr>
<tr>
<td>Q18</td>
<td>Physical abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td></td>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
</tr>
<tr>
<td></td>
<td>Exposure to IPV</td>
<td>More Cases</td>
</tr>
<tr>
<td>Q19 &amp; 20</td>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system</td>
<td>More Cases</td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Autopsy must follow specific protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q26</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q31</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q33</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q34</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q35</td>
<td>Local</td>
<td>Local</td>
</tr>
</tbody>
</table>

### Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasional</td>
</tr>
</tbody>
</table>
### Extent of programs combating CSE (Q56)
- Greatly

### Extent that agencies collaborate to stop CSE (Q57)
- Greatly

### Extent of policies for reporting CSE to public agency or NGO (Q58)
- Greatly

### Country keeps official data on CSE (Q59)
- Yes

### Commercial sex work (or prostitution) is legal (Q60)
- Yes

### Age at which it’s legal to be a sex worker (Q61)
- 18

### Extent to which victims of CSE receive mental health care (Q62)
- Most of the time

### Funding for CM treatment (Q52)
- Government: Moderate
- Non-government: Major

### Strategies used and thought to be effective in preventing CM (Q53)
- Home-based services for at risk parents
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Mental health services
- Services for victims of domestic violence
- Child death review teams

### Major barriers to preventing CM (Q64)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Lack of health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q66)
- Significantly

### Major developments to address CM (Q72)
- Development and passage of the Policy for Inclusive Education (‘Política de Educación Inclusiva’) to guarantee the right to education for all children and adolescents (2009-2014)
- Development and passage of a Special Law against Trafficking of Persons (‘Ley Especial contra la Trata de personas’), October 2014
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Consejo Nacional de la Niñez y de la Adolescencia (CONNA) / National Council for Children and Adolescents
Colonia Costa Rica
Irazú and Final Avenida Calle Santa Marta, No. 2
San Salvador, El Salvador, CA
Telephone: (503) 2511-5400
Email: info@conna.gob.sv
Website: www.conna.gob.sv
Resources Provided: Maximum authority of the National System of Integral Protection and governing institution of the National Policy for Integral Child and Adolescent Protection

Instituto Salvadoreño para el Desarrollo Integral de la Niñez y de la Adolescencia (ISNA) / Salvadoran Institute for the Integral Development of Children and Adolescents
P.O. Box Section 2690
Col. Costa Rica
Irazú Avenue and Final Santa Marta Street, No. 2
San Salvador, Republic of El Salvador, CA
Telephone: (503) 2213-4700
Email: oficialdeinformacion@isna.gob.sv
Website: www.isna.gob.sv
Estonia

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage (possible when mutual request age is 15+)
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution

Law mandating suspected CM be reported (Q22)
Yes

Year law established (Q23)
1990 – 2000

This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV
- All forms of need a child can have

National laws/policies regarding CM (Q43)
Yes

Laws/policies first established (Q44)
1990-2000

Government agency to respond to CM (Q41)
Yes

Investigation conducted by (Q42)

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
  - Social services
  - Law enforcement
  - Children’s house (Barnahus - model)
- Adequacy of government resources (Q48)
  - Mandated periodic training for professionals who may encounter maltreated children
    - Enforcement:
    - Support:
    - Mandated reporting of suspected CM for specific groups of professionals or individuals
      - Enforcement:
      - Support:

Gross domestic product (US$ billions)
26

Total population (thousands)
1,312

Population below int’l poverty line of US$1.90 per day
1%

Life expectancy at birth (years)
78

Under 5 mortality rate (per 1,000 births)
3

Youth (15-24 years) literacy rate (male | female)
100% | 100%
<table>
<thead>
<tr>
<th>Topic</th>
<th>Status</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Inconsistently enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Yes</td>
<td>Inconsistently enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child’s safety</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Adequate</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Adequate</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>No</td>
<td>Never or almost never enforced</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child’s interests</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>Yes</td>
<td>Inconsistently enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Sectors included in required intersectoral response (Q46)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Child protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Law enforcement (police)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health (e.g. forensic doctor or pediatrician)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Legal (e.g. prosecutor or court appointed advocate)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education (teachers)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Government maintains count of suspected CM (Q13)** Yes

**Records maintained by (Q14)**
- Social Services
- Law Enforcement
- Courts
- Medical records — Health system

**Level of records maintained (Q15)**
- National
- Regional/State
- Local

**Interconnectability of record systems across agencies (Q16)** Yes

**Duration system in place (Q17)** More than 10 years

**Official labels for types of CM (Q18)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

**Change in no. of cases over past 4 years (Q19)**
- Physical abuse: More Cases
- Sexual abuse: More Cases

**Incidence rate of reported CM per 1000 children per year (Q25)**
- Not published on 2018 due to changes in the system

**% of reported cases involving (Q26)**
- Physical abuse: 0-15%
- Sexual abuse: 16-30%
- Neglect: 16-30%
- Emotional (psychological) maltreatment: Don’t know
- Street children: 0-15%
- Abandoned children: Don’t know
- Exposure to IPV: Don’t know

**% of reported cases investigated (Q27)**
- 76-90%

**% of investigated cases substantiated (Q28)**
- Don’t know

**% of substantiated cases in which**
- Result in the perpetrator being removed from the home: Don’t know
- Lead to prosecution of the alleged perpetrator: Don’t know
- Result in the child being removed from the home: 0-15%*  
*about Q26 reports
COUNTRY PROFILES  ESTONIA

CHILD DEATHS

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q40) Decreased
Annual rate of deaths attributed to CM (Q38) 1-2 in 100,000
Of these deaths, % involving (Q39)
- Physical abuse 0-15%
- Neglect 46-60%
- Sexual Abuse Don’t know
- Emotional Abuse 31-45%
- Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31) Yes
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32)
- Forensic doctor
- Hospital

Autopsy must follow specific protocol (Q33) Yes

Country has child death review team(s) (Q34) No
Team(s) supported by legislation (Q35) No

SERVICES

Availability of services (Q49)
- Therapy for those who neglect a child
- Therapy for neglected children
- Therapy for those who physically abuse a child
- Therapy for physically abused children
- Therapy for those who sexually abuse a child
- Therapy for sexually abused children
- Case management support services to meet a family’s basic needs
- Home-based services to support parents and family
- Foster care with official foster parents
- Public shelters for maltreated children
- Public shelters for victims of domestic violence and their children
- Institutional care for maltreated children
- Financial and other material support
- Hospitalization for mental illness for adults
- Hospitalization for mental illness for children
- Substance abuse treatment for parents
- Substance abuse treatment for children
- Centers for parents to share experiences/concerns
- Universal home visits for all new parents
- Targeted home visits for new parents at-risk
- Free/highly subsidized child care
- Universal health screening for children
- Universal, mostly free medical care for children
- Universal, mostly free medical care for all citizens

Involvement of community sectors in supporting CM prevention (Q56)
- Hospitals/medical centers Minimally Involved
- Mental health agencies Minimally Involved
- Businesses/factories Very Involved
- Schools Minimally Involved
- Public social service agencies Minimally Involved
- Community-based NGOs Moderately Involved
- Religious institutions Minimally Involved
- Voluntary civic organizations Moderately Involved
- Courts/law enforcement Very Involved
- Universities Minimally Involved

Involvement of community sectors in supporting CM treatment (Q51)
- Hospitals/medical centers Very Involved
- Mental health agencies Very Involved
- Businesses/factories Minimally Involved

Schools Very Involved
Public social service agencies Very Involved
Community-based NGOs Minimally Involved
 Religious institutions Minimally Involved
 Voluntary civic organizations Very Involved
 Courts/law enforcement Very Involved
 Universities Minimally Involved

Funding for CM prevention (Q52)
Government Moderate
Non-government Moderate

Funding for CM treatment (Q55)
Government Major
Non-government Minimal

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

Major barriers to preventing CM (Q56)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
• General support for the use of corporal punishment/physical discipline of children
• Lack of commitment or support for children’s rights
• Overwhelming number of children living on their own
• Generally inadequate and poorly developed systems of basic health care or social services
• Political or religious conflict and instability
• Lack of access to mental health services
• Lack of substance abuse treatment
• Lack of laws allowing sharing of information among professionals

These are not problems in Estonia, but we face them as problematic when they’d occur.

Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)
Significantly

Process on renewed Child Protection Act, creating guidelines for local CPSs

Major developments to address CM (Q73)

• Opening Children’s House to improve investigations of child abuse in a child-friendly way.
• Renewing Victim Support Act. Sexually abused children have no access to psychological help free of charge.
• New Child Protection Act. Clear mandatory reporting system about a child in need and danger. Child protection teams in Social Insurance Board supporting local CPSs handling these cases.

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q58)  
Greatly

Extent of programs combating CSE (Q57)  
Somewhat

Extent that agencies collaborate to stop CSE (Q56)  
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59)  
Greatly

Country keeps official records on CSE (Q60)  
Yes

Commercial sex work (or prostitution) is legal (Q61)  
Yes

Age at which it’s legal to be a sex worker (Q62)  
18

Extent to which victims of CSE receive mental health care (Q63)  
Most of the time

Extent to which citizens who engage in CSE within the country are prosecuted (Q64)  
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q65)  
Don’t know

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)  
Most of the time

Extent to which children who are exploited sexually are arrested (Q67)  
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q68)  
Yes

Arrests in the past year for possession or production of child pornography (Q69)  
Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Police and Border Guard Board
Pärnu mnt. 139
Tallinn, Harju 15060
Estonia
Telephone: 612 3000
Fax: 612 3009
Email: ppa@politsei.ee
Website: www.politsei.ee

Resources Provided: Prevention materials in all forms of abuse, regional child protection teams working on investigations of child abuse

Social Insurance Board
Endla 8
15092 Tallinn
Estonia
Telephone: +372 612 1360
Email: info@sotsiaalkindlustusamet.ee
Website: www.sotsiaalkindlustusamet.ee

Resources Provided: Children’s House and regional child protection teams
Fiji*

Forms of acceptable punishment (Q8)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the buttocks with an object (shoe, belt, other)
• Hitting a child anywhere else on the body with an open hand

Circumstances of the above are considered CM (Q9)
• If the child is < 2 years old
• If the action leaves a bruise
• If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
• If the action is by someone other than a parent (e.g. a babysitter or teacher)
• If the action is done in the presence of non-family members

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture, for political reasons

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place
• Law enforcement facility
• Refugee camp

Parent or caregiver behaviors (Q12)
• Physical abuse (e.g., beatings, burning)
• Physical discipline (e.g., spanking, hitting to correct child’s behavior)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child exposed to intimate partner (or domestic) violence

LAWs AND POLICIES REGARDING CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q21)</td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established (Q22)</td>
<td>After 2005</td>
</tr>
<tr>
<td>This law applies to (Q23)</td>
<td>Physical abuse, Sexual abuse, Neglect, Exposure to Intimate Partner Violence (IPV)</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q42)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q43)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Investigation conducted by (Q41)</td>
<td>Social Services, Law enforcement</td>
</tr>
<tr>
<td>Elements in laws/policies (Q44)</td>
<td>Extent they are enforced (Q45), Adequacy of government resources (Q46)</td>
</tr>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td>Enforcement: Somewhat inadequate</td>
</tr>
</tbody>
</table>

Gross domestic product (US$ billions) 899
Total population (thousands) 4%
Population below int’l poverty line of US$1.90 per day 70
Life expectancy at birth (years) 22
Under 5 mortality rate (per 1,000 births) —
Youth (15-24 years) literacy rate (male | female) 5 70
Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that the investigation be a coordinated intersectorial response
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing child from parents/caretakers to ensure child’s safety
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing alleged perpetrator from the home
Enforcement: Inconsistent
Support: Somewhat inadequate

Criminal penalties for abusing a child
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that all victims receive a service or intervention
Enforcement: Inconsistent
Support: Somewhat inadequate

Requires development of prevention services
Enforcement: Wide
Support: Somewhat inadequate

Penalties for professionals who fail to report CM
Enforcement: Inconsistent
Support: Somewhat inadequate

Provision of immunity from liability when reports made in good faith
Enforcement: Inconsistent
Support: Somewhat inadequate

Provide a specific budget for preventing CM
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child neglect
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child physical abuse
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child sexual abuse
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child emotional/psychological abuse
Enforcement: Inconsistent
Support: Somewhat inadequate

Sectors included in required intersectorial response (Q45)
• Child Protection
• Law enforcement (police)
• Health (e.g. forensic doctor or pediatrician)

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q16) < 5 years

Official labels for types of CM (Q17)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q18)

<table>
<thead>
<tr>
<th>Category</th>
<th>More Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td></td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q19 & 20)
Children seen in the private sector as the private doctors do not report as often.

Incidence rate of reported CM per 1000 children per year (Q24) 4

% of reported cases involving (Q25)
- Physical abuse 16-30%
- Sexual abuse 31-45%
- Neglect 46-60%
- Emotional (psychological) maltreatment 31-45%
- Street children 16-30%
- Abandoned children 0-15%
- Exposure to IPV 16-30%

% of reported cases investigated (Q26) 61-75%

% of substantiated cases in which (Q28)
- Child removed 0-15%
- Perpetrator removed 0-15%
- Alleged perpetrator prosecuted 0-15%

% of children placed outside of home due to CM (Q29) 0-15%

Of children removed from home, how many live in (Q30)
- Kinship care (with family) 46-60%
- Foster care 0-15%
- Orphanages 0-15%
## CHILD DEATHS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q36)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q37)</td>
<td>Increased</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>&lt; 1 in 100,000</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td>Physical abuse 76-90%, Neglect 46-60%, Sexual abuse 0-15%</td>
</tr>
<tr>
<td>Autopsy required when child’s death (Q31)</td>
<td>Voluntary civic organizations Minimal, Courts/law enforcement Minimal, Universities None</td>
</tr>
<tr>
<td>Autopsy must follow specific protocol (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q33)</td>
<td>Yes</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q34)</td>
<td>Yes</td>
</tr>
<tr>
<td>Scope of team(s) (Q35)</td>
<td>Regional</td>
</tr>
</tbody>
</table>

### Availability of services (Q48)

- Programs for those who neglect children: No
- Programs for neglected children: No
- Therapy for those who physically abuse children: No
- Therapy for physically abused children: Occasional
- Therapy for those who sexually abuse children: No
- Therapy for sexually abused children: Occasional
- Case management services: Occasional
- Home-based services/family support: No
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: Moderate
- Public shelters for maltreated children: Moderate
- Public shelters for IPV victims and their children: Moderate
- Institutional care for maltreated children: Moderate
- Financial and other material support: Moderate
- Hospitalization for mental illness - adults: Moderate
- Hospitalization for mental illness - children: Moderate
- Substance abuse treatment - parents: Occasional
- Substance abuse treatment - children: Occasional
- Centers for parents to share experiences/concerns: No
- Universal home visits for all new parents: No
- Home visits for new, at-risk parents: Occasional
- Free child care: Usually
- Universal health screening - children: Usually
- Universal free medical care - children: Usually
- Universal free medical care - all citizens: Usually

### Involvement of community sectors in supporting CM prevention (Q49)

- Hospitals/medical centers: Minimal
- Mental health agencies: Minimal
- Businesses: None
- Schools: Moderate
- Public social services agencies: Moderate
- Community-based NGO’s: Moderate
- Religious institutions: None
- Voluntary civic organizations: Minimal
- Courts/law enforcement: None
- Universities: None

### Involvement of community sectors in supporting CM treatment (Q50)

- Hospitals/medical centers: Very involved
- Mental health agencies: Moderate
- Businesses: None
- Schools: Moderate
- Public social services agencies: Very involved
- Community-based NGO’s: Minimal
- Religious institutions: Minimal

### Strategies used and thought to be effective in preventing CM (Q63)

- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Improving or increasing local services
- Universal health care and preventive medical care
- Advocacy for children’s rights
- Child death review teams

### Major barriers to preventing CM (Q64)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q69)

- Significant

### Major development to address CM (Q72)

- The strengthening of the NCCC - the National Coordinating Committee for Children and the development of child protection policies for each ministry along with the Inter-Agency Guideline. Fiji hosted the Regional Meeting for Child Abuse and Neglect this year and we will be having a National celebration of PCAN on Nov 19th.
CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

- Extent that there are laws concerning CSE (Q55): Greatly
- Extent of programs combating CSE (Q56): Greatly
- Extent that agencies collaborate to stop CSE (Q57): Greatly
- Extent of policies for reporting CSE to public agency or NGO (Q58): Somewhat
- Country keeps official data on CSE (Q59): Yes
- Commercial sex work (or prostitution) is legal (Q60): No
- Extent to which victims of CSE receive mental health care (Q62): Sometimes

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

**Ministry of Health & Medical Services**

*Ministry of Health Headquarters*
Dinem House
88 Amy Street
Toorak
P.O. Box 2223
Government Buildings
Suva, Fiji

Telephone: (679) 300 6177
Email: rimataika@gmail.com

Resources Provided: Statistics, but a training package is also available on request.


*Mailing address:*
Private Mail Bag
Suva, Fiji

*Physical address:*
Third Floor
Fiji Development Bank Building
360 Victoria Parade
Suva, Fiji

Email: suva@unicef.org
Website: https://www.unicef.org/infobycountry/fiji.html

Resources Provided: Resources for the Pacific in regards to situation analysis and statistics.
## Finland

### Behaviors and Conditions Generally Viewed as Child Maltreatment

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

### Laws and Policies Regarding CM

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<th>Question</th>
<th>Yes/No</th>
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<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
<td>Law enforcement</td>
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<td>Year law established (Q23)</td>
<td>After 2005</td>
<td>Elements in laws/policies (Q45)</td>
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<td>This law applies to (Q24)</td>
<td>Yes</td>
<td>- Extent they are enforced (Q47)</td>
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<tr>
<td>Physical abuse</td>
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<td>Neglect</td>
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<td>Emotional (psychological) maltreatment</td>
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<td>Exposure to IPV</td>
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<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
<td>- Adequacy of government resources (Q48)</td>
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<td>Laws/policies first established (Q44)</td>
<td>After 2000</td>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
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<td>Government agency to respond to CM (Q41)</td>
<td>Yes</td>
<td>Enforcement:</td>
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<td>Investigation conducted by (Q42)</td>
<td>Social services</td>
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</table>
Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Yes
Enforcement: Widely enforced
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that an investigation be a coordinated intersectoral response
No
Enforcement: Not applicable
Support: Not applicable

Requirement that the child(ren)’s and family’s needs be assessed
Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
Yes
Enforcement: Widely enforced
Support: Adequate

Provisions for removing the alleged perpetrator from the home
Yes
Enforcement: Widely enforced
Support: Adequate

Specific criminal penalties for maltreating a child
Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention
No
Enforcement: Not applicable
Support: Not applicable

Requirement that all perpetrators receive some form of service or intervention
No
Enforcement: Not applicable
Support: Not applicable

Requirement of the development of specific prevention services
Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Penalties for professionals who fail to report CM
No
Enforcement: Not applicable
Support: Don’t know

Provision of immunity from liability when reports are made in good faith
No
Enforcement: Not applicable
Support: Don’t know

Provision of a specific budget for preventing CM
No
Enforcement: Not applicable
Support: Not applicable

Clear definition of child neglect
No
Clear definition of child physical abuse
Yes
Clear definition of child sexual abuse
Yes
Clear definition of child emotional/psychological abuse
No
Clear definition of exposure to IPV
Yes

Official Documentation of CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years
Official labels for types of CM (Q18)
• Physical abuse
• Sexual abuse
Change in no. of cases over past 4 years (Q19)
Physical abuse No Change
Sexual abuse More Cases

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q22) No
Incidence rate of reported CM per 1000 children per year (Q25)
Among school-aged (7-17 years old) children, 2.5/1000 children per year self-reported emotional violence and 0.6/1000 children reported physical violence. Other forms of maltreatment were not measured.

% of reported cases involving (Q26)
Sexual abuse Don’t know
Street children Don’t know
Abandoned children Don’t know

Child Deaths

Government maintains count of deaths due to CM (Q37) Yes
Autopsy required when child’s death (Q31)

Over the past 10 years, the number of deaths due to CM has (Q40) Remained about the same
Is unexpected? Yes
Has an unclear cause? Yes

Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Autopsy performed by (Q32) Forensic doctor

Of these deaths, % involving (Q39)
Physical abuse 76-90%
Neglect Don’t know
Sexual Abuse Don’t know
Emotional Abuse Don’t know
Intimate Partner Violence Don’t know
Autopsy must follow specific protocol (Q33) Yes
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) No
Scope of team(s) (Q36) National
### Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
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<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
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<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
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<tr>
<td>Community-based NGOs</td>
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<td>Religious institutions</td>
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### Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate Funding</td>
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<tr>
<td>Non-government</td>
<td>Moderate Funding</td>
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### Funding for CM treatment (Q53)

<table>
<thead>
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<th>Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

### Strategies used and thought to be effective in preventing CM (Q54)

- Nurse Family Partnership
- Home-based services and support for parents at risk
- Risk assessment methods
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Advocacy for children’s rights
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of trained professionals
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM (Q56)

- Somewhat

### Major developments to address CM (Q57)

- Passage of mandatory reporting by professionals of suspected child abuse and neglect
- Piloting of the Nordic Barnahus Model in Finland by increasing professional co-operation in cases of suspected child sexual or physical abuse
- Implementing the Istanbul Convention

### CHILD SEXUAL EXPLOITATION (CSE)

**CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q58)</td>
<td>Greatly</td>
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<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Somewhat</td>
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<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
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<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q62)</td>
<td>18</td>
</tr>
</tbody>
</table>

**Extent to which victims of CSE receive mental health care (Q63)**

- Sometimes

**Extent to which citizens who engage in CSE within the country are prosecuted (Q64)**

- Most of the time

**Extent to which citizens who engage in CSE abroad are prosecuted (Q65)**

- Most of the time

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)**

- Most of the time

**Extent to which children who are exploited sexually are arrested (Q67)**

- Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q68)**

- Yes

**Arrests in the past year for possession or production of child pornography (Q69)**

- Yes

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- Central Union for Child Welfare
  - Armfeltintie 1
  - 00150 Helsinki, Finland
  - Telephone: (09) 329 6011
  - Email: toimisto@lskl.fi

  **Website:** [https://www.lskl.fi/english/](https://www.lskl.fi/english/)

  **Resources Provided:** Exerts influence on legislation by issuing opinions and statements and on general attitudes by providing information and campaigning, improves the knowledge of professionals by organizing training and carrying out and commissioning surveys and studies as well as coordinates programs and projects.
Save the Children Finland
Koskelantie 38
00610 Helsinki
Finland
Telephone: +358 10 843 5000
Email: info@savethechildren.fi, info@pelastakaalapset.fi
Website: https://www.pelastakaalapset.fi/en/contact-us/
Resources Provided: Work against online sexual abuse, expert in foster care and adoption, lobbies children’s rights
France*

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q8)
- Hitting a child on the buttocks with an open hand
- Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child’s behavior)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

LAWS AND POLICIES REGARDING CM

| Law mandating suspected CM be reported (Q21) | Yes |
| Year law established (Q22) | Before 1990 |
| This law applies to (Q23) | Physical abuse, Sexual abuse, Neglect, Emotional (psychological) maltreatment, Exposure to Intimate Partner Violence (IPV) |
| National laws/policies regarding CM (Q42) | Yes |
| Laws/policies first established (Q43) | 1980-1989 |
| Government agency to respond to CM (Q44) | Yes |
| Investigation conducted by (Q41) | Social Services, Law enforcement |
| Elements in laws/policies (Q44) | - Extent they are enforced (Q46), - Adequacy of government resources (Q47) |
| Mandated periodic training for professionals who may encounter maltreated children | Enforcement: Inconsistent, Support: Very inadequate |
Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Adequate

Mandated reporting of suspected CM for all adults
Enforcement: Never or almost never
Support: Somewhat inadequate

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Inconsistent
Support: Adequate

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Wide
Support: Somewhat inadequate

Requirement that the investigation be a coordinated intersectorial response
Enforcement: Wide
Support: Adequate

Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Wide
Support: Adequate

Provisions for removing child from parents/caretakers to ensure child’s safety
Enforcement: Inconsistent
Support: Adequate

Criminal penalties for abusing a child
Enforcement: Wide
Support: Somewhat inadequate

Requirement that all victims receive a service or intervention
Enforcement: Wide
Support: Somewhat inadequate

Requires a separate attorney or advocate represents the child’s interests
Enforcement: Wide
Support: Adequate

Penalties for professionals who fail to report CM
Enforcement: Wide
Support: Adequate

Provision of immunity from liability when reports made in good faith
Enforcement: Wide
Support: Adequate

Clear definition of child neglect
Enforcement: Inconsistent
Support: Very inadequate

Clear definition of child physical abuse
Enforcement: Wide
Support: Somewhat inadequate

Clear definition of child sexual abuse
Enforcement: Wide
Support: Adequate

Clear definition of child emotional/psychological abuse
Enforcement: Wide
Support: Adequate

Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- The law has mandated nationally the creation of intersectorial teams on a local basis. The exact composition of each local team varies according to the territory’s resources and decisions.

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q16) > 10 years

Official labels for types of CM (Q17)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q19 & 20)

Victims of child trafficking are dealt with by special services that do not use the same system or send their data. There are also reporting biases for other groups, but no systematic exclusion.

Incidence rate of reported CM per 1000 children per year (Q24) 3.94

% of reported cases involving (Q25)
- Physical abuse 31-45%
- Sexual abuse 16-30%
- Neglect 16-30%
- Emotional (psychological) maltreatment 16-30%
- Street children Don’t know
- Abandoned children Don’t know
- Exposure to IPV Don’t know

Has an unclear cause

Country has child death review team(s) (Q33) Yes

Scope of team(s) (Q35) National

Government maintains count of deaths due to CM (Q36) No

Autopsy required when child’s death (Q31)
- Is unexpected
## SERVICES

### Availability of services (Q48)

- Programs for those who neglect children: Occasional
- Programs for neglected children: Moderate
- Therapy for those who physically abuse children: Occasional
- Therapy for physically abused children: Usually
- Therapy for those who sexually abuse children: Occasional
- Therapy for sexually abused children: Usually
- Case management services: Usually
- Home-based services/family support: Moderate
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: Moderate
- Public shelters for maltreated children: Usually
- Public shelters for IPV victims and their children: Usually
- Institutional care for maltreated children: Usually
- Financial and other material support: Usually
- Hospitalization for mental illness - adults: Occasional
- Hospitalization for mental illness - children: Occasional
- Substance abuse treatment - parents: Usually
- Substance abuse treatment - children: Occasional
- Centers for parents to share experiences/concerns: Moderate
- Universal home visits for all new parents: No
- Home visits for new, at-risk parents: No
- Free child care: Usually
- Universal health screening - children: Usually
- Universal free medical care - children: Usually
- Universal free medical care - all citizens: Moderate

### Involvement of community sectors in supporting CM prevention (Q49)

- Hospitals/medical centers: None
- Mental health agencies: Minimal
- Businesses: None
- Schools: Moderate
- Public social services agencies: Very involved
- Community-based NGO’s: Very involved
- Religious institutions: Minimal
- Voluntary civic organizations: Very involved
- Courts/law enforcement: Minimal
- Universities: None

### Involvement of community sectors in supporting CM treatment (Q50)

- Hospitals/medical centers: Moderate
- Mental health agencies: Moderate
- Businesses: None
- Schools: Minimal
- Public social services agencies: Very involved
- Community-based NGO’s: Very involved
- Religious institutions: Minimal
- Voluntary civic organizations: Very involved
- Courts/law enforcement: Minimal
- Universities: None

### Funding for CM prevention (Q51)

- Government: Moderate
- Non-government: Moderate

### Funding for CM treatment (Q52)

- Government: Non-government
- Non-government: Major

### Strategies used and thought to be effective in preventing CM (Q53)

- Home-based services for at risk parents
- Media campaigns
- Prosecution of offenders
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving families’ basic living conditions
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

### Major barriers to preventing CM (Q54)

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Lack of health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q55)

- Somewhat

### Major developments to address CM (Q56)

- In 2015, Allo 119, the national helpline for children in danger has likewise launched a TV campaign: http://www.allo119.gouv.fr/campagne-tv
- France has participated in the CAN-via-MDS project to help with difficulties concerning data collection on CAN. It might be able to implement on an exploratory basis the tool that was created for this project. Child helpline Allo 119 has developed and made public a new analysis tool for professionals to help them assess situations and relate them the children’s rights and existing legislation at the end of 2015.

### Extent of policies for reporting CSE to public agency or NGO (Q58)

- Greatly

### Country keeps official data on CSE (Q59)

- Yes

### Commercial sex work (or prostitution) is legal (Q60)

- Yes

### Age at which it’s legal to be a sex worker (Q61)

- 18

### Extent to which victims of CSE receive mental health care (Q62)

- Sometimes

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**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

- Extent that there are laws concerning CSE (Q55)：Greatly
- Extent of programs combating CSE (Q56)：Somewhat
- Extent that agencies collaborate to stop CSE (Q57)：Not really
- Extent of policies for reporting CSE to public agency or NGO (Q58)：Greatly
- Country keeps official data on CSE (Q59)：Yes
- Commercial sex work (or prostitution) is legal (Q60)：Yes
- Age at which it’s legal to be a sex worker (Q61)：18
- Extent to which victims of CSE receive mental health care (Q62)：Sometimes
| Extent to which citizens who engage in CSE within the country are prosecuted | Sometimes  |
| Extent to which citizens who engage in CSE abroad are prosecuted | Sometimes  |
| Extent to which foreigners who engage in CSE within the country are prosecuted | Sometimes  |
| Extent to which children who are exploited sexually are arrested | Rarely  |
| Arrests in the past year for engaging in sex trafficking of children | Yes  |
| Arrests in the past year for possession or production of child pornography | Yes  |

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **CépiDC**
  La Force building door 58
  CS30002
  3rd floor
  80, rue du General Leclerc
  94276 the Kremlin-Bicêtre Cedex
  France

  Telephone: 33 (1) 49 59 19 29
  Fax: 33 (1) 49 59 19 30
  Email: Laurence Camelin, laurence.camelin@inserm.fr
  Website: http://www.cepidc.inserm.fr/site4/

  Resources Provided: This agency collects data on death certificates, which include death certificates for children. Periodic studies.
Georgia

**Country Profiles**

**Georgia**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Abuse by another child
- Child labor – under age 12
- Child marriage

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage

**Parent or caregiver behaviors (Q12)**
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**LAWs AND POLICIES REGARDING CM**

| Law mandating suspected CM be reported (Q22) | Yes |
| Law established (Q23) | After 2005 |
| This law applies to (Q24) | |
| Physical abuse | |
| Sexual abuse | |
| Neglect | |
| Emotional (psychological) maltreatment | |
| Exposure to IPV | |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | |
| Social services | |
| Law enforcement | |
| Court system | |
| Elements in laws/policies (Q45) | |
| - Extent they are enforced (Q47) | |
| - Adequacy of government resources (Q48) | |

**Mandated periodic training for professionals who may encounter maltreated children**
- Enforcement: Inconsistent
- Support: Very inadequate

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Enforcement: Inconsistent
- Support: Don't know

**Mandated reporting of suspected CM for all adults**
- Enforcement: Never or almost never enforced
- Support: Don't know

**Provisions that allow for voluntary reporting of suspected CM by any professional or individual**
- Enforcement: Inconsistent
- Support: Don't know

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Enforcement: Somewhat inadequate
- Support: Somewhat inadequate

**Requirement that an investigation be a coordinated intersectoral response**
- Enforcement: Somewhat inadequate
- Support: Somewhat inadequate
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Support</th>
<th>Enforcement</th>
<th>Yes</th>
<th>No</th>
<th>Never or almost never enforced</th>
<th>Don't know</th>
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<tbody>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td>Somewhat inadequate</td>
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<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
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<td>Never or almost never enforced</td>
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<td>Requirement that all perpetrators receive some form of service or intervention</td>
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<td>Requirement of the development of specific prevention services</td>
<td>Don't know</td>
<td>Inconsistent</td>
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</tr>
</tbody>
</table>

**OFFICIAL DOCUMENTATION OF CM**

- Government maintains count of suspected CM (Q13) Yes
- Duration system in place (Q17) 5 to 10 years
- Official labels for types of CM (Q18)
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional (psychological) maltreatment
  - Exposure to intimate partner violence (IPV)
- Change in no. of cases over past 4 years (Q19)
  - Physical abuse More Cases
  - Sexual abuse More Cases
  - Neglect More Cases
  - Emotional (psychological) maltreatment More Cases
  - Exposure to intimate partner violence (IPV) More Cases
- Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No
- Incidence rate of reported CM per 1000 children per year (Q25) 1.4

**% of reported cases involving**

- Physical abuse 31-45%
- Sexual abuse 16-30%
- Neglect 46-60%
- Emotional (psychological) maltreatment 0-15%
- Street children 61-75%
- Abandoned children 46-60%
- Exposure to IPV 46-60%

**% of reported cases investigated**

- 76-90%

**% of investigated cases substantiated**

- 61-75%

**% of substantiated cases in which**

- Result in the perpetrator being removed from the home? 46-60%
- Lead to prosecution of the alleged perpetrator? 31-45%
- Result in the child being removed from the home? 46-60%
- Of children removed from home, how many live in Foster care? 46-60%

**CHILDE DEATHS**

- Government maintains count of deaths due to CM (Q37) Yes
- Over the past 10 years, the number of deaths due to CM has (Q40) Increased
- Annual rate of deaths attributed to CM (Q38) Don't know
- Of these deaths, % involving (Q39)
  - Physical abuse 46-60%
  - Neglect 46-60%

**Autopsy required when child’s death**

- Is unexpected? Yes
- Has an unclear cause? Don’t know

**Autopsy performed by**

- Forensic doctor

**Autopsy must follow specific protocol**

- Yes

**Country has child death review team(s)**

- Yes
Country: Georgia

Team(s) supported by legislation (Q25) Yes

Scope of team(s) (Q26) National

SERVICES

Availability of services (Q48)
- Therapy for those who neglect a child No
- Therapy for neglected children Occasional
- Therapy for those who physically abuse a child No
- Therapy for physically abused children Moderate
- Therapy for those who sexually abuse a child No
- Therapy for sexually abused children Moderate
- Case management support services to meet a family’s basic needs Moderate
- Home-based services to support parents and family No
- Foster care with official foster parents Moderate
- Group homes for maltreated children Moderate
- Public shelters for maltreated children Occasional
- Public shelters for victims of domestic violence and their children Moderate
- Institutional care for maltreated children No
- Financial and other material support Moderate
- Hospitalization for mental illness for adults Occasional
- Hospitalization for mental illness for children Occasional
- Substance abuse treatment for parents Occasional
- Substance abuse treatment for children Occasional
- Centers for parents to share experiences/concerns No
- Universal home visits for all new parents No
- Targeted home visits for new parents at-risk No
- Free/highly subsidized child care No
- Universal health screening for children Occasional
- Universal, mostly free medical care for children Occasional
- Universal, mostly free medical care for all citizens Occasional

Involvement of community sectors in supporting CM prevention (Q56)
- Hospitals/medical centers Minimally Involved
- Mental health agencies None
- Businesses/factories None
- Schools Minimally Involved
- Public social service agencies Minimally Involved
- Community-based NGOs Moderately Involved
- Religious institutions Minimally Involved
- Voluntary civic organizations Minimally Involved
- Courts/law enforcement Minimally Involved
- Universities None

Involvement of community sectors in supporting CM treatment (Q51)
- Hospitals/medical centers Minimally Involved
- Mental health agencies Minimally Involved
- Businesses/factories Minimally Involved
- Schools Minimally Involved
- Public social service agencies Moderately Involved

COMMUNICATIONS OF ARMS

Of absolute necessity

GOVERNMENT RESPONSES

Major developments to address CM (Q273)
- Improvement of child protection
- Referral procedure
- Juvenile justice code development

COUNTRY PROFILES GEORGIA

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56) Somewhat

Extent of programs combating CSE (Q57) Not really

Extent that agencies collaborate to stop CSE (Q58) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59) Somewhat

Country keeps official records on CSE (Q60) Yes

Commercial sex work (or prostitution) is legal (Q61) No

Extent to which victims of CSE receive mental health care (Q62) Most of the time

Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Most of the time

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Most of the time
<table>
<thead>
<tr>
<th>Extent to which children who are exploited sexually are arrested (Q67)</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

**Ministry of Labour, Health & Social Affairs of Georgia**  
Ac. Tsereteli Ave. 144  
0119 Tbilisi  
Georgia  
Telephone: (032) 2 51 00 26, Hotline: 15 05  
Email: info@moh.gov.ge  
Website: http://www.moh.gov.ge/

**Public Health Foundation of Georgia**  
4 Magalashvili str., Apt 1  
Tbilisi, Georgia 0186  
Telephone: (+995 32) 2 421 422  
Telephone/Fax: (+995 32) 2 421 423  
Email: info@phf.org.ge  
Website: phf.org.ge  
Resources Provided: Psychosocial support to victims of CM, training for specialists working with children, advocacy

**Social Services Agency**  
Akaki Tsereteli Avenue 144  
0119, Tbilisi  
Georgia  
Telephone: Hotline: 15 05  
Email: info@ssa.gov.ge  
Website: http://www.ssa.gov.ge/  
Resources Provided: Responds to all cases of CM

UN House  
9, Eristavi Street, Floor IV  
0179 Tbilisi  
Georgia  
Telephone: (+995) 32 2232.388 / 2251.130 / 2250.281 / 2251.656  
Fax: 251.236  
Email: tbilisi@unicef.org  
Website: http://www.unicef.ge
Germany

3,677 Gross domestic product (US$ billions) | 81 Life expectancy at birth (years)
81,915 Total population (thousands) | 4 Under 5 mortality rate (per 1,000 births)
– Population below int'l poverty line of US$1.90 per day | – | – Youth (15-24 years) literacy rate (male | female)

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

LAWs AND POLICIES REGARDING CM

| Law mandating suspected CM be reported (Q22) | No |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | Before 1980 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | Social services |
| Elements in laws/policies (Q45) | |
| - Extent they are enforced (Q47) | |
| - Adequacy of government resources (Q48) | |
| Mandated periodic training for professionals who may encounter maltreated children | No |
| Enforcement: | Don’t know |
| Support: | Don’t know |

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: |
- Support: |

Mandated reporting of suspected CM for all adults
- Enforcement: |
- Support: |

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Enforcement: Widely enforced
- Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Enforcement: |
- Support: |

Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.
Requirement that an investigation be a coordinated intersectoral response: No
Enforcement: Don’t know
Support: Don’t know

Requirement that the child(ren)’s and family’s needs be assessed: Yes
Enforcement: Widely enforced
Support: Adequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety: Yes
Enforcement: Widely enforced
Support: Adequate

Provisions for removing the alleged perpetrator from the home: Yes
Enforcement: Don’t know
Support: Don’t know

Specific criminal penalties for maltreating a child: Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Widely enforced
Support: Adequate

Requirement of the development of specific prevention services: Yes
Enforcement: Don’t know
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests: Yes
Enforcement: Widely enforced
Support: Adequate

Penalties for professionals who fail to report CM: No
Enforcement: Don’t know
Support: Don’t know

Provision of immunity from liability when reports are made in good faith: Don’t know
Enforcement: Don’t know
Support: Don’t know

Provision of a specific budget for preventing CM: No
Enforcement: Don’t know
Support: Don’t know

Clear definition of child neglect: No
Clear definition of child physical abuse: No
Clear definition of child sexual abuse: No
Clear definition of child emotional/psychological abuse: No
Clear definition of exposure to IPV: No

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13): Yes
Duration in place (Q17): < 5 years
Official labels for types of CM (Q18):
  • Physical abuse
  • Sexual abuse
  • Neglect
  • Emotional (psychological) maltreatment
Change in no. of cases over past 4 years (Q19):
Physical abuse: More Cases
Sexual abuse: More Cases
Neglect: More Cases
Emotional (psychological) maltreatment: More Cases
Exposure to intimate partner violence (IPV): N/A
Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20): No

Incidence rate of reported CM per 1000 children per year (Q25): 95
% of reported cases involving: (Q26)
  Physical abuse: 16-30%
  Sexual abuse: 0-15%
  Neglect: 61-75%
  Emotional (psychological) maltreatment: 16-30%
% of investigated cases substantiated (Q28): 31-45%
% of substantiated cases in which Result in the perpetrator being removed from the home? (Q29): Don’t know
  Lead to prosecution of the alleged perpetrator? (Q30): Don’t know
  Result in the child being removed from the home? (Q31): 0-15%
Of children removed from home, how many live in Kinship care (with a family member) (Q32): Don’t know
  Foster care? (Q33): Don’t know
  Orphanages? (Q34): Don’t know

CHILD DEATHS

Government maintains count of deaths due to CM (Q37): Yes
Annual rate of deaths attributed to CM (Q38): < 1 in 100,000
Autopsy required when child’s death (Q39): Yes
Has an unclear cause? (Q40): Yes

Autopsy performed by (Q32): Forensic doctor
Autopsy must follow specific protocol (Q33): Yes
Country has child death review team(s) (Q34): Yes
Team(s) supported by legislation (Q35): No

SERVICES

Availability of services (Q49):
  Therapy for those who neglect a child: Usually
  Therapy for neglected children: Usually
  Therapy for those who physically abuse a child: Usually
  Therapy for physically abused children: Usually
  Therapy for those who sexually abuse a child: Usually
  Therapy for sexually abused children: Usually
<table>
<thead>
<tr>
<th>Case management support services to meet a family's basic needs</th>
<th>Occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home-based services to support parents and family</td>
<td>Usually</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Usually</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Moderate</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM prevention (Q56)**

| Hospitals/medical centers | Moderately Involved |
| Mental health agencies | Moderately Involved |
| Businesses/factories | None |
| Schools | Moderately Involved |
| Public social service agencies | Moderately Involved |
| Community-based NGOs | Moderately Involved |
| Religious institutions | Minimally Involved |
| Voluntary civic organizations | Moderately Involved |
| Courts/law enforcement | Minimally Involved |
| Universities | Minimally Involved |

**Involvement of community sectors in supporting CM treatment (Q51)**

| Hospitals/medical centers | Moderately Involved |
| Mental health agencies | Moderately Involved |
| Businesses/factories | None |
| Schools | Minimally Involved |
| Public social service agencies | Very Involved |
| Community-based NGOs | Very Involved |
| Religious institutions | Minimally Involved |
| Voluntary civic organizations | Moderately Involved |
| Courts/law enforcement | None |
| Universities | None |

**Funding for CM prevention (Q52)**
- Government: Major
- Non-government: Moderate Funding

**Funding for CM treatment (Q53)**
- Government: Major
- Non-government: Moderate Funding

**Strategies used and thought to be effective in preventing CM (Q54)**
- Nurse Family Partnership
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

**Major barriers to preventing CM (Q55)**
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of commitment or support for children’s rights

**Extent that the UN CRC improved policies and programs concerning CM (Q70)**
- Somewhat

**Major developments to address CM (Q73)**
- Since the 1990s the German child protection system has been very support oriented. In the last ten years, especially due to severe cases, laws and guidelines have been created which indicate a slight shift to a interventionist approach.
- Interprofessional relations in preventing child maltreatment were supported by law and initiatives.
- The child and youth welfare system had to develop more concepts to support unaccompanied asylum seeking minors and refugee children arriving with their parents.

**COUNTRY PROFILES  GERMANY**

**CHILD SEXUAL EXPLOITATION (CSE)**

- CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

**Extent that there are laws concerning CSE (Q56)**
- Greatly

**Extent of programs combating CSE (Q57)**
- Somewhat

**Extent that agencies collaborate to stop CSE (Q58)**
- Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q59)**
- Not really

**Country keeps official records on CSE (Q60)**
- No

**Commercial sex work (or prostitution) is legal (Q61)**
- Yes

**Age at which it’s legal to be a sex worker (Q62)**
- 18

**Extent to which victims of CSE receive mental health care (Q63)**
- Don’t know

**Extent to which citizens who engage in CSE within the country are prosecuted (Q64)**
- Sometimes

**Extent to which citizens who engage in CSE abroad are prosecuted (Q65)**
- Rarely

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)**
- Don’t know

**Extent to which children who are exploited sexually are arrested (Q67)**
- Don’t know

**Arrests in the past year for engaging in sex trafficking of children (Q68)**
- Yes

**Arrests in the past year for possession or production of child pornography (Q69)**
- Yes
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Deutsches Jugendinstitut DJI / German Youth Institute
Nockherstr. 2
81541 Munich
Germany
Telephone: +49 89 62306-0
Fax: +49 89 62306-162
Website: www.dji.de
Resources Provided: German's Research Institute on Family, Childhood, Child Welfare and Child Protection matters providing research findings and guidelines for practice.

German Society for Prevention of Child Abuse and Neglect (GESPCAN)
Sternstrasse 9 - 11
40479 Düsseldorf
Germany
Telephone: 0211 4976 80 0
Fax: 0211 4976 80 20
Email: info@dgfpi.de
Website: www.dgfpi.de

GESPCAN is a multidisciplinary organization established as a forum where the exchange and discussion of various concepts and ideas of different professions is possible in order to enhance the ability to understand each other and to improve interdisciplinary cooperation and communication.

Nationales Zentrum Frühe Hilfe / National Center for Early Prevention
Maarweg 149-161
50825 Cologne
Germany
Telephone: 0221 / 8992-456
Fax: 0221 / 8992-302
Email: redaktion@fruehehilfen.de
Website: www.fruehehilfen.de

Resources Provided: Multi-disciplinary material and knowledge about early prevention through all stakeholder groups

Unabhängiger Beauftragter für Fragen des sexuellen Kindesmissbrauchs / Independent Commissioner for Child Sexual Abuse Issues
P.O. Box 110129
10831 Berlin
Germany
Fax: (030) 18555-4 1555
Website: https://beauftragter-missbrauch.de/startseite/

Resources Provided: All information concerning child sexual abuse
**Ghana**

### Behaviors and Conditions Generally Viewed as Child Maltreatment

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child on the head or face with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child's mouth
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Infanticide
- Child serving as soldier
- Slavery
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center

**Parent or caregiver behaviors (Q12)**
- Sexual abuse (e.g., incest, sexual touching)

### Laws and Policies Regarding CM

- **Law mandating suspected CM be reported (Q22)**: No
- **National laws/policies regarding CM (Q43)**: Yes
- **Laws/policies first established (Q44)**: After 2000
- **Government agency to respond to CM (Q41)**: Yes
- **Investigation conducted by (Q42)**:
  - Social services
  - Law enforcement
- **Elements in laws/policies (Q45)**
  - Extent they are enforced (Q47)
  - Adequacy of government resources (Q48)
- **Mandated periodic training for professionals who may encounter maltreated children**
- **Mandated reporting of suspected CM for specific groups of professionals or individuals**
- **Mandated reporting of suspected CM for all adults**

- **Provisions that allow for voluntary reporting of suspected CM by any professional or individual**: Don’t know
- **Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
  - Enforcement: Don’t know
  - Support: Don’t know
- **Requirement that an investigation be a coordinated intersectoral response**
  - Enforcement: Don’t know
  - Support: Don’t know
- **Requirement that the child(ren)’s and family’s needs be assessed**
  - Enforcement: Don’t know
  - Support: Don’t know
- **Provisions for removing child from his or her parents/caretakers to ensure the child’s safety**
  - Enforcement: No
  - Support: Don’t know
- **Provisions for removing the alleged perpetrator from the home**
  - Enforcement: Don’t know
  - Support: Don’t know
- **Specific criminal penalties for maltreating a child**
  - Enforcement: Yes
  - Support: Don’t know
<table>
<thead>
<tr>
<th>Requirement that all victims receive</th>
<th>Penalties for professionals who fail to report CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>some form of service or intervention</td>
<td>Enforcement: Don't know</td>
</tr>
<tr>
<td></td>
<td>Support: Don't know</td>
</tr>
</tbody>
</table>

| Requirement that all perpetrators receive | Provision of immunity from liability when reports are made in good faith |
| some form of service or intervention      | Enforcement: Don't know |
|                                        | Support: Don't know |

<table>
<thead>
<tr>
<th>Requirement of the development of specific prevention services</th>
<th>Provision of a specific budget for preventing CM</th>
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<tbody>
<tr>
<td></td>
<td>Enforcement: Don't know</td>
</tr>
<tr>
<td></td>
<td>Support: Don't know</td>
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</table>

<table>
<thead>
<tr>
<th>Requirement that a separate attorney or advocate be assigned to represent the child's interests</th>
<th>Clear definition of child neglect</th>
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<tbody>
<tr>
<td></td>
<td>Enforcement: Don't know</td>
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<tr>
<td></td>
<td>Support: Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Official Documentation of CM</th>
<th>Clear definition of child physical abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enforcement: Don't know</td>
</tr>
<tr>
<td></td>
<td>Support: Don't know</td>
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</table>

<table>
<thead>
<tr>
<th>Clear definition of child sexual abuse</th>
<th>Clear definition of child emotional/psychological abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enforcement: Don't know</td>
</tr>
<tr>
<td></td>
<td>Support: Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirement of the development of specific prevention services</th>
<th>Clear definition of exposure to IPV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enforcement: Don't know</td>
</tr>
<tr>
<td></td>
<td>Support: Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OFFICIAL DOCUMENTATION OF CM</th>
<th>% of reported cases investigated</th>
<th>46-60%</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Incidence rate of reported CM per 1000 children per year</th>
<th>% of investigated cases substantiated</th>
<th>46-60%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>% of reported cases involving</th>
<th>% of substantiated cases in which</th>
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<tbody>
<tr>
<td>Physical abuse</td>
<td>Result in the perpetrator being removed from the home?</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Lead to prosecution of the alleged perpetrator?</td>
</tr>
<tr>
<td>Neglect</td>
<td>Result in the child being removed from the home?</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Of children removed from home, how many live in</td>
</tr>
<tr>
<td>Street children</td>
<td>Kinship care (with a family member)?</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>Foster care?</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Orphanages?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD DEATHS</th>
<th>Autopsy required when child's death</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Over the past 10 years, the number of deaths due to CM has</th>
<th>Autopsy performed by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical examiner</td>
</tr>
<tr>
<td></td>
<td>Forensic doctor</td>
</tr>
<tr>
<td></td>
<td>Coroner</td>
</tr>
<tr>
<td></td>
<td>Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Autopsy must follow specific protocol</th>
<th>Country has child death review team(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrollment: Don't know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Public shelters for maltreated children</th>
<th>No</th>
</tr>
</thead>
</table>

| Therapy for those who neglect a child | Public shelters for victims of domestic violence and their children | No |
| Therapy for neglected children | Institutional care for maltreated children | Occasional |
| Therapy for those who physically abuse a child | Financial and other material support | Occasional |
| Therapy for physically abused children | Hospitalization for mental illness for adults | No |
| Therapy for those who sexually abuse a child | Hospitalization for mental illness for children | No |
| Therapy for sexually abused children | Substance abuse treatment for parents | No |
| Case management support services to meet a family's basic needs | Substance abuse treatment for children | No |
| Home-based services to support parents and family | Centers for parents to share experiences/concerns | No |
| Foster care with official foster parents | Universal home visits for all new parents | No |
| Group homes for maltreated children | Targeted home visits for new parents-at-risk | No |
|                                      | Free/highly subsidized child care | No |
**Country Profiles: Ghana**

Universal health screening for children: No
Universal, mostly free medical care for children: No
Universal, mostly free medical care for all citizens: No

**Involvement of community sectors in supporting CM prevention**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public service agencies</td>
<td>None</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>None</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM treatment**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Public service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

**Funding for CM prevention**

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate Funding</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

**Funding for CM treatment**

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Minimal</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM**

- Advocacy for children’s rights

**Major barriers to preventing CM**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM**

- Not at all

**Major developments to address CM**

- The establishment of ministry of gender, children and social protection.
- Establishment of the domestic violence and victims support unit as a special unit at the Ghana police service.
- Increase in civil society and Non-governmental organization advocacy.

**Child Sexual Exploitation (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Extent</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not really</td>
<td>Extent that there are laws concerning CSE (Q56)</td>
</tr>
<tr>
<td>Not really</td>
<td>Extent of programs combating CSE (Q57)</td>
</tr>
<tr>
<td>Not really</td>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
</tr>
<tr>
<td>Not really</td>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
</tr>
<tr>
<td>No</td>
<td>Country keeps official records on CSE (Q60)</td>
</tr>
<tr>
<td>No</td>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
</tr>
<tr>
<td>Rarely</td>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
</tr>
<tr>
<td>Rarely</td>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
</tr>
<tr>
<td>Rarely</td>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
</tr>
<tr>
<td>Rarely</td>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
</tr>
<tr>
<td>Rarely</td>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
</tr>
<tr>
<td>Yes</td>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
</tr>
<tr>
<td>No</td>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
</tr>
<tr>
<td>Yes</td>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
</tr>
<tr>
<td>No</td>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
</tr>
</tbody>
</table>

**Agencies and Organizations for More Information on CM**

- **Ministry of Children and Gender Protection**
  - Accra 233
  - Ghana
  - Resources Provided: Government subventions (budgets or support)

- **Plan International Ghana**
  - No. 10 Yiyiwa Street Abelenkpe
  - Accra

**Contact Information**

- Ghana
  - Telephone: 233 (030) - 2778039 / 2764405
  - Email: ghana.co@plan-international.org
  - Website: www.plan-international.org

**Resources Provided**

- Programmes, training, partnerships, research and publications
Greece

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Shaking a child

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) After 2005
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q43)
Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41)
Yes
Investigation conducted by (Q42)

Elements in laws/policies (Q45)
- Extent they are enforced (Q47) Never or almost never enforced
- Adequacy of government resources (Q46) Very inadequate

Mandated periodic training for professionals who may encounter maltreated children
- Enforcement: Never or almost never enforced
- Support: Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Never or almost never enforced
- Support: Don’t know
Mandated reporting of suspected CM for all adults Yes
Enforcement: Never or almost never enforced
Support: Don't know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours) No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement that the child(ren)'s and family's needs be assessed Don't know
Enforcement: Never or almost never enforced
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety Don't know
Enforcement: Never or almost never enforced
Support: Very inadequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that all victims receive some form of service or intervention No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement of the development of specific prevention services No
Enforcement: Never or almost never enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests No
Enforcement: Don't know
Support: Very inadequate

Penalties for professionals who fail to report CM No
Enforcement: Don't know
Support: Don't know

Provision of immunity from liability when reports are made in good faith No
Enforcement: Don't know
Support: Don't know

Provision of a specific budget for preventing CM No
Enforcement: Don't know
Support: Very inadequate

Clear definition of child neglect Yes
Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse Yes
Clear definition of exposure to IPV Yes

Sectors included in required intersectoral response (Q46)
• Child protection
• Law enforcement (police)
• Health (e.g., forensic doctor or pediatrician)
• Legal (e.g., prosecutor or court appointed advocate)
• Education (teachers)

Government maintains count of suspected CM (Q13) No
% of reported cases involving (Q28)
Physical abuse 46-60%
Sexual abuse 0-15%
Neglect 31-45%
Emotional (psychological) maltreatment Don't know
Street children Don't know
Abandoned children Don't know
Exposure to IPV Don't know
% of reported cases investigated (Q27) 0-15%

% of investigated cases substantiated (Q28) 0-15%
% of substantiated cases in which (Q29)
Result in the perpetrator being removed from the home? 0-15%
Lead to prosecution of the alleged perpetrator? 0-15%
Result in the child being removed from the home? 0-15%

Of children removed from home, how many live in (Q30)
Kinship care (with a family member)? Don't know
Foster care? Don't know
Orphanages? Don't know

Government maintains count of deaths due to CM (Q37) No
Over the past 10 years, the number of deaths due to CM has (Q40) Don't know
Annual rate of deaths attributed to CM (Q38) Don't know
Of these deaths, % involving (Q39)
Physical abuse Don't know
Neglect Don't know

Sexual Abuse Don't know
Emotional Abuse Don't know
Intimate Partner Violence Don't know
Autopsy required when child's death (Q31) Yes
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32) Coroner
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autopsy must follow specific protocol (Q33)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q34)</td>
<td>No</td>
</tr>
</tbody>
</table>

## SERVICES

### Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Country</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Occasional</td>
<td></td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>None</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
</tbody>
</table>

## CHILD SEXUAL EXPLOITATION (CSE)

### Child Sexual Exploitation (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Description</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q56)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Not really</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Commercial sex work (or prostitution) is legal (Q61)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

### Extent to which victims of CSE receive mental health care (Q63)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely</td>
</tr>
</tbody>
</table>

### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time</td>
</tr>
</tbody>
</table>

### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time</td>
</tr>
</tbody>
</table>

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most of the time</td>
</tr>
</tbody>
</table>

### Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment (Q53)

<table>
<thead>
<tr>
<th>Agency</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Minimum</td>
</tr>
</tbody>
</table>

### Strategies used and thought to be effective in preventing CM (Q54)

- Media campaigns to raise public awareness

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Lack of access to mental health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q79)

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat</td>
</tr>
</tbody>
</table>

### Major developments to address CM (Q73)

- (+) Establishment of laws to combat CM
- (-) No national agencies to report and combat CM
- (-) Financial crisis has had a great impact on resources for prevention of CM and child protection
- (+) NGO began to assist in the dissemination of information and training regarding CM
<table>
<thead>
<tr>
<th>Extent to which children who are exploited sexually are arrested (Q67)</th>
<th>Rarely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **ELIZA-Society for the Prevention of Cruelty to Children**
  - Ermou & Christopoulou 2
  - 105 63 Athens
  - Greece
  - Telephone: +30 210 3231704
  - Fax: +30 210 3254144
  - E-mail: info@eliza.org.gr
  - Website: www.eliza.org.gr
  - Resources Provided: Promotion and protection of children rights, education of stakeholders for the prevention of child abuse

- **Synigoros tou Politi / The Greek Ombudsman Independent Authority**
  - 17 Halkokondylí St.
  - 104 32 Athens
  - Greece
  - Telephone: (+30) 213 1306 600
  - Fax: (+30) 213 1306 800, (+30) 210 7292 129
  - Email: r.g.soroginys@sserp, cr@synigoros.gr
  - Website: https://www.synigoros.gr/
  - Resources Provided: Child protection
Grenada

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | After 2005 |
| This law applies to (Q24) | |
| Physical abuse | |
| Sexual abuse | |
| Neglect | |
| Emotional (psychological) maltreatment | |
| Exposure to IPV | |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | |
| Social services | |
| Law enforcement | |
| Elements in laws/policies (Q45) | |
| Extent they are enforced (Q47) | |
| Adequacy of government resources (Q48) | |
| Mandated periodic training for professionals who may encounter maltreated children | |

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Yes
- Support: Inconsistent

Mandated reporting of suspected CM for all adults
- Enforcement: Yes
- Support: Inconsistent

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Enforcement: Widely enforced
- Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Enforcement: Yes
- Support: Inconsistent
- Very inadequate

Requirement that an investigation be a coordinated intersectoral response
- Enforcement: Yes
- Support: Inconsistent
- Very inadequate

Requirement that the child(ren)’s and family’s needs be assessed
- Enforcement: Yes
- Support: Inconsistent
- Very inadequate

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**Gross domestic product (US$ billions)**: 1

**Total population (thousands)**: 107

**Population below int’l poverty line of US$1.90 per day**: –

**Life expectancy at birth (years)**: 16

**Under 5 mortality rate (per 1,000 births)**: –

**Youth (15-24 years) literacy rate (male | female)**: 74 | 16

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Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.
Provisions for removing child from his or her parents/caretakers to ensure the child’s safety: Yes
Enforcement: Inconsistent
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home: Yes
Enforcement: Inconsistent
Support: Very inadequate

Specific criminal penalties for maltreating a child: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention: No
Enforcement: Inconsistent
Support: Very inadequate

Requirement of the development of specific prevention services: Don’t know
Enforcement: Inconsistent
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests: Don’t know
Enforcement: Inconsistent
Support: Very inadequate

Penalties for professionals who fail to report CM: Yes
Enforcement: Inconsistent
Support: Don’t know

Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Inconsistent
Support: Don’t know

Provision of a specific budget for preventing CM: Don’t know
Enforcement: Not applicable
Support: Very inadequate

Clear definition of child neglect: Yes
Clear definition of child physical abuse: Yes
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: Yes
Clear definition of exposure to IPV: Yes

Sectors included in required intersectoral response (Q46):
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

Government maintains count of suspected CM (Q13): Yes

Duration system in place (Q17): 5 to 10 years

Official labels for types of CM (Q18):
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19):

Physical abuse: Don’t Know
Sexual abuse: More Cases
Neglect: Don’t Know
Emotional (psychological) maltreatment: Don’t Know
Exposure to intimate partner violence (IPV): Don’t Know

% of reported cases investigated (Q27): Don’t know
% of investigated cases substantiated (Q28): Don’t know
% of substantiated cases in which (Q29):
- Result in the perpetrator being removed from the home? Don’t know
- Lead to prosecution of the alleged perpetrator? Don’t know
- Result in the child being removed from the home? Don’t know
- Of children removed from home, how many live in Kinship care (with a family member)? Don’t know
- Foster care? Don’t know
- Orphanages? Don’t know

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20): Don’t know

% of reported cases involving (Q26):
- Physical abuse: Don’t know
- Sexual abuse: Don’t know
- Neglect: Don’t know
- Emotional (psychological) maltreatment: Don’t know
- Exposure to intimate partner violence (IPV): Don’t know

Government maintains count of deaths due to CM (Q37): Yes

Over the past 10 years, the number of deaths due to CM has (Q40): Don’t know

Annual rate of deaths attributed to CM (Q38): Don’t know

Of these deaths, % involving (Q39):
- Physical abuse: Don’t know

Autopsy required when child’s death (Q31): Is unexpected? Don’t know
Has an unclear cause? Don’t know

Clear definition of child neglect: Yes
Clear definition of child physical abuse: Yes
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: Yes
Clear definition of exposure to IPV: Yes

Sectors included in required intersectoral response (Q46):
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent of programs combating CSE (Q57)
Not really

Commercial sex work (or prostitution) is legal (Q61)
No

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56)
Somewhat

Extent that agencies collaborate to stop CSE (Q58)
Not really

Extent of policies for reporting CSE to public agency or NGO (Q59)
Not really

Country keeps official records on CSE (Q60)
No
Extent to which victims of CSE receive mental health care (Q63) Don’t know
Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Rarely
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Rarely
Extent to which children who are exploited sexually are arrested (Q67) Don’t know
Arrests in the past year for engaging in sex trafficking of children (Q68) Don’t know
Arrests in the past year for possession or production of child pornography (Q69) Don’t know

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► Child Protection Agency (CPA)
P.O. Box 3352
Scott Street
St. George’s
Grenada
Email: info@cpagrenada.org
Telephone: +1 473-440-6980 / 435-0293 / 435-3396
Resources Provided: Child Abuse Hotline at 677, Main agency for child protection, foster care and institutional care

► Grenada National Coalition on the Rights of Children (GNCRCC)
P.O. Box 3594
N.D.F. Building
Lucas Street
St. George’s
Grenada
Telephone: (473) 435-0944
Email: gnrcrc@spiceisle.com
Website: http://gnrcrc.weebly.com/
Resources Provided: Activities for protecting the rights of children in Grenada
Hong Kong

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child anywhere else on the body with an open hand
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Internet solicitation for sex
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Religious institution
- Sporting organization

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22)
- No

National laws/policies regarding CM (Q43)
- Yes

Laws/policies first established (Q44)
- Before 1980

Government agency to respond to CM (Q41)
- Yes

Investigation conducted by (Q42)
- Social services
- Law enforcement

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
- No

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Not applicable
- Support: Don’t know

Mandated reporting of suspected CM for all adults
- Enforcement: Not applicable
- Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Yes

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Enforcement: Somewhat adequate
- Support: Somewhat adequate

Requirement that an investigation be a coordinated intersectoral response
- Yes

Gross domestic product (US$ billions)
- 341

Total population (thousands)
- 7,365

Population below int’l poverty line of US$1.90 per day
- 19.9%

Life expectancy at birth (years)
- 84

Under 5 mortality rate (per 1,000 births)
- 2

Youth (15-24 years) literacy rate (male | female)
- 100% | 100%
Requirement that the child(ren)'s and family's needs be assessed  Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety  Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home  No
Enforcement: Inconsistent
Support: Very inadequate

Specific criminal penalties for maltreating a child  Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that all victims receive some form of service or intervention  Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention  Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement of the development of specific prevention services  Yes
Enforcement: Widely enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests  No
Enforcement: Never or almost never enforced
Support: Not applicable

Penalties for professionals who fail to report CM  No
Enforcement: Not applicable
Support: Don't know

Provision of immunity from liability when reports are made in good faith  No
Enforcement: Not applicable
Support: Don't know

Clear definition of child neglect  No

Clear definition of child physical abuse  No

Clear definition of child sexual abuse  No

Clear definition of child emotional/psychological abuse  No

Clear definition of exposure to IPV  No

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Education (teachers)

Official documentation of CM

Government maintains count of suspected CM (Q13)  Yes

Duration system in place (Q17)  > 10 years

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q18)

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Fewer</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More</td>
</tr>
<tr>
<td>Neglect</td>
<td>Fewer</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>Don't Know</td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)  No

Incidence rate of reported CM per 1000 children per year (Q25)  0.81

% of reported cases involving (Q26)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>0-15%</td>
</tr>
<tr>
<td>Street children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>0-15%</td>
</tr>
</tbody>
</table>

% of investigated cases substantiated (Q27)  76-90%

% of substantiated cases in which (Q28)

<table>
<thead>
<tr>
<th>Case Subtype</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Of children removed from home, how many live in (Q30)

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship care (with a family member)?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Foster care?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Child Deaths

Government maintains count of deaths due to CM (Q37)  Yes

Over the past 10 years, the number of deaths due to CM has (Q40)  Decreased

Annual rate of deaths attributed to CM (Q38)  < 1 in 100,000

Of these deaths, % involving (Q39)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>% of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

% of reported cases involving (Q26)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>0-15%</td>
</tr>
<tr>
<td>Street children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>0-15%</td>
</tr>
</tbody>
</table>

% of investigated cases substantiated (Q27)  16-30%

% of substantiated cases in which (Q28)

<table>
<thead>
<tr>
<th>Case Subtype</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Autopsy required when child's death (Q31)

<table>
<thead>
<tr>
<th>Condition</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Autopsy required when child's death (Q31)

<table>
<thead>
<tr>
<th>Condition</th>
<th>% of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**Autopsy performed by (Q32)**  
Forensic doctor

**Autopsy must follow specific protocol (Q33)**  
Yes

**Country has child death review team(s) (Q34)**  
Yes

### Services

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Funding for CM treatment (Q53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Government Major</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Non-government Moderate Funding</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Occasional</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Occasional</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Finanical and other material support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospilization for mental illness for adults</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospilization for mental illness for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Occasional</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Occasional</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM prevention**

- Hospitals/medical centers: Moderately Involved
- Mental health agencies: Moderately Involved
- Businesses/factories: None
- Schools: Very Involved
- Public social service agencies: Moderately Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: Moderately Involved
- Voluntary civic organizations: Moderately Involved
- Courts/law enforcement: Minimally Involved
- Universities: Minimally Involved

**Involvement of community sectors in supporting CM treatment (Q51)**

- Hospitals/medical centers: Very Involved
- Mental health agencies: Moderately Involved
- Businesses/factories: None
- Schools: Very Involved
- Public social service agencies: Moderately Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: Moderately Involved
- Voluntary civic organizations: Moderately Involved
- Courts/law enforcement: Very Involved
- Universities: Minimally Involved

### Funding for CM prevention (Q52)

- Government: Moderate Funding
- Non-government: Moderate Funding

### Strategies used and thought to be effective in preventing CM (Q54)

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- Improving/increasing local services
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)

Hong Kong has signed the UNCRC, so children are protected from any form of child abuse. It provides a clear definition of child abuse.

### Major developments to address CM (Q73)

- Review of procedural guide for handling child abuse cases
- Review of the law reform on sexual offences involving children and a person with mental impairment
- Preparation for the establishment of the Children’s Commission in Hong Kong
**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q56)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arreets in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arreets in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **Against Child Abuse (ACA)**
  11/F, Corn Yan Centre  
  3 Jupiter Street  
  North Point  
  Hong Kong  
  Telephone: 852 2351 1177  
  Fax: 852 2752 8483  
  Email: aca@aca.org.hk  
  Website: www.aca.org.hk  

- **Family and Child Protective Services,**  
  **Social Welfare Department**  
  9/F, Wu Chung House  
  213 Queen’s Road East  
  Wan chai  
  Hong Kong  
  Telephone: (852) 2343 2255  
  Fax: (852) 2838 0114  
  Email: swdeng@swd.gov.hk  
  Website: www.swd.gov.hk

ACA strives for the removal of all forms of child abuse and/or child neglect in Hong Kong, to establish, maintain and support a professional service for the assistance of abused or neglected children or parents having problems with their children and to promote the awareness of the general public in Hong Kong towards prevention of child abuse.

Resources Provided: Assist the families with the problems of child abuse, spouse battering and issues of custody disputes.
Iceland

Behaviors and Conditions Generally viewed as Child Maltreatment

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) Before 1990
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV
- Youth’s risk behavior and reports about unborn children

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
  - Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
  Enforcement: Yes
  Support: Widely enforced Adequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
  Enforcement: Yes
  Support: Inconsistent

Mandated reporting of suspected CM for all adults
  Enforcement: Yes
  Support: Inconsistent

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) Before 1980
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42) Social services

24 Gross domestic product (US$ billions)
332 Total population (thousands)
83 Life expectancy at birth (years)
2 Under 5 mortality rate (per 1,000 births)
- Population below int’l poverty line of US$1.90 per day
- Youth (15-24 years) literacy rate (male | female)
**Provisions that allow for voluntary reporting of suspected CM by any professional or individual**

- **No**
- **Enforcement:** Not applicable
- **Support:** Don't know

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Requirement that an investigation be a coordinated intersectoral response**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Requirement that the child(ren)'s and family's needs be assessed**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Provisions for removing child from his or her parents/caretakers to ensure the child's safety**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Provisions for removing the alleged perpetrator from the home**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Specific criminal penalties for maltreating a child**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Requirement that all victims receive some form of service or intervention**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Requirement that all perpetrators receive some form of service or intervention**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Requirement of the development of specific prevention services**

- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Don't know

**Requirement that a separate attorney or advocate be assigned to represent the child’s interests**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

**Penalties for professionals who fail to report CM**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

**Provision of immunity from liability when reports are made in good faith**

- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

**Provision of a specific budget for preventing CM**

- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

**Clear definition of child neglect**

- **Yes**

**Clear definition of child physical abuse**

- **Yes**

**Clear definition of child sexual abuse**

- **Yes**

**Clear definition of child emotional/psychological abuse**

- **Yes**

**Clear definition of exposure to IPV**

- **Yes**

**Sectors included in required intersectorial response**

- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

### OFFICIAL DOCUMENTATION OF CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q17)</td>
<td>&gt; 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q18)</td>
<td></td>
</tr>
<tr>
<td>• Physical abuse</td>
<td></td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Neglect</td>
<td></td>
</tr>
<tr>
<td>• Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Exposure to intimate partner violence (IPV)</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q19)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Fewer Cases</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>More Cases</td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)</td>
<td>No</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q25)</td>
<td></td>
</tr>
<tr>
<td>Numbers for 2016. Placement’s out of home include youth with risk behavior</td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving (Q26)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>0-15%</td>
</tr>
<tr>
<td>Street children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>0-15%</td>
</tr>
<tr>
<td>% of reported cases investigated (Q27)</td>
<td>61-75%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q28)</td>
<td>31-45%</td>
</tr>
<tr>
<td>% of substantiated cases in which (Q29)</td>
<td></td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Of children removed from home, how many live in (Q30)</td>
<td></td>
</tr>
<tr>
<td>Kinship care (with a family member)?</td>
<td>31-45%</td>
</tr>
<tr>
<td>Foster care?</td>
<td>16-30%</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>0-15%</td>
</tr>
</tbody>
</table>
# Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q40)</td>
<td>Remained about the same</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>&lt; 1 in 100,000</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>76-90%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>0-15%</td>
</tr>
<tr>
<td>Autopsy required when child’s death (Q31)</td>
<td></td>
</tr>
<tr>
<td>Is unexpected?</td>
<td>No</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
<tr>
<td>Autopsy performed by (Q32)</td>
<td>Hospital</td>
</tr>
<tr>
<td>Autopsy must follow specific protocol (Q33)</td>
<td>Yes</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q34)</td>
<td>No</td>
</tr>
</tbody>
</table>

## Services

### Availability of services (Q49)

- **Therapy for those who neglect a child**: Usually
- **Therapy for neglected children**: Usually
- **Therapy for those who physically abuse a child**: Moderate
- **Therapy for physically abused children**: Usually
- **Therapy for those who sexually abuse a child**: Moderate
- **Therapy for sexually abused children**: Usually
- **Case management support services to meet a family’s basic needs**: Usually
- **Home-based services to support parents and family**: Usually
- **Foster care with official foster parents**: Usually
- **Group homes for maltreated children**: Occasional
- **Public shelters for maltreated children**: No
- **Public shelters for victims of domestic violence and their children**: Usually
- **Institutional care for maltreated children**: Usually
- **Financial and other material support**: Usually
- **Hospitalization for mental illness for adults**: Usually
- **Hospitalization for mental illness for children**: Usually
- **Substance abuse treatment for parents**: Usually
- **Substance abuse treatment for children**: Usually
- **Centers for parents to share experiences/concerns**: Usually
- **Universal home visits for all new parents**: Usually
- **Targeted home visits for new parents at-risk**: Usually
- **Free/highly subsidized child care**: Usually
- **Universal health screening for children**: Usually
- **Universal, mostly free medical care for children**: Usually
- **Universal, mostly free medical care for all citizens**: Usually

### Involvement of community sectors in supporting CM prevention (Q50)

- **Nurse Family Partnership**
- **Home-based services and support for parents at risk**
- **Media campaigns to raise public awareness**
- **Risk assessment methods**
- **Increasing individual responsibility for child protection**
- **Prosecution of child abuse offenders**
- **Universal home visitation for new parents**
- **Improving/increasing local services**
- **A system of universal health care and access to preventive medical care**
- **Professional training**
- **University programs for students**
- **Advocacy for children’s rights**
- **Improving the basic living conditions of families (e.g., housing, access to clean water).**
- **Mental health services**
- **Substance abuse services**

### Involvement of community sectors in supporting CM treatment (Q51)

- **Hospitals/medical centers**: Very Involved
- **Mental health agencies**: Very Involved
- **Businesses/factories**: None
- **Schools**: Very Involved
- **Public social service agencies**: Very Involved
- **Community-based NGOs**: None
- **Religious institutions**: None
- **Voluntary civic organizations**: None
- **Courts/law enforcement**: None
- **Universities**: None

### Funding for CM prevention (Q52)

- **Government**: Major
- **Non-government**: Minimal

### Funding for CM treatment (Q53)

- **Government**: Major
- **Non-government**: Minimal

### Strategies used and thought to be effective in preventing CM (Q54)

- Nurse Family Partnership
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Mental health services
- Substance abuse services

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Decline in family life and informal support systems for parents
- Lack of access to mental health services

### Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)

Don’t know

Supporting and strengthening the child protection act.
Major developments to address CM (Q73)
• Awareness of domestic violence
• Implementation of Evidence based methods
• Increasing numbers of reports about neglect

CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
<td>Greatest</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
<td>Greatest</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
<td>Greatest</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
<td>Greatest</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
<td>Greatest</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
<td>Greatest</td>
<td>Yes</td>
</tr>
</tbody>
</table>

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

The Government Agency for Child Protection
Borgartúni 21
105 Reykjavík
Iceland
Telephone: 530 2600
Fax: 530 2601
Email: bvs@bvs.is
Website: www.bvs.is

Resources Provided: The primary role of the Government Agency for Child Protection is to coordinate and strengthen child protection work in Iceland.

Nordic Association for Prevention of Child Abuse and Neglect (NASPCAN)
14 Norðari Ringvegur
Thorshavn 100
Faroe Islands
Iceland

Telephone: 354 455 6080
GSM: 354897 54 85
Fax: 354 455 6001
Email: Gunnar M. Sandholt, Chair, sandholt@skagafjordur.is
Website: http://www.nfbo.org/

ISPCAN Country Partner

Representing all Nordic countries (Denmark, Finland, Iceland, Norway and Sweden), NASPCAN’s mission is to improve the work being done to protect children from abuse and neglect by offering members and professionals working in the field, the opportunity to share experiences, to update knowledge as well as stimulate the exchange of knowledge and to network. NASPCAN organizes biannual conferences, national training events and publishes a newsletter 2 - 3 times per year.
India+

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Slavery

Absence of laws/policies regarding CM
- Internet solicitation for sex
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a facility (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Law and policies regarding CM

- Law mandating suspected CM be reported (Q22) Yes
- Year law established (Q23) After 2005
- National laws/policies regarding CM (Q43) Yes
- Laws/policies first established (Q44) 1980-1989
- Government agency to respond to CM (Q41) Yes
- Investigation conducted by (Q42) Law enforcement
- Elements in laws/policies (Q45) Yes
  - Extent they are enforced (Q47) Inconsistent
  - Adequacy of government resources (Q48) Very inadequate
- Mandated periodic training for professionals who may encounter maltreated children (Q46) Yes
  - Enforcement: Inconsistent
  - Support: Very inadequate

LAW AND POLICIES REGARDING CM

Mandated reporting of suspected CM for specific groups of professionals or individuals (Q22)
- Yes
- Enforcement: Never or almost never enforced
- Support: Don’t know

Mandated reporting of suspected CM for all adults (Q23)
- Yes
- Enforcement: Never or almost never enforced
- Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM (Q24)
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

Requirement that reports be investigated within a specific time period (Q25)
- No
- Enforcement: Inconsistent
- Support: Very inadequate
### Official Documentation of CM

| Government maintains count of suspected CM | Yes |
| Records maintained by | Law Enforcement |
| Duration system in place | > 10 years |
| Change in no. of cases over past 4 years | Don’t know |
| Physical abuse | Don’t Know |
| Sexual abuse | More Cases |
| Neglect | Don’t Know |
| Emotional (psychological) maltreatment | Don’t Know |
| Exposure to intimate partner violence (IPV) | Don’t Know |
| Subgroups (e.g. refugees, Aboriginals) excluded from reporting system | Don’t know |
| Incidence rate of reported CM per 1000 children per year | 0.24 per 1000 (vast underestimate as it only includes assault, murder and abandonment to suicide, kidnapping, sexual exploitation, trafficking, exposure and abandonment, infanticide and feticide. Does not include corporal punishment, or sexual abuse within the home, or peer violence) |

### Child Deaths

| Government maintains count of deaths due to CM | No |
| Over the past 10 years, the number of deaths due to CM has | Increased |
Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Of these deaths, % involving (Q39)
Physical abuse Don’t know
Neglect Don’t know
Sexual Abuse Don’t know
Emotional Abuse Don’t know
Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31)
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32)
Coroner

Autopsy must follow specific protocol (Q33)
Yes

Country has child death review team(s) (Q34)
No

Availability of services (Q49)
Therapy for those who neglect a child No
Therapy for neglected children Occasional
Therapy for those who physically abuse a child No
Therapy for physically abused children Occasional
Therapy for those who sexually abuse a child No
Therapy for sexually abused children Occasional
Case management support services to meet a family’s basic needs Occasional
Home-based services to support parents and family No
Foster care with official foster parents Occasional
Group homes for maltreated children Occasional
Public shelters for maltreated children Occasional
Public shelters for victims of domestic violence and their children Occasional
Institutional care for maltreated children Occasional
Financial and other material support Occasional
Hospitalization for mental illness for adults No
Hospitalization for mental illness for children No
Substance abuse treatment for parents No
Substance abuse treatment for children Occasional
Centers for parents to share experiences/concerns No
Universal health screening for children No
Universal, mostly free medical care for children No
Universal, mostly free medical care for all citizens No

Involvement of community sectors in supporting CM prevention (Q50)
Hospitals/medical centers Moderately Involved
Government Minimal
Mental health agencies Minimally Involved
Businesses/factories None
Schools None
Public social service agencies Very Involved
Community-based NGOs Minimally Involved
Religious institutions Very Involved
Voluntary civic organizations Moderately Involved
Courts/law enforcement None
Universities None

Funding for CM prevention (Q52)
Government Minimal
Non-government Moderate Funding

Funding for CM treatment (Q53)
Government Minimal
Non-government Moderate Funding

Extent that the UN CRC improved policies and programs concerning CM (Q56)
Somewhat

Major developments to address CM (Q73)
- The passage of the POCSO law and increased awareness of its provisions; however, any consensual sexual activity between adolescents aged 16-18 has been criminalized which is a negative development.
- The reduction of the age at which children can be tried as adults (from 18 to 16) is a worrying and negative development.
- Media reports have increased - however, not with the sensitivity that is required to really shift social norms and change attitudes.
- Recognition of the potential for harm to missing children and the recent Supreme Court requirement that all missing children have to be registered with the police is a positive development.

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q58)
Greatly

Extent of programs combating CSE (Q57)
Somewhat

Extent that agencies collaborate to stop CSE (Q58)
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59)
Somewhat

Country keeps official records on CSE (Q60)
Yes

Commercial sex work (or prostitution) is legal (Q61)
No

Extent to which victims of CSE receive mental health care (Q63)
Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q64)
Sometimes

Extent to which citizens who engage in CSE abroad are prosecuted (Q65)
Don’t know

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)
Don’t know

Extent to which children who are exploited sexually are arrested (Q67)
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q68)
Yes
Arrests in the past year for possession or production of child pornography (Q69) Don’t know

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► HAQ: Centre for Child Rights
B - 1/2, Ground Floor
Malviya Nagar
New Delhi 110017
India
Email: info@haqcrc.org
Website: http://haqcrc.org/
Telephone: +91-11-26673599 / 41077977 / 26677412
Resources Provided: Research, advocacy, policy analysis, support to children in distress, support to families, legal counseling, etc.

► Indian Council for Child Welfare
No. #5, 3rd Main Rd West
Shenoy Nagar, Chennai
Tamil Nadu - 600 030
India
Email: iccwtnarc@gmail.com
Website: http://www.iccwtniscanarc.org

ISPCAN Asia Regional Resource Center
ISPCAN Regional Resource Centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.

► Kerala Police Authority
Kochi, Kerala
India
Resources Provided: They only have a record of child abuse cases
Indonesia

Behaviors and Conditions Generally viewed as Child Maltreatment

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Forcing a child to beg
• Abuse by another child
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• School or educational training center
• Detention facility
• Law enforcement facility
• Refugee camp

Parent or caregiver behaviors (Q12)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child experiencing intimate partner (or domestic) violence
• Child exposed to parent’s substance use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) After 2005
This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to IPV

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42)
• Social services
• Law enforcement
• Court system

Elements in laws/policies (Q45)

- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Widely enforced
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Widely enforced
Support: Don’t know

Mandated reporting of suspected CM for all adults
Enforcement: Widely enforced
Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Enforcement: Widely enforced
Support: Don’t know

Population statistics

1,016 Gross domestic product (US$ billions)
261,115 Total population (thousands)
8% Population below int’l poverty line of US$1.90 per day
69 Life expectancy at birth (years)
26 Under 5 mortality rate (per 1,000 births)
100% | 100% Youth (15-24 years) literacy rate (male | female)

Gross domestic product (US$ billions)
Total population (thousands)
Population below int’l poverty line of US$1.90 per day
Life expectancy at birth (years)
Under 5 mortality rate (per 1,000 births)
Youth (15-24 years) literacy rate (male | female)
## Country Profiles  Indonesia

### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement that an investigation be a coordinated intersectoral response
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement that the child(ren)'s and family's needs be assessed
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Provisions for removing child from his or her parents/caretakers to ensure the child's safety
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Provisions for removing the alleged perpetrator from the home
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Specific criminal penalties for maltreating a child
- Yes
- Enforcement: Widely enforced
- Support: Don't know

### Requirement that all victims receive some form of service or intervention
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement that all perpetrators receive some form of service or intervention
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement of the development of specific prevention services
- Yes
- Enforcement: Widely enforced
- Support: Don't know

### Requirement that a separate attorney or advocate be assigned to represent the child's interests
- Yes
- Enforcement: Widely enforced
- Support: Somewhat inadequate

### Penalties for professionals who fail to report CM
- Don't know
- Enforcement: Don't know
- Support: Don't know

### Provision of immunity from liability when reports are made in good faith
- Yes
- Enforcement: Widely enforced
- Support: Don't know

### Provision of a specific budget for preventing CM
- Yes
- Enforcement: Inconsistent
- Support: Somewhat inadequate

### Clear definition of child neglect
- Yes

### Clear definition of child physical abuse
- Yes

### Clear definition of child sexual abuse
- Yes

### Clear definition of child emotional/psychological abuse
- Yes

### Clear definition of exposure to intimate partner violence (IPV)
- Yes

#### Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Education (teachers)

### Official Documentation of CM

| Government maintains count of suspected CM (Q13) | Yes |
| Duration system in place (Q17) | 5 to 10 years |
| Official labels for types of CM (Q18) | |
| • Physical abuse | |
| • Sexual abuse | |
| • Neglect | |
| • Emotional (psychological) maltreatment | |
| • Exposure to intimate partner violence (IPV) | |
| Change in no. of cases over past 4 years (Q19) | |
| Physical abuse | Don't know |
| Sexual abuse | Don't know |
| Neglect | Don't know |
| Emotional (psychological) maltreatment | Don't know |
| Exposure to intimate partner violence (IPV) | Don't know |
| Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) | No |
| Incidence rate of reported CM per 1000 children per year (Q25) | 53.7% |
| % of reported cases involving (Q26) | |
| Physical abuse | 46-60% |
| Sexual abuse | 0-15% |
| Neglect | 0-15% |
| Emotional (psychological) maltreatment | 31-45% |
| Street children | Don't know |
| Abandoned children | Don't know |
| Exposure to IPV | Don't know |
| % of reported cases investigated (Q27) | 0-15% |
| % of investigated cases substantiated (Q28) | 0-15% |
| % of substantiated cases in which (Q29) | |
| Result in the perpetrator being removed from the home? | Don't know |
| Lead to prosecution of the alleged perpetrator? | Don't know |
| Result in the child being removed from the home? | Don't know |
| Of children removed from home, how many live in (Q30) | |
| Kinship care (with a family member)? | Don't know |
| Foster care? | Don't know |
| Orphanages? | Don't know |

### Child Deaths

| Government maintains count of deaths due to CM (Q37) | Yes |
| Over the past 10 years, the number of deaths due to CM has (Q40) | Increased |
| Annual rate of deaths attributed to CM (Q38) | Don't know |
| Of these deaths, % involving (Q39) | |
| Physical abuse | Don't know |
| Neglect | Don't know |
| Sexual Abuse | Don't know |
Emotional Abuse Don’t know
Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31)
Is unexpected? Yes
Has an unclear cause? Yes

Involvement of community sectors in supporting CM prevention (Q56)
Hospitals/medical centers Minimally Involved
Mental health agencies Moderately Involved
Businesses/factories Minimally Involved
Schools Very Involved
Public social service agencies Very Involved
Community-based NGOs Very Involved
Religious institutions Moderately Involved
Voluntary civic organizations Minimally Involved
Courts/law enforcement Very Involved
Universities Moderately Involved

Involvement of community sectors in supporting CM treatment (Q51)
Hospitals/medical centers Very Involved
Mental health agencies Very Involved
Businesses/factories Minimally Involved
Schools Very Involved
Public social service agencies Very Involved
Community-based NGOs Very Involved
Religious institutions Very Involved
Voluntary civic organizations Very Involved
Courts/law enforcement Moderately Involved
Universities Moderately Involved

Funding for CM prevention (Q52)
Government Moderate Funding
Non-government Minimal

Funding for CM treatment (Q53)
Government Moderate Funding
Non-government Moderate Funding

Strategies used and thought to be effective in preventing CM (Q54)
• Nurse Family Partnership
• Home-based services and support for parents at risk
• Risk assessment methods
• Increasing individual responsibility for child protection
• Prosecution of child abuse offenders
• Universal home visitation for new parents
• Improving/increasing local services
• A system of universal health care and access to preventive medical care
• Professional training
• University programs for students
• Advocacy for children’s rights
• Mental health services
• Substance abuse services
• Services for victims of domestic violence
• Child death review teams

Major barriers to preventing CM (Q55)
• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports of CM
• Lack of trained professionals
• Public resistance to supporting prevention efforts
• Extreme poverty
• Decline in family life and informal support systems for parents
• Country’s dependency on foreign investment to sustain its local economy
• Strong sense of family privacy and parental rights to raise children as they choose
• General support for the use of corporal punishment/physical discipline of children
• Lack of commitment or support for children’s rights
• Overwhelming number of children living on their own
• Generally inadequate and poorly developed systems of basic health care or social services
• Political or religious conflict and instability
• Lack of access to mental health services
• Lack of substance abuse treatment
• Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71) Significantly

Funding for CM prevention (Q52)
Government Moderate Funding
Non-government Minimal

Major developments to address CM (Q73)
• Many researches in child maltreatment
• Significant involvement of local agencies
• Significant collaboration among local and national stakeholders
## Child Sexual Exploitation (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

**Indonesian Child Protection Commission (KPAI)**

- **Address:** Jl. Teuku Umar No. 10, Gondangdia Menteng, Jakarta Pusat DKI, Jakarta, Indonesia
- **Telephone:** (+62) 021-319 015 56
- **Fax:** (+62) 021- 390 0833
- **Email:** info@kpai.go.id, humas@kpai.go.id
- **Web:** www.kpai.go.id
- **Resources Provided:** Data and policies of CM
Iran

Behaviors and Conditions Generally viewed as Child Maltreatment

Forms of acceptable punishment (Q9)

- Hitting a child on the head or face with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)

- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child labor – under age 12
- Child marriage
- Torture for political reasons

Abuse or neglect of a child within a (Q11)

<table>
<thead>
<tr>
<th>BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT</th>
</tr>
</thead>
</table>

Law mandating suspected CM be reported (Q22)

- Yes

Year law established (Q23)

- 1990 – 2000

This law applies to (Q24)

- Physical abuse
- Neglect
- Exposure to IPV

National laws/policies regarding CM (Q43)

- Yes

Laws/policies first established (Q44)

- 1990-2000

Government agency to respond to CM (Q41)

- Social services

Investigation conducted by (Q42)

- Social services

Elements in laws/policies (Q45)

- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children

- Yes

Enforcement:

- Not applicable

Support:

- Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals

- No

Enforcement:

- Not applicable

Support:

- Don’t know

Mandated reporting of suspected CM for all adults

- No

Enforcement:

- Never or almost never enforced

Support:

- Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual

- No

Enforcement:

- Not applicable

Support:

- Don’t know
### Requirement that reports be investigated within a specific time period (e.g., 24 hours)

- **No**
- **Enforcement:** Don’t know
- **Support:** Very inadequate

### Requirement that an investigation be a coordinated intersectoral response

- **Don’t know**
- **Enforcement:** Don’t know
- **Support:** Don’t know

### Requirement that the child(ren)’s and family’s needs be assessed

- **No**
- **Enforcement:** Never or almost never enforced
- **Support:** Very inadequate

### Provisions for removing child from his or her parents/caretakers to ensure the child’s safety

- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

### Provisions for removing the alleged perpetrator from the home

- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Adequate

### Specific criminal penalties for maltreating a child

- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Don’t know

### Requirement that all victims receive some form of service or intervention

- **No**
- **Enforcement:** Widely enforced
- **Support:** Very inadequate

### Requirement that all perpetrators receive some form of service or intervention

- **No**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Requirement of the development of specific prevention services

- **No**
- **Enforcement:** Widely enforced
- **Support:** Don’t know

### Requirement that a separate attorney or advocate be assigned to represent the child’s interests

- **Yes**
- **Enforcement:** Don’t know
- **Support:** Don’t know

### Penalties for professionals who fail to report CM

- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Don’t know

### Provision of immunity from liability when reports are made in good faith

- **Don’t know**
- **Enforcement:** Don’t know
- **Support:** Don’t know

### Provision of a specific budget for preventing CM

- **Don’t know**
- **Enforcement:** Don’t know
- **Support:** Don’t know

### Clear definition of child neglect

- **Yes**
- **Clear definition of child physical abuse**
- **Yes**
- **Clear definition of child sexual abuse**
- **Yes**
- **Clear definition of child emotional/psychological abuse**
- **Yes**
- **Clear definition of exposure to IPV**
- **Don’t know**

### Sectors included in required intersectoral response

- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)

### Government maintains count of suspected CM

- **No**

### Incidence rate of reported CM per 1000 children per year

- **12000 this year**

### % of reported cases involving

- **Physical abuse** 76-90%
- **% of reported cases investigated** Don’t know
- **% of investigated cases substantiated** Don’t know

### % of substantiated cases in which

- Result in the perpetrator being removed from the home? Don’t know
- Lead to prosecution of the alleged perpetrator? Don’t know
- Result in the child being removed from the home? 16-30%
- Of children removed from home, how many live in
  - Kinship care (with a family member)? 0-15%
  - Foster care? 0-15%
  - Orphanages? 0-15%

### Government maintains count of deaths due to CM

- **Yes**

### Over the past 10 years, the number of deaths due to CM has

- **Increased**

### Annual rate of deaths attributed to CM

- **Don’t know**

### Of these deaths, % involving

- **Physical abuse** Don’t know
- **Neglect** Don’t know
- **Sexual Abuse** Don’t know
- **Emotional Abuse** Don’t know
- **Intimate Partner Violence** Don’t know

### Autopsy required when child’s death

- **Is unexpected?** Yes
- **Autopsy performed by** Forensic doctor
- **Autopsy must follow specific protocol** Yes
- **Country has child death review team(s)** Yes
- **Team(s) supported by legislation** Yes
- **Scope of team(s)** Regional
### SERVICES

**Availability of services (Q49)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Occasional</th>
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</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td></td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management support services to meet a family's basic needs</td>
<td>No</td>
<td></td>
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<tr>
<td>Home-based services to support parents and family</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
<td></td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>No</td>
<td></td>
<td>Occasional</td>
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<tr>
<td>Institutional care for maltreated children</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
<td></td>
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<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasional</td>
<td></td>
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<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
<td></td>
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</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
<td></td>
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<tr>
<td>Substance abuse treatment for children</td>
<td>Usually</td>
<td></td>
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<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
<td></td>
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<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
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<td>Targeted home visits for new parents at-risk</td>
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<td>Free/highly subsidized child care</td>
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<td>Universal health screening for children</td>
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<td>Universal, mostly free medical care for children</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
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</table>

**Involvement of community sectors in supporting CM prevention (Q56)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
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<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
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<td>Community-based NGOs</td>
<td>None</td>
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<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
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</table>

**Funding for CM prevention (Q52)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Non-government</td>
<td>NA</td>
<td>NA</td>
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</table>

**Funding for CM treatment (Q53)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Government</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Non-government</td>
<td>NA</td>
<td>NA</td>
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</table>

**Major barriers to preventing CM (Q58)**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)**

- Significantly

It improves adults knowledge which is first step to prevention.

**Major developments to address CM (Q73)**

In my country, as in the rest of the world, the rate of child abuse is rising. Although some changes have been made to deal with this crisis but it has not been a good effort. Welfare Organization and several associations work in this direction. And there is no exact report on this issue. No significant prevention programs are provided.

### CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Description</th>
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<th>No</th>
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</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q54)</td>
<td>Somewhat</td>
<td></td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
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<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Not really</td>
<td></td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
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<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>No</td>
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<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
<td></td>
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<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Rarely</td>
<td></td>
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<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Most of the time</td>
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<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
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<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Don’t know</td>
<td></td>
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<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Don’t know</td>
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<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
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<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Don’t know</td>
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</table>
Ireland

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Physical discipline without bruising or other injury
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child experiencing intimate partner (or domestic) violence
• Child exposed to parent’s substance use

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) After 2005
This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to IPV

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) 1980-1989
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42) Social services

Elements in laws/policies (Q45)
- Extent they are enforced (Q47) Yes
- Adequacy of government resources (Q48) Somewhat inadequate

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Widely enforced
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Yes
Enforcement: Don’t know
Support: Don’t know

Mandated reporting of suspected CM for all adults
No
Enforcement: Don’t know
Support: Don’t know

Gross domestic product (US$ billions) 4,726
Total population (thousands) 81
Population below int’l poverty line of US$1.90 per day 81
Life expectancy at birth (years) 4
Under 5 mortality rate (per 1,000 births) 4
Youth (15-24 years) literacy rate (male | female) 4

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Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.
Provisions that allow for voluntary reporting of suspected CM by any professional or individual: Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours): Don't know
Enforcement: Inconsistent
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response: Yes
Enforcement: Don't know
Support: Don't know

Requirement that the child(ren)'s and family's needs be assessed: Yes
Enforcement: Widely enforced
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety: Yes
Enforcement: Widely enforced
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home: Yes
Enforcement: Inconsistent
Support: Don't know

Specific criminal penalties for maltreating a child: Yes
Enforcement: Don't know
Support: Don't know

Requirement that all victims receive some form of service or intervention: No
Enforcement: Not applicable
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention: No
Enforcement: Not applicable
Support: Somewhat inadequate

Requirement of the development of specific prevention services: No
Enforcement: Not applicable
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests: Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Penalties for professionals who fail to report CM: Yes
Enforcement: Never or almost never enforced
Support: Don't know

Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Widely enforced
Support: Don't know

Provision of a specific budget for preventing CM: Don't know
Enforcement: Not applicable
Support: Adequate

Clear definition of child neglect: Yes
Clear definition of child physical abuse: Yes
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: Yes

Clear definition of exposure to IPV: Don't know

Sectors included in required intersectoral response: n/a

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13): Yes
Duration system in place (Q17): > 10 years

Official labels for types of CM (Q18):
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q19):
- Physical abuse: More Cases
- Sexual abuse: More Cases
- Neglect: Fewer Cases
- Emotional (psychological) maltreatment: More Cases
- Exposure to intimate partner violence (IPV): N/A

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20): No
Incidence rate of reported CM per 1000 children per year (Q25): c15%
% of reported cases involving (Q26):
- Physical abuse: 16-30%
- Sexual abuse: 16-30%
- Neglect: 16-30%
- Emotional (psychological) maltreatment: 31-45%
- Street children: Don't know
- Abandoned children: Don't know
- Exposure to IPV: Don't know
% of reported cases investigated (Q27): 76-90%
% of investigated cases substantiated (Q28): Don't know
% of substantiated cases in which (Q29):
- Result in the perpetrator being removed from the home?: Don't know
- Lead to prosecution of the alleged perpetrator?: Don't know
- Result in the child being removed from the home?: Don't know
Of children removed from home, how many live in (Q30):
- Kinship care (with a family member)?: Don't know
- Foster care?: 76-90%
- Orphanages?: Don't know

CHILD DEATHS

Government maintains count of deaths due to CM (Q37): Don't know
Annual rate of deaths attributed to CM (Q38): Don't know
Of these deaths, % involving (Q39):
- Physical abuse: Don't know
- Neglect: Don't know
- Sexual Abuse: Don't know
- Emotional Abuse: Don't know
Intimate Partner Violence

Autopsy required when child’s death (Q31)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
<tr>
<td>Autopsy performed by (Q32)</td>
<td></td>
</tr>
<tr>
<td>- Medical examiner</td>
<td></td>
</tr>
</tbody>
</table>

Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Occasional</td>
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<tr>
<td>Home-based services to support parents and family</td>
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<tr>
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</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
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<td>Institutional care for maltreated children</td>
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<td>Financial and other material support</td>
<td>Usually</td>
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<td>Hospitalization for mental illness for adults</td>
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</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
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<tr>
<td>Universal home visits for all new parents</td>
<td>Usually</td>
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<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Usually</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>No</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q56)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate Funding</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate Funding</td>
</tr>
</tbody>
</table>

Funding for CM treatment (Q53)

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q54)

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Nurse Family Partnership</td>
</tr>
<tr>
<td>- Home-based services and support for parents at risk</td>
</tr>
<tr>
<td>- Risk assessment methods</td>
</tr>
<tr>
<td>- Universal home visitation for new parents</td>
</tr>
<tr>
<td>- Improving/increasing local services</td>
</tr>
<tr>
<td>- Professional training</td>
</tr>
<tr>
<td>- University programs for students</td>
</tr>
<tr>
<td>- Advocacy for children’s rights</td>
</tr>
<tr>
<td>- Improving the basic living conditions of families (e.g., housing, access to clean water)</td>
</tr>
<tr>
<td>- Mental health services</td>
</tr>
<tr>
<td>- Substance abuse services</td>
</tr>
<tr>
<td>- Services for victims of domestic violence</td>
</tr>
<tr>
<td>- Child death review teams</td>
</tr>
</tbody>
</table>

Major barriers to preventing CM (Q55)

<table>
<thead>
<tr>
<th>Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Limited resources for improving the government’s response to CM</td>
</tr>
<tr>
<td>- Lack of specific laws related to CM</td>
</tr>
<tr>
<td>- Lack of system to investigate reports of CM</td>
</tr>
<tr>
<td>- Lack of trained professionals</td>
</tr>
<tr>
<td>- Public resistance to supporting prevention efforts</td>
</tr>
<tr>
<td>- Extreme poverty</td>
</tr>
<tr>
<td>- Decline in family life and informal support systems for parents</td>
</tr>
<tr>
<td>- Country’s dependency on foreign investment to sustain its local economy</td>
</tr>
<tr>
<td>- Strong sense of family privacy and parental rights to raise children as they choose</td>
</tr>
<tr>
<td>- General support for the use of corporal punishment/physical discipline of children</td>
</tr>
<tr>
<td>- Lack of commitment or support for children’s rights</td>
</tr>
<tr>
<td>- Lack of access to mental health services</td>
</tr>
<tr>
<td>- Lack of substance abuse treatment</td>
</tr>
<tr>
<td>- Lack of laws allowing sharing of information among professionals</td>
</tr>
</tbody>
</table>

Extent that the UN CRC improved policies and programs concerning CM (Q76)

<table>
<thead>
<tr>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Slightly</td>
</tr>
</tbody>
</table>

Major developments to address CM (Q73)

<table>
<thead>
<tr>
<th>Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Introduction of legislation on grooming</td>
</tr>
<tr>
<td>- Introduction of legislation on mandatory reporting</td>
</tr>
<tr>
<td>- Change in policy in child protection agency to focus on child welfare in addition to child protection</td>
</tr>
</tbody>
</table>
CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

- Extent that there are laws concerning CSE (Q56) Not really
- Extent of programs combating CSE (Q57) Not really
- Extent that agencies collaborate to stop CSE (Q58) Not really
- Extent of policies for reporting CSE to public agency or NGO (Q59) Not really
- Country keeps official records on CSE (Q60) No
- Commercial sex work (or prostitution) is legal (Q61) No
- Extent to which victims of CSE receive mental health care (Q63) Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Sometimes
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Don’t know
Extent to which children who are exploited sexually are arrested (Q67) Don’t know
Arrests in the past year for engaging in sex trafficking of children (Q68) Yes
Arrests in the past year for possession or production of child pornography (Q69) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Department of Children and Youth Affairs
Block 1, Miesian Plaza
50-58 Baggot Street Lower
Dublin 2, D02 XX14
FREEPOST F5055
Ireland

Telephone: +353 1 647 3000
Email: contact@dcya.gov.ie
Website: www.dcya.gov.ie

Resources Provided: The Department brings together a number of key areas of policy and provision for children, young people and families. It is tasked with driving forward a range of commitments outlined in the 2011 Programme for Government.

St. Clare’s Unit, The Children’s University Hospital
Temple St
Dublin 1
Ireland

Telephone: +353 1 878 4200

Email: information@cuh.ie, keith.oreilly@cuh.ie
Website: www.cuh.ie

Resources Provided: Assessment and therapy service for children and families where sexual abuse is a concern

Tusla - Child and Family Agency
The Brunel Building
Heuston South Quarter
Saint John’s Road West
Dublin 8
D08 X01F
Ireland

Telephone: 01 7718500
Email: info@tusla.ie
Website: www.tusla.ie

Resources Provided: The Child and Family Agency is now the dedicated State agency responsible for improving wellbeing and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken.
Israel

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Abuse by another child
- Internet solicitation for sex
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- Psychiatric institution

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**LAWs AND POLICIES REGARDING CM**

**Law mandating suspected CM be reported (Q22)** Yes
**Year law established (Q23)** Before 1990

**This law applies to (Q24)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

**National laws/policies regarding CM (Q43)** Yes
**Laws/policies first established (Q44)** 1990-2000
**Government agency to respond to CM (Q41)** Yes
**Investigation conducted by (Q42)**
- Social services
- Law enforcement

**Elements in laws/policies (Q45)**
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

**Mandated periodic training for professionals who may encounter maltreated children**
**Enforcement:** Inconsistent
**Support:** Very inadequate

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
**Enforcement:** Widely enforced
**Support:** Don’t know

**Mandated reporting of suspected CM for all adults**
**Enforcement:** Never or almost never enforced
**Support:** Don’t know

**Provisions that allow for voluntary reporting of suspected CM by any professional or individual**
**Enforcement:** Not applicable
**Support:** Don’t know

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
**Enforcement:** Never or almost never enforced
**Support:** Very inadequate

**Requirement that an investigation be a coordinated intersectoral response**
**Enforcement:** Not applicable
**Support:** Very inadequate

**Requirement that the child(ren)’s and family’s needs be assessed**
**Enforcement:** Not applicable
**Support:** Very inadequate
Provisions for removing child from his or her parents/caretakers to ensure the child’s safety

- Yes
  - Enforcement: Not applicable
  - Support: Very inadequate

Provisions for removing the alleged perpetrator from the home

- No
  - Enforcement: Not applicable
  - Support: Very inadequate

Specific criminal penalties for maltreating a child

- Yes
  - Enforcement: Not applicable
  - Support: Don’t know

Requirement that all victims receive some form of service or intervention

- No
  - Enforcement: Not applicable
  - Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention

- No
  - Enforcement: Not applicable
  - Support: Don’t know

Requirement of the development of specific prevention services

- No
  - Enforcement: Not applicable
  - Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests

- Yes
  - Enforcement: Not applicable
  - Support: Very inadequate

Penalties for professionals who fail to report CM

- Yes
  - Enforcement: Not applicable
  - Support: Don’t know

Provision of immunity from liability when reports are made in good faith

- Yes
  - Enforcement: Not applicable
  - Support: Don’t know

Provision of a specific budget for preventing CM

- No
  - Enforcement: Not applicable
  - Support: Very inadequate

Clear definition of child neglect

- No
  - Clear definition of child physical abuse
  - No
  - Clear definition of child sexual abuse
  - No
  - Clear definition of child emotional/psychological abuse
  - No
  - Clear definition of exposure to IPV
  - No

Sectors included in required intersectorial response

- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)

Overall Documentation of CM

- Government maintains count of suspected CM (Q13)
  - Yes
- Duration system in place (Q17)
  - > 10 years
- Official labels for types of CM (Q18)
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional (psychological) maltreatment
  - Exposure to intimate partner violence (IPV)
- Change in no. of cases over past 4 years (Q19)
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional (psychological) maltreatment
  - Exposure to intimate partner violence (IPV)
  - Subgroups (e.g. refugees, Aboriginals) excluded
    - No
  - % of reported cases involving (Q26)

Child Deaths

- Government maintains count of deaths due to CM (Q37)
  - No
- Over the past 10 years, the number of deaths due to CM has (Q40)
  - Don’t know
- Annual rate of deaths attributed to CM (Q38)
  - Don’t know
- Of these deaths, % involving (Q39)
  - Physical abuse
  - Neglect

Psychological& Social Support

- % of reported cases investigated (Q27)
  - 76-90%
- % of investigated cases substantiated (Q28)
  - 76-90%
- % of substantiated cases in which (Q29)
  - Result in the perpetrator being removed from the home?
    - 0-15%
  - Lead to prosecution of the alleged perpetrator?
    - 0-15%
  - Result in the child being removed from the home?
    - 16-30%
  - Of children removed from home, how many live in (Q30)
    - Kinship care (with a family member)?
      - 0-15%
    - Foster care?
      - 16-30%
    - Orphanages?
      - 61-75%
- Autopsy required when child’s death (Q31)
  - Is unexpected?
    - No
  - Has an unclear cause?
    - No
- Country has child death review team(s) (Q34)
  - No
### Availability of services (Q49)

<table>
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<tr>
<th>Service</th>
<th>Involvement</th>
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<td>Free/highly subsidized child care</td>
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</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM prevention (Q56)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

### Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Source</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Non-government</td>
</tr>
<tr>
<td>Non-government</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment (Q53)

<table>
<thead>
<tr>
<th>Source</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Non-government</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

### Strategies used and thought to be effective in preventing CM (Q54)

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Prosecution of child abuse offenders
- Professional training
- Advocacy for children’s rights

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of commitment or support for children’s rights

### Extent that the UN CRC improved policies and programs concerning CM (Q59)

<table>
<thead>
<tr>
<th>Source</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

### Major developments to address CM (Q73)

- Funding of treatment to sexually abused children
- Enhancing training programs
- Better approach of the police

### CSE

- Extent to which citizens who engage in CSE within the country are prosecuted (Q64)
  - Rarely

- Extent to which citizens who engage in CSE abroad are prosecuted (Q65)
  - Don’t know

- Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)
  - Rarely

- Extent to which children who are exploited sexually are arrested (Q67)
  - Don’t know

- Arrests in the past year for engaging in sex trafficking of children (Q68)
  - Yes

- Arrests in the past year for possession or production of child pornography (Q69)
  - Yes

### Child Sexual Exploitation (CSE)

- Extent to which victims of CSE receive mental health care (Q63)
  - Rarely

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

### Extent that there are laws concerning CSE (Q66)

- Greatly

### Extent of programs combating CSE (Q67)

- Somewhat

### Extent that agencies collaborate to stop CSE (Q68)

- Somewhat

### Extent of policies for reporting CSE to public agency or NGO (Q69)

- Somewhat

### Country keeps official records on CSE (Q70)

- Don’t know

### Commercial sex work (or prostitution) is legal (Q71)

- No
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Haruv Institute
The Hebrew University
Mount Scopus
Jerusalem 9765418
Israel

Telephone: 972-77-5150300
Fax: 077-5150304
Website: www.haruv.org.il
Italy

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
-Prostituting a child
-Infanticide
-Female circumcision/female genital mutilation
-Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q22) | Yes |
| Law mandating periodic training for professionals who may encounter maltreated children | No |
| Elements in laws/policies (Q45) |
| - Extent they are enforced (Q47) |
| - Adequacy of government resources (Q48) |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | No |
| Mandated reporting of suspected CM for all adults | No |

**Law mandating suspected CM be reported (Q22)**
- Year law established (Q23) 1990 – 2000

| This law applies to (Q24) |
| Physical abuse |
| Sexual abuse |
| Neglect |

| National laws/policies regarding CM (Q43) |
| Yes |

| Laws/policies first established (Q44) |
| 1990-2000 |

| Government agency to respond to CM (Q44) |
| Yes |

***Investigation conducted by (Q42)***
- Social services
- Law enforcement

---

**Italy**

1,935 **Gross domestic product (US$ billions)**

59,430 **Total population (thousands)**

- Population below int’l poverty line of US$1.90 per day

83 **Life expectancy at birth (years)**

3 **Under 5 mortality rate (per 1,000 births)**

100% | 100% **Youth (15-24 years) literacy rate (male | female)**
Provisions that allow for voluntary reporting of suspected CM by any professional or individual | Yes | Enforcement: Inconsistent | Support: Don’t know
---|---|---|---
Requirement that reports be investigated within a specific time period (e.g., 24 hours) | Don’t know | Enforcement: Inconsistent | Support: Very inadequate
Requirement that an investigation be a coordinated intersectoral response | Don’t know | Enforcement: Widely enforced | Support: Very inadequate
Requirement that the child(ren)’s and family’s needs be assessed | Don’t know | Enforcement: Don’t know | Support: Very inadequate
Provisions for removing child from his or her parents/caretakers to ensure the child’s safety | Yes | Enforcement: Widely enforced | Support: Adequate
Provisions for removing the alleged perpetrator from the home | Yes | Enforcement: Widely enforced | Support: Adequate
Specific criminal penalties for maltreating a child | Yes | Enforcement: Widely enforced | Support: Don’t know
Requirement that all victims receive some form of service or intervention | Yes | Enforcement: Widely enforced | Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention | No | Enforcement: Inconsistent | Support: Somewhat inadequate
Requirement of the development of specific prevention services | No | Enforcement: Widely enforced | Support: Don’t know
Requirement that a separate attorney or advocate be assigned to represent the child’s interests | Yes | Enforcement: Widely enforced | Support: Somewhat inadequate
Penalties for professionals who fail to report CM | No | Enforcement: Inconsistent | Support: Don’t know
Provision of immunity from liability when reports are made in good faith | Don’t know | Enforcement: Never or almost never enforced | Support: Don’t know
Provision of a specific budget for preventing CM | No | Enforcement: Never or almost never enforced | Support: Very inadequate

Clear definition of child neglect | No |  |
Clear definition of child physical abuse | No |  |
Clear definition of child sexual abuse | No |  |
Clear definition of child emotional/psychological abuse | No |  |
Clear definition of exposure to IPV | No |  |

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

**OFFICIAL DOCUMENTATION OF CM**

- **Government maintains count of suspected CM (Q13)**: No
- **Incidence rate of reported CM per 1000 children per year (Q25)**: 9.5
- **% of reported cases involving (Q26)**:
  - Physical abuse: 0-15%
  - Sexual abuse: 0-15%
  - Neglect: 46-60%
  - Emotional (psychological) maltreatment: 0-15%
  - Street children: 0-15%
  - Abandoned children: 0-15%
  - Exposure to IPV: 16-30%
- **% of reported cases investigated (Q27)**: 76-90%
- **% of investigated cases substantiated (Q28)**: 76-90%
- **% of substantiated cases in which (Q29)**:
  - Result in the perpetrator being removed from the home? Don’t know
  - Lead to prosecution of the alleged perpetrator? Don’t know
  - Result in the child being removed from the home? 76-90%
- **Of children removed from home, how many live in (Q30)**:
  - Kinship care (with a family member)? 16-30%
  - Foster care? 0-15%
  - Orphanages? 16-30%

**CHILD DEATHS**

- **Government maintains count of deaths due to CM (Q37)**: Yes
- **Over the past 10 years, the number of deaths due to CM has (Q40)**: Don’t know
- **Annual rate of deaths attributed to CM (Q38)**: Don’t know
- **Of these deaths, % involving (Q39)**: Physical abuse: Don’t know
- **Neglect**
- **Sexual Abuse**
- **Emotional Abuse**
- **Intimate Partner Violence**
- **Autopsy required when child’s death (Q31)**
  - Is unexpected? Yes
  - Has an unclear cause? Yes
### Country Profiles - Italy

#### Autopsy performed by (Q32)
- Forensic doctor

#### Autopsy must follow specific protocol (Q33)
- Yes

#### Country has child death review team(s) (Q34)
- Yes

### Services

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Funding for CM prevention (Q52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Government</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Usually</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Usually</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Usually</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
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<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

#### Involvement of community sectors in supporting CM prevention (Q56)

| Hospitals/medical centers | Government |
| Mental health agencies | Minimal |
| Businesses/factories | Moderate Funding |
| Schools | Moderate |
| Public social service agencies | None |
| Community-based NGOs | Very Involved |
| Religious institutions | Minimally Involved |
| Volunteer civic organizations | Moderately Involved |
| Courts/law enforcement | Minimally Involved |
| Universities | Minimally Involved |

#### Involvement of community sectors in supporting CM treatment (Q51)

| Hospitals/medical centers | Very Involved |
| Mental health agencies | Moderately Involved |
| Businesses/factories | Minimally Involved |
| Schools | None |
| Public social service agencies | Very Involved |
| Community-based NGOs | Very Involved |
| Religious institutions | None |
| Volunteer civic organizations | Very Involved |
| Courts/law enforcement | Moderately Involved |
| Universities | Minimally Involved |

#### Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns to raise public awareness
- Risk assessment methods
- Increasing individual responsibility for child protection
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

#### Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

#### Extent that the UN CRC improved policies and programs concerning CM (Q78 & Q71)
- Started and supported all legislative initiative—always an interinstitutional reference

#### Major developments to address CM (Q73)
- POSITIVE: School based programs implementation, preliminary action about advocacy, legislative initiative promoted by social organizations and associations
- NEGATIVE: Lack of resources, lack of mandatory training for professionals, a cultural strategy for improving a specific culture about children protection
### Child Sexual Exploitation (CSE)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</td>
<td></td>
</tr>
<tr>
<td>Extent that there are laws concerning CSE (Q54)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Rarely</td>
</tr>
</tbody>
</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **CISMAI**
  - Email: segreteria@cismai.org
  - Website: www.cismai.it
  - Resources Provided: National guidelines, conferences, training, supervision, research, scientific contributions

- **Italian Network of Agencies Against Child Abuse (CISMAI)**
  - Bureau and Secretariat
  - Via del Mezzetta, 1 Interno
  - 50135 Firenze
  - Italy

- **ISPCAN Country Partner**
  - Telephone: 0039 055 6121306
  - Fax: 0039 055 6193818
  - Email: segreteria@cismai.org, presidenza@cismai.org, cismai@infinito.it
  - Website: www.cismai.org

CISMAI is a free association founded by deed, preserved in the acts of the association, 20 February 1993 at Milan under the name “Coordination of centers and services for prevention and treatment of abuse harmful to juveniles,” which has operated continuously in the pursuit of social purpose.
Japan

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child on the head or face with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Burning a child deliberately
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

LAWS AND POLICIES REGARDING CM

<p>| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | 1990 – 2000 |
| This law applies to (Q24) | | |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | 1990-2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q41) | Social services |
| Elements in laws/policies (Q45) | |
| - Extent they are enforced (Q47) | |
| - Adequacy of government resources (Q48) | |</p>
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Requirement that an investigation be coordinated intersectoral response</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/ caretakers to ensure the child’s safety</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child’s interests</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>No</td>
<td>Inconsistent enforcement</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Sectors included in required intersectorial response (Q46)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Yes</td>
<td>Widespread enforcement</td>
</tr>
<tr>
<td>Duration system in place (Q17)</td>
<td>&gt; 10 years</td>
<td></td>
</tr>
<tr>
<td>Official labels for types of CM (Q18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases per year for CM (Q19)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No Change</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q24)</td>
<td>about 8/1,000</td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving (Q26)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>16-30%</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0-15%</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>16-30%</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>46-60%</td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>% of reported cases investigated (Q27)</td>
<td>76-90%</td>
<td></td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q28)</td>
<td>76-90%</td>
<td></td>
</tr>
<tr>
<td>% of substantiated cases in which (Q29)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>0-15%</td>
<td></td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>0-15%</td>
<td></td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>16-30%</td>
<td></td>
</tr>
</tbody>
</table>
### Child Deaths

| Government maintains count of deaths due to CM (Q37) | No |
| Over the past 10 years, the number of deaths due to CM has (Q40) | Decreased |
| Annual rate of deaths attributed to CM (Q38) | < 1 in 100,000 |
| Of these deaths, % involving (Q39) | |
| Physical abuse | 61-75% |
| Neglect | 16-30% |
| Sexual Abuse | 0-15% |
| Emotional Abuse | 0-15% |
| Intimate Partner Violence | Don’t know |
| Autopsy required when child’s death (Q31) | |
| Is unexpected? | Yes |
| Has an unclear cause? | Yes |
| Autopsy performed by (Q32) | Forensic doctor |
| Autopsy must follow specific protocol (Q33) | No |
| Country has child death review team(s) (Q34) | No |
| Team(s) supported by legislation (Q35) | Local |
| Scope of team(s) (Q36) | |
| Funding for CM prevention (Q52) | |
| Government | Moderate Funding |
| Non-government | Minimal |
| Funding for CM treatment (Q53) | |
| Government | Moderate Funding |
| Non-government | Minimal |

### Strategies used and thought to be effective in preventing CM (Q54)
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training

### Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals
| Extent that the UN CRC improved policies and programs concerning CM (Q70) | Somewhat |
| Major developments to address CM (Q73) | • Formation of a specific organization  
• Passage of specific policies  
• Significant involvement of the media |

### Child Sexual Exploitation (CSE)

| Extent that there are laws concerning CSE (Q54) | Somewhat |
| Extent of programs combating CSE (Q57) | Not really |
| Extent that agencies collaborate to stop CSE (Q58) | Not really |
| Extent of policies for reporting CSE to public agency or NGO (Q59) | Not really |
| Country keeps official records on CSE (Q60) | Yes |
| Commercial sex work (or prostitution) is legal (Q61) | Yes |
| Age at which it's legal to be a sex worker (Q62) | At no age |
| Extent to which victims of CSE receive mental health care (Q63) | Rarely |
| Extent to which citizens who engage in CSE within the country are prosecuted (Q64) | Rarely |
| Extent to which citizens who engage in CSE abroad are prosecuted (Q65) | Rarely |
| Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) | Don't know |
| Extent to which children who are exploited sexually are arrested (Q67) | Sometimes |
| Arrests in the past year for engaging in sex trafficking of children (Q68) | Yes |
| Arrests in the past year for possession or production of child pornography (Q69) | Yes |

### Agencies and Organizations for More Information on CM

- **Japanese Society for Prevention of Child Abuse and Neglect (JaSPCAN)**  
  Ichigayafunagawaramachi 6 Banchi  
  Canal Side KURETAKE Bldg. 1F  
  Shinjuku-ku, Tokyo 162-0826  
  Japan  
  Telephone/Fax: +81-3-3269-2900  
  Email: info@jaspcan.org  
  Website: www.jaspcan.org  
  **ISPCAN Country Partner**  
  JaSPCAN is a national multidisciplinary association of physicians, nurses, legal experts, social workers and other professionals dedicated to the prevention and treatment of child abuse and neglect by developing basic, practical and systematic research, promoting cooperation among public and private agencies, and raising public awareness.
Jordan

Behaviors and Conditions Generally Viewed as Child Maltreatment

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Burning a child deliberately
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) After 2005
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Exposure to IPV
National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes

Investigation conducted by (Q42)
- Social services
- Law enforcement
- Court system

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q46)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement:
Support:
Yes
Widely enforced
Adequate

40 Gross domestic product (US$ billions)
9,456 Total population (thousands)
– Population below int’l poverty line of US$1.90 per day
74 Life expectancy at birth (years)
18 Under 5 mortality rate (per 1,000 births)
99% | 99% Youth (15-24 years) literacy rate (male | female)
### Mandated reporting of suspected CM for specific groups of professionals or individuals

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child’s safety</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
</tbody>
</table>

### Requirement that all perpetrators receive some form of service or intervention

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child’s interests</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>No</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>Don’t know</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>No</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>No</td>
<td>Widely enforced</td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>Yes</td>
<td>Widely enforced</td>
</tr>
</tbody>
</table>

### Sectors included in required intersectoral response

- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court-appointed advocate)

### Official Documentation of CM

| Government maintains count of suspected CM (Q13) | Yes | Physical abuse | 46-60% |
| Duration system in place (Q17) | 5 to 10 years | Sexual abuse | 0-15% |
| Official labels for types of CM (Q18) | | Street children | 46-60% |
| • Physical abuse | | Abandoned children | 46-60% |
| • Sexual abuse | | Exposure to IPV | 31-45% |
| • Exposure to intimate partner violence (IPV) | | % of reported cases investigated (Q27) | Don’t know |
| Change in no. of cases over past 4 years (Q19) | | % of investigated cases substantiated (Q28) | 46-60% |
| Physical abuse | More Cases | % of substantiated cases in which (Q29) | | |
| Sexual abuse | More Cases | Result in the perpetrator being removed from the home? | 61-75% |
| Neglect | More Cases | Lead to prosecution of the alleged perpetrator? | Don’t know |
| Exposure to intimate partner violence (IPV) | More Cases | Result in the child being removed from the home? | 31-45% |
| Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20) | No | Of children removed from home, how many live in (Q30) | |
| Incidence rate of reported CM per 1000 children per year (Q25) | Not accurate | Kinship care (with a family member)? | 16-30% |
| % of reported cases involving (Q26) | | Foster care? | 0-15% |
| | | Orphanages? | 46-60% |
### CHILD DEATHS

Government maintains count of deaths due to CM (Q37) | Yes
---|---
Over the past 10 years, the number of deaths due to CM has | Increased
Annual rate of deaths attributed to CM (Q38) | < 1 in 100,000
Of these deaths, % involving (Q39)
| Physical abuse | 16-30% |
| Sexual Abuse | 0-15% |
| Intimate Partner Violence | 0-15% |

Autopsy required when child’s death (Q31) | Yes
Is unexpected? | Yes
Autopsy performed by (Q32) | Forensic doctor
Autopsy must follow specific protocol (Q33) | Yes
Country has child death review team(s) (Q34) | Yes
Team(s) supported by legislation (Q35) | Yes
Scope of team(s) (Q36) | National

### SERVICES

**Availability of services (Q49)**

- Therapy for those who neglect a child: No
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: No
- Therapy for physically abused children: Moderate
- Therapy for those who sexually abuse a child: No
- Therapy for sexually abused children: Moderate
- Home-based services to support parents and family: Occasional
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: Occasional
- Public shelters for maltreated children: Usually
- Public shelters for victims of domestic violence and their children: Usually
- Institutional care for maltreated children: Occasional
- Financial and other material support: No
- Hospitalization for mental illness for adults: Occasional
- Hospitalization for mental illness for children: No
- Substance abuse treatment for parents: Occasional
- Substance abuse treatment for children: No
- Centers for parents to share experiences/concerns: No
- Universal home visits for all new parents: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: No
- Universal health screening for children: Occasional
- Universal, mostly free medical care for children: No
- Universal, mostly free medical care for all citizens: No

**Involvement of community sectors in supporting CM prevention (Q56)**

- Hospitals/medical centers: Very Involved
- Mental health agencies: Minimally Involved
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Moderate Involved
- Community-based NGOs: Very Involved
- Religious institutions: Minimally Involved
- Universities: Very Involved

**Involvement of community sectors in supporting CM treatment (Q57)**

- Hospitals/medical centers: Very Involved
- Mental health agencies: Minimally Involved
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Moderate Involved
- Community-based NGOs: Very Involved
- Religious institutions: Minimally Involved

**Funding for CM prevention (Q52)**

- Government: Minimal
- Non-government: Minimally Involved

**Funding for CM treatment (Q53)**

- Government: Moderate Funding
- Non-government: Moderate Funding

**Strategies used and thought to be effective in preventing CM (Q54)**

- Risk assessment methods
- Professional training

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q76)**

- Somewhat

**Major developments to address CM (Q73)**

- Family protection department
- Council of Family Affairs
- Jordan River Institution
- Noor Al Hussein foundation
- Human Rights Centers
- US AID My space (Makani program)
- Ministry of Health (Family Health)
Child Sexual Exploitation (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
<td>Rarely</td>
</tr>
</tbody>
</table>

- Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Most of the time
- Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Most of the time
- Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Most of the time
- Extent to which children who are exploited sexually are arrested (Q67) Rarely
- Arrests in the past year for engaging in sex trafficking of children (Q68) Yes
- Arrests in the past year for possession or production of child pornography (Q69) Yes

Agencies and Organizations for More Information on CM

- **Department of Family Protection**
  - Public Security Directorate - Omaish
  - 16 Rawnaq St. Amman
  - P.O. Box 935
  - Amman 11110
  - Jordan
  - Telephone: #196 / 2610
  - Fax: 06-5799400 / 06-5799636
  - Email: psd@psd.gov.jo, familypd@accessme.psd.com.jo
  - Website: www.familyprotection.psd.gov.jo
  - Resources Provided: The headquarters of family protection, offer services, training, studies, research and cooperates with all organizations local, regional, and international

- **Jordan River Foundation**
  - Mailing address:
    - P.O. Box 2943
    - Amman 11181
    - Jordan

  - Physical address:
    - Jordan River Foundation Headquarters
    - Masoud Ben Saad Street
    - Amman
    - Jordan
    - Queen Rania Family and Child Center
    - Saleh Hasan Al Hamlan Street
    - Amman
    - Jordan
    - Telephone: Headquarters: 065933211, Family & Child Center: 0649250966
    - Fax: 065933210
    - Email: info@jrf.org.jo
    - Website: www.jordanriver.jo
  - Resources Provided: Service, training, studies and research
Kazakhstan*

Behaviors and Conditions Generally Viewed as Child Maltreatment

**Forms of acceptable punishment (Q8)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (shoe, belt, other)
- Shaking the child
- Making the child stand or kneel in one place for more than 5 minutes

**Circumstances of the above are considered CM (Q9)**
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g. a babysitter or teacher)
- If the action is done in the presence of non-family members

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility

**Parent or caregiver behaviors (Q12)**
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q21) | Yes |
| Year law established (Q22) | 1990 – 2000 |
| This law applies to (Q23) |
| Physical abuse |
| Sexual abuse |
| Neglect |
| Exposure to Intimate Partner Violence (IPV) |
| National laws/policies regarding CM (Q42) | Yes |
| Laws/policies first established (Q43) | After 2000 |
| Government agency to respond to CM (Q40) | No |
| Investigation conducted by (Q41) |
| Mandated reporting of suspected CM for specific groups of professionals or individuals |
| Enforcement: |
| Support: |
| Inconsistent |
| Very inadequate |

Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.
### Requirement that the investigation be a coordinated intersectorial response
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Requirement that the child(ren)’s and family’s needs be assessed
- **Enforcement:** Don’t know
- **Support:** Very inadequate

### Criminal penalties for abusing a child
- **Enforcement:** Wide
- **Support:** Adequate

### Requires development of prevention services
- **Enforcement:** Don’t know
- **Support:** Very inadequate

### Requires a separate attorney or advocate represents the child’s interests
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

### Clear definition of child physical abuse
- **Enforcement:** Don’t know
- **Support:** Very inadequate

### Clear definition of child sexual abuse
- **Enforcement:** Don’t know
- **Support:** Somewhat inadequate

### Clear definition of child emotional/psychological abuse
- **Enforcement:** Don’t know
- **Support:** Very inadequate

### Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Social services, prosecutor

### OFFICIAL DOCUMENTATION OF CM

<table>
<thead>
<tr>
<th>Duration system in place (Q16)</th>
<th>Yes</th>
<th>Exposure to IPV More Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official labels for types of CM (Q17)</td>
<td>&gt; 10 years</td>
<td>Physical abuse Don’t know</td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td>Don’t know</td>
<td>Sexual abuse 0-15%</td>
</tr>
<tr>
<td>• Exposure IPV</td>
<td>Neglect 16-30%</td>
<td>Neglect 16-30%</td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q18)</td>
<td>Physical abuse</td>
<td>Street children Don’t know</td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td>Abandoned children 16-30%</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
<td>Exposure to IPV 16-30%</td>
</tr>
<tr>
<td></td>
<td>Emotional (psychological) maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

### % of children placed outside of home due to CM (Q29) 0-15%

### CHILDE DEATHS

| Government maintains count of deaths due to CM (Q36) | Yes | • Is unexpected |
| Over the past 10 years, the number of deaths due to CM has (Q37) | Decreased | • Has an unclear cause |
| Autopsy required when child’s death (Q31) | Yes | Country has child death review team(s) (Q33) |

### SERVICES

| Availability of services (Q44) | Substance abuse treatment - parents | No |
| Programs for those who neglect children | Substance abuse treatment - children | Occasional |
| Programs for neglected children | Centers for parents to share experiences/concerns | No |
| Therapy for those who physically abuse children | Universal home visits for all new parents | Usually |
| Therapy for physically abused children | Home visits for new, at-risk parents | Usually |
| Therapy for those who sexually abuse children | Free care | Moderate |
| Therapy for sexually abused children | Universal health screening - children | Usually |
| Case management services | Universal free medical care - children | Usually |
| Home-based services/family support | Universal free medical care - all citizens | Usually |
| Foster care with official foster parents | Involvement of community sectors in supporting CM prevention (Q49) | |
| Group homes for maltreated children | Hospitals/medical centers | Minimal |
| Public shelters for maltreated children | Mental health agencies | Minimal |
| Public shelters for IPV victims and their children | Businesses | None |
| Institutional care for maltreated children | Schools | Minimal |
| Financial and other material support | Public social services agencies | Minimal |
| Hospitalization for mental illness - adults | Community-based NGO’s | Moderate |
| Hospitalization for mental illness - children | Religious institutions | Minimal |
Voluntary civic organizations Minimal
Courts/law enforcement Minimal
Universities None
Involvement of community sectors in supporting CM treatment (Q50)
Hospitals/medical centers Moderate
Mental health agencies Minimal
Businesses None
Schools Minimal
Public social services agencies Minimal
Community-based NGO’s Moderate
Religious institutions Minimal
Voluntary civic organizations Minimal
Courts/law enforcement Minimal
Universities None
Funding for CM prevention (Q51)
Government None
Non-government Moderate
Funding for CM treatment (Q52)
Government Moderate
Non-government Moderate
Strategies used and thought to be effective in preventing CM (Q53)
• Universal home visitation for new parents
• Universal health care and preventive medical care
• Substance abuse services
• Services for victims of domestic violence
• Child death review teams

Major barriers to preventing CM (Q54)
• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports
• Lack of trained professionals
• Public resistance to prevention efforts
• Extreme poverty
• Decline in informal support for parents
• Strong sense of family privacy and parental rights to raise children as they choose
• Support for the use of corporal punishment
• Lack of support for children’s rights
• Overwhelming no. of children living alone
• Inadequate health or social services
• Lack of health services
• Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q55) Somewhat

Major developments to address CM (Q72)
• Using the results of three studies on VAC in residential care facilities, schools and vulnerabilities among children in urban areas, the national plans on child safety in education sector and protection of sexual immunity of children were adopted
• Tested methodology of the school-based violence prevention programme in 2013-2014 school year in East Kazakhstan region is ready for replication to other regions
• Institutionalisation of the independent monitoring of child’s safety in state and non-state residential care facilities as a part of national preventive mechanism (NPM) under OP CAT.

CHILD SEXUAL EXPLOITATION (CSE)
CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56) Somewhat
Extent of programs combating CSE (Q58) Somewhat
Extent that agencies collaborate to stop CSE (Q57) Somewhat
Country keeps official data on CSE (Q59) Yes

Commercial sex work (or prostitution) is legal (Q60) Yes
Age at which it’s legal to be a sex worker (Q61) 18
Extent to which citizens who engage in CSE within the country are prosecuted (Q63) Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q65) Most of the time
Arrests in the past year for engaging in sex trafficking of children (Q67) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Union of Crisis Centers
050040, RK, Almaty Kazakhstan
Telephone: 150, +7 (727) 376-40-37 / -82
E-mail: soyuzkz@rambler.ru
Website: http://telefon150.kz/
Resources Provided: Activities on prevention and response to CM, toll-free hotline

United Nations International Children’s Emergency Fund (UNICEF)
UNICEF Astana Country Office
10 “A”, Beibitshilik Street, Block 1
Astan
Kazakhstan
Telephone: +7 (7172) 326.206 / 321.869 / 327.526 / 322.878 / 322.864 / 328.307 / 321.797 / 322.969
Fax: +7 (7172) 321.803
Website: www.unicef.kz
Kenya*

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Forms of acceptable punishment (Q8)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (shoe, belt, other)
- Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)

**Social conditions and behaviors (Q10)**
- Infanticide
- Female circumcision/female genital mutilation
- Child marriage

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center

**Parent or caregiver behaviors (Q12)**
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child’s behavior)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Abandonment

**LAWS AND POLICIES REGARDING CM**

| Law mandating suspected CM be reported (Q21) | Yes |
| Year law established (Q22) | 2001 – 2005 |
| This law applies to (Q23) | |
| - Physical abuse |
| - Sexual abuse |
| - Neglect |
| - Emotional (psychological) maltreatment |
| - Exposure to Intimate Partner Violence (IPV) |
| National laws/policies regarding CM (Q42) | Yes |
| Laws/policies first established (Q43) | After 2000 |
| Government agency to respond to CM (Q44) | Yes |
| Investigation conducted by (Q41) | |
| - Social Services |
| Elements in laws/policies (Q44) | |
| - Extent they are enforced (Q45) | |
| - Adequacy of government resources (Q47) | |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | |
| Enforcement: | Inconsistent |
| Support: | Very inadequate |

**Mandated reporting of suspected CM for all adults**
| Enforcement: | Never or almost never |
| Support: | Very inadequate |

**Provisions for voluntary reporting of suspected CM by professionals or individuals**
| Enforcement: | NA |
| Support: | Very inadequate |

**Criminal penalties for abusing a child**
| Enforcement: | Inconsistent |
| Support: | Very inadequate |

**Requirement that all victims receive a service or intervention**
| Enforcement: | Never or almost never |
| Support: | Very inadequate |

**Provision of immunity from liability when reports made in good faith**
| Enforcement: | Inconsistent |
| Support: | Very inadequate |

**Clear definition of child neglect**
| Enforcement: | Inconsistent |
| Support: | Somewhat inadequate |

**Clear definition of child physical abuse**
| Enforcement: | Inconsistent |
| Support: | Somewhat inadequate |
Clear definition of child sexual abuse
Enforcement: Inconsistent
Support: Somewhat inadequate
Sectors included in required intersectorial response (Q45)
• Child Protection
• Law enforcement (police)
• Health (e.g. forensic doctor or pediatrician)
• Legal (e.g. prosecutor or court appointed advocate)
• Education (teachers)

CHILD DEATHS

Government maintains count of deaths due to CM (Q36) No
Country has child death review team(s) (Q33) Yes

SERVICES

Availability of services (Q48)
Programs for those who neglect children No
Programs for neglected children Occasional
Therapy for those who physically abuse children No
Therapy for physically abused children Occasional
Therapy for those who sexually abuse children No
Therapy for sexually abused children Occasional
Case management services No
Home-based services/family support No
Foster care with official foster parents No
Group homes for maltreated children Occasional
Public shelters for maltreated children No
Public shelters for IPV victims and their children Occasional
Institutional care for maltreated children Occasional
Financial and other material support Occasional
Hospitalization for mental illness - adults Occasional
Hospitalization for mental illness - children Occasional
Substance abuse treatment - parents Occasional
Substance abuse treatment - children Occasional
Centers for parents to share experiences/concerns No
Universal home visits for all new parents No
Free child care Occasional
Universal health screening - children Occasional
Universal free medical care - children Occasional
Universal free medical care - all citizens No

Involvement of community sectors in supporting CM prevention (Q49)
Hospitals/medical centers None
Mental health agencies None
Businesses None
Schools Minimal
Public social services agencies Minimal
Community-based NGO’s Minimal
Religious institutions Minimal
Voluntary civic organizations Minimal
Courts/law enforcement Minimal
Universities None

Funding for CM prevention (Q51)
Government Don’t know
Non-government Moderate

Funding for CM treatment (Q52)
Government Don’t know
Non-government Moderate

Major barriers to preventing CM (Q54)
• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports
• Lack of trained professionals
• Public resistance to prevention efforts
• Extreme poverty
• Decline in informal support for parents
• Country’s dependency on foreign investment for its economy
• Strong sense of family privacy and parental rights to raise children as they choose
• Support for the use of corporal punishment
• Lack of support for children’s rights
• Overwhelming no. of children living alone
• Inadequate health or social services
• Political or religious conflict, instability
• Lack of health services
• Lack of substance abuse treatment

Involvement of community sectors in supporting CM treatment (Q56)
Extent that the UN CRC improved policies and programs concerning CM (Q69) Somewhat

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q65) Greatly
Extent of programs combating CSE (Q66) Somewhat
Extent that agencies collaborate to stop CSE (Q57) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q58) Somewhat
Commercial sex work (or prostitution) is legal (Q60) No
Extent to which citizens who engage in CSE within the country are prosecuted (Q63) Rarely
Extent to which citizens who engage in CSE abroad are prosecuted (Q64) Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q65) Rarely

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q68)</td>
<td>Yes</td>
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</table>

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► The African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)

Mailing address:
P.O. Box 1768 Code 00200
City Square, Nairobi
Kenya

Physical address:
Komo Lane (Off Wood Avenue)
Nairobi
Kenya

Telephone: +254 20 2140010 / 2140011 / 2140013

Mobile: +254 738410690
Email: info@anppcan.org, regional@anppcan.org
Website: http://www.anppcan.org

Resources Provided: ANPPCAN is a Pan-African network that promotes child rights and child protection in Africa. Its mission is to create and enhance partnerships and other opportunities for the prevention and protection of children from all forms of maltreatment, thus ensuring the realization of children’s rights.

► Child Welfare Society

Kenya

Resources Provided: Investigation, prevention
Kuwait

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Forms of acceptable punishment** (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child anywhere else on the body with an open hand

**Social conditions and behaviors** (Q10)
- Physical beating of a child by any adult
- Abuse by another child

**Abuse or neglect of a child within a** (Q11)
- Day care center
- School or educational training center

**Parent or caregiver behaviors** (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to parent's substance use

**LAWS AND POLICIES REGARDING CM**

| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | After 2005 |
| This law applies to (Q24) | |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | |
| Elements in laws/policies (Q45) | |
| Mandated periodic training for professionals who may encounter maltreated children | |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | Yes |
| Enforcement: | Widely enforced |
| Support: | Don't know |
| Mandated reporting of suspected CM for all adults | Yes |
| Enforcement: | Widely enforced |
| Support: | Don't know |
| Provisions that allow for voluntary reporting of suspected CM by any professional or individual | No |
| Enforcement: | Not applicable |
| Support: | Don't know |
| Requirement that reports be investigated within a specific time period (e.g., 24 hours) | Yes |
| Enforcement: | Widely enforced |
| Support: | Adequate |
| Requirement that an investigation be a coordinated intersectoral response | Yes |
| Enforcement: | Widely enforced |
| Support: | Adequate |
| Requirement that the child(ren)'s and family’s needs be assessed | Yes |
| Enforcement: | Widely enforced |
| Support: | Adequate |
| Provisions for removing child from his or her parents/caretakers to ensure the child’s safety | Yes | Enforcement: Widely enforced | Support: Adequate |
| Provisions for removing the alleged perpetrator from the home | Yes | Enforcement: Widely enforced | Support: Adequate |
| Specific criminal penalties for maltreating a child | Yes | Enforcement: Widely enforced | Support: Don’t know |
| Requirement that all victims receive some form of service or intervention | Yes | Enforcement: Widely enforced | Support: Adequate |
| Requirement that all perpetrators receive some form of service or intervention | Yes | Enforcement: Widely enforced | Support: Don’t know |
| Requirement of the development of specific prevention services | Yes | Enforcement: Widely enforced | Support: Adequate |
| Requirement that a separate attorney or advocate be assigned to represent the child’s interests | Yes | Enforcement: Widely enforced | Support: Adequate |

### Penalties for professionals who fail to report CM

| Yes | Enforcement: Widely enforced | Support: Don’t know |

### Provision of immunity from liability when reports are made in good faith

| Yes | Enforcement: Widely enforced | Support: Don’t know |

### Provision of a specific budget for preventing CM

| No | Enforcement: Never or almost never enforced | Support: Very inadequate |

### Clear definition of child neglect

| Yes |

### Clear definition of child physical abuse

| Yes |

### Clear definition of child sexual abuse

| Yes |

### Clear definition of child emotional/psychological abuse

| Yes |

### Clear definition of exposure to IPV

| Yes |

### Sectors included in required intersectoral response (Q46)

- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

### Official Documentation of CM

#### Government maintains count of suspected CM (Q13)

| Yes |

#### Duration system in place (Q17)

| < 5 years |

#### Official labels for types of CM (Q18)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

#### Change in no. of cases over past 4 years (Q19)

- Physical abuse: More Cases
- Sexual abuse: More Cases
- Neglect: More Cases
- Emotional (psychological) maltreatment: More Cases
- Exposure to intimate partner violence (IPV): Don’t know

#### Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)

| No |

#### Incidence rate of reported CM per 1000 children per year (Q25)

| 2.8/1000 |

#### % of reported cases involving (Q26)

| Physical abuse: 76-90% |
| Sexual abuse: 0-15% |
| Neglect: 61-75% |
| Emotional (psychological) maltreatment: 0-15% |
| Street children: Don’t know |
| Abandoned children: 0-15% |
| Exposure to IPV: Don’t know |

- % of reported cases investigated (Q27): 76-90%
- % of investigated cases substantiated (Q28): 76-90%
- % of substantiated cases in which: 76-90% Result in the perpetrator being removed from the home?
- Lead to prosecution of the alleged perpetrator?
- Result in the child being removed from the home?
- Of children removed from home, how many live in:
  - Kinship care (with a family member): 76-90%
  - Foster care: 0-15%
  - Orphanages: 0-15%

### Child Deaths

#### Government maintains count of deaths due to CM (Q37)

| No |

#### Over the past 10 years, the number of deaths due to CM has (Q40)

| Remained about the same |

#### Annual rate of deaths attributed to CM (Q38)

| < 1 in 100,000 |

#### Of these deaths, % involving (Q39)

| Physical abuse: 76-90% |
| Neglect: 61-75% |
| Sexual Abuse: 0-15% |
| Emotional Abuse: 0-15% |
| Intimate Partner Violence: Don’t know |

#### Autopsy required when child’s death (Q31)

- Is unexpected?: Yes
- Has an unclear cause?: Yes

#### Autopsy performed by (Q32)

| Forensic doctor |
**COUNTRY PROFILES  KUWAIT**

**Availabilty of Services (Q49)**

| Service                                             | Kuwait | World
|-----------------------------------------------------|--------|--------
| Therapy for those who neglect a child               | Usually| Usually
| Therapy for neglected children                       | Usually| Usually
| Therapy for those who physically abuse a child       | Usually| Usually
| Therapy for physically abused children               | Usually| Usually
| Therapy for those who sexually abuse a child         | Usually| Usually
| Therapy for sexually abused children                 | Usually| Usually
| Case management support services to meet a family's basic needs | Usually| Usually
| Home-based services to support parents and family    | Occasional| Usually
| Foster care with official foster parents             | No     | No     
| Group homes for maltreated children                  | No     | No     
| Public shelters for maltreated children              | No     | No     
| Public shelters for victims of domestic violence and their children | No     | No     
| Institutional care for maltreated children           | Usually| Usually
| Financial and other material support                 | Moderate| Usually
| Hospitalization for mental illness for adults        | Usually| Usually
| Hospitalization for mental illness for children      | Usually| Usually
| Substance abuse treatment for parents                | No     | No     
| Substance abuse treatment for children               | No     | No     
| Centers for parents to share experiences/concerns    | No     | No     
| Universal home visits for all new parents            | No     | No     
| Targeted home visits for new parents-at-risk         | No     | No     
| Free/highly subsidized child care                     | No     | No     
| Universal health screening for children              | Usually| Usually
| Universal, mostly free medical care for children      | Usually| Usually
| Universal, mostly free medical care for all citizens  | Usually| Usually

**Involvement of community sectors in supporting CM prevention (Q56)**

| Sector                                                                 | Kuwait | World
|------------------------------------------------------------------------|--------|--------
| Hospitals/medical centers                                              | Minimally Involved| Minimally Involved
| Mental health agencies                                                 | None   | None   
| Businesses/factories                                                  | None   | None   
| Schools                                                                | Minimally Involved| Minimally Involved
| Public social service agencies                                         | Minimally Involved| Minimally Involved
| Community-based NGOs                                                  | None   | None   
| Religious institutions                                                 | None   | None   
| Voluntary civic organizations                                         | Moderately Involved| Minimally Involved
| Courts/law enforcement                                                 | Minimally Involved| Minimally Involved
| Universities                                                           | Minimally Involved| Minimally Involved

**Involvement of community sectors in supporting CM treatment (Q57)**

| Sector                                                                 | Kuwait | World
|------------------------------------------------------------------------|--------|--------
| Hospitals/medical centers                                              | Very Involved| Very Involved
| Mental health agencies                                                 | Very Involved| Very Involved
| Businesses/factories                                                  | Minimally Involved| Minimally Involved
| Schools                                                                | Minimally Involved| Minimally Involved
| Public social service agencies                                         | Minimally Involved| Minimally Involved
| Community-based NGOs                                                  | None   | None   
| Religious institutions                                                 | None   | None   
| Voluntary civic organizations                                         | Minimally Involved| Minimally Involved

**Strategies used and thought to be effective in preventing CM (Q54)**

- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Mental health services

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports of CM
- Public resistance to supporting prevention efforts
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)**

- It helps in issuing Child’s Rights Law and forming system for reporting, responding, assessing and intervening in child maltreatment

**Major developments to address CM (Q73)**

- Issuing Child’s Rights Law
- Establishing joint committee from governmental and non governmental sectors addressing child maltreatment
- Laying out a measures and mechanics in hospital by forming suspected child abuse and neglect teams to respond assess and intervene in cases of child maltreatment with a multidisciplinary approach

**CHILD SEXUAL EXPLOITATION (CSE)**

| Question                                           | Kuwait | World
|----------------------------------------------------|--------|--------
| Extent of programs combating CSE (Q57)             | Not really| Not really
| Extent that there are laws concerning CSE (Q56)     | Greatly| Greatly
| Extent that agencies collaborate to stop CSE (Q58)  | Greatly| Greatly
| Extent of policies for reporting CSE to public agency or NGO (Q59) | Not really| Not really
| Country keeps official records on CSE (Q60)         | No     | No     
| Commercial sex work (prostitution) is legal (Q61)   | No     | No     
| Funding for CM prevention (Q52)                     | No Funding| No Funding
| Funding for CM treatment (Q53)                      | No Funding| No Funding

**Autopsy must follow specific protocol (Q33)**

- Yes

**Team(s) supported by legislation (Q35)**

- National

**Scope of team(s) (Q36)**

- No

**Autopsy must follow specific protocol (Q33)**

- Yes

**Team(s) supported by legislation (Q35)**

- No

**Scope of team(s) (Q36)**

- National
### Extent to which victims of CSE receive mental health care (Q63)
- Most of the time

### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)
- Most of the time

### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)
- Most of the time

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)
- Most of the time

### Extent to which children who are exploited sexually are arrested (Q67)
- Most of the time

### Arrests in the past year for engaging in sex trafficking of children (Q68)
- Yes

### Arrests in the past year for possession or production of child pornography (Q69)
- Yes

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#### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**► Kuwait Child’s Rights Society**
- P.O. Box 1202
- Safat 13013
- Kuwait
- Email: kcrsgroup@gmail.com
- Website: www.kuwaitchildrights.com
- Resources Provided: Information for the public about child’s rights, positive parenting, and how to access child protection services.

**► Ministry of Health**
- Child Protection Office
- P.O. Box 5
- Safat 12009
- Kuwait
- Email: malkhawari@gmail.com
- Website: kncpp.com
- Resources Provided: Human and financial resources, professional training in child protection field
# Lebanon

## Behaviors and Conditions Generally Viewed as Child Maltreatment

### Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Putting something spicy, bitter, or salty in a child’s mouth
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes

### Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

### Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center

## Laws and Policies Regarding CM

<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
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<tr>
<td>Year law established (Q23)</td>
<td>Before 1990</td>
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<tr>
<td>This law applies to (Q24)</td>
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<tr>
<td>Physical abuse</td>
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<td>Sexual abuse</td>
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<tr>
<td>Neglect</td>
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<td>Emotional (psychological) maltreatment</td>
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<tr>
<td>Street Children</td>
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<td>Child Trafficking</td>
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<td>National laws/policies regarding CM (Q43)</td>
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<td>Laws/policies first established (Q44)</td>
<td>Before 1980</td>
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<td>Government agency to respond to CM (Q41)</td>
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<td>Investigation conducted by (Q42)</td>
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<td>Social services</td>
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<td>Court system</td>
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<td>Forensic doctors</td>
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<td>Elements in laws/policies (Q45)</td>
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<tr>
<td>- Extent they are enforced (Q47)</td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q48)</td>
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</table>
Mandated periodic training for professionals who may encounter maltreated children

- No
- Enforcement: Inconsistent
- Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals

- No
- Enforcement: Inconsistent
- Support: Don’t know

Mandated reporting of suspected CM for all adults

- No
- Enforcement: Inconsistent
- Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual

- No
- Enforcement: Inconsistent
- Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)

- No
- Enforcement: Widely enforced
- Support: Adequate

Requirement that an investigation be a coordinated intersectoral response

- Yes
- Enforcement: Widely enforced
- Support: Somewhat inadequate

Requirement that the child(ren)’s and family’s needs be assessed

- No
- Enforcement: Inconsistent
- Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety

- No
- Enforcement: Widely enforced
- Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home

- No
- Enforcement: Never or almost never enforced
- Support: Very inadequate

Specific criminal penalties for maltreating a child

- Yes
- Enforcement: Inconsistent
- Support: Don’t know

Requirement that all victims receive some form of service or intervention

- No
- Enforcement: Inconsistent
- Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention

- No
- Enforcement: Never or almost never enforced
- Support: Somewhat inadequate

Requirement of the development of specific prevention services

- No
- Enforcement: Don’t know
- Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests

- Yes
- Enforcement: Never or almost never enforced
- Support: Somewhat inadequate

Penalties for professionals who fail to report CM

- No
- Enforcement: Never or almost never enforced
- Support: Don’t know

Provision of immunity from liability when reports are made in good faith

- No
- Enforcement: Never or almost never enforced
- Support: Don’t know

Provision of a specific budget for preventing CM

- No
- Enforcement: Inconsistent
- Support: Very inadequate

Clear definition of child neglect

- Yes

Clear definition of child physical abuse

- Yes

Clear definition of child sexual abuse

- Yes

Clear definition of child emotional/psychological abuse

- Yes

Clear definition of exposure to IPV

- No

Sectors included in required intersectoral response (Q46)

- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- NGO’s
- Syndicates
- Municipalities Police
- Red Cross
- Civil Defense

Government maintains count of suspected CM (Q13)

- Yes

Duration system in place (Q17)

- < 5 years

Official labels for types of CM (Q18)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19)

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>More Cases</td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & Q21)

- Yes

Syrian refugees - Palestinian refugees; Such groups are not excluded but they rarely reporting a CM case

Incidence rate of reported CM per 1000 children per year (Q25)

Many are nor reported

% of reported cases involving (Q26)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>46-60%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>31-45%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>16-30%</td>
</tr>
<tr>
<td>Street children</td>
<td>16-30%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
% of reported cases investigated (Q27) 76-90%
% of investigated cases substantiated (Q28) 31-45%
% of substantiated cases in which (Q29)
Result in the child being removed from the home? 0-15%
Lead to prosecution of the alleged perpetrator? 0-15%

CHILDEATHS

Government maintains count of deaths due to CM (Q37) No
Over the past 10 years, the number of deaths due to CM has increased (Q40)
Annual rate of deaths attributed to CM (Q38) Don't know
Of these deaths, % involving (Q39)
Physical abuse 61-75%
Neglect 0-15%

SERVICES

Availability of services (Q49)
Therapy for those who neglect a child No
Therapy for neglected children Occasional
Therapy for those who physically abuse a child No
Therapy for physically abused children Moderate
Therapy for those who sexually abuse a child No
Therapy for sexually abused children Moderate
Case management support services to meet a family's basic needs Moderate
Home-based services to support parents and family No
Foster care with official foster parents No
Group homes for maltreated children Occasional
Public shelters for maltreated children Occasional
Public shelters for victims of domestic violence and their children Occasional
Institutional care for maltreated children Occasional
Financial and other material support Occasional
Hospitalization for mental illness for adults Occasional
Hospitalization for mental illness for children Occasional
Substance abuse treatment for parents Occasional
Substance abuse treatment for children Occasional
Centers for parents to share experiences/concerns Occasional
Universal home visits for all new parents No
Targeted home visits for new parents at-risk Occasional
Free/highly subsidized child care No
Universal health screening for children Occasional
Universal, mostly free medical care for children No
Universal, mostly free medical care for all citizens No

Involvement of community sectors in supporting CM prevention (Q50)
Hospitals/medical centers Moderately Involved
Mental health agencies Moderately Involved
Businesses/factories None
Schools Moderately Involved
Public social service agencies Very Involved
Community-based NGOs Minimally Involved
Religious institutions Very Involved
Voluntary civic organizations Very Involved
Courts/law enforcement Very Involved
Universities Minimally Involved

Involvement of community sectors in supporting CM treatment (Q51)
Hospitals/medical centers Moderately Involved
Mental health agencies Minimally Involved

Businesses/factories None
Schools Moderately Involved
Public social service agencies Very Involved
Community-based NGOs Minimally Involved
Religious institutions Very Involved
Voluntary civic organizations Very Involved
Courts/law enforcement Very Involved
Universities Minimally Involved

Funding for CM prevention (Q52)
Government Minimal
Non-government No Funding

Funding for CM treatment (Q53)
Government Non-government

Strategies used and thought to be effective in preventing CM (Q54)

Major barriers to preventing CM (Q55)

• Professional training
• University programs for students
• Advocacy for children's rights
• Mental health services

LEBANON

Country has child death review team(s) (Q34) No

Sexual Abuse 0-15%
Emotional Abuse 0-15%
Intimate Partner Violence 16-30%

Autopsy required when child's death (Q31)
Is unexpected? No
Has an unclear cause? No

Country has child death review team(s) (Q34) No

Sexual Abuse 0-15%
Emotional Abuse 0-15%
Intimate Partner Violence 16-30%

Autopsy required when child's death (Q31)
Is unexpected? No
Has an unclear cause? No
Extent that the UN CRC improved policies and programs concerning CM (Q70) Somewhat

Major developments to address CM (Q73)

- Child protection units
- Medical Curriculum
- Multidisciplinary
- Standard Operational Procedures

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56) Somewhat

Extent of programs combating CSE (Q57) Somewhat

Extent that agencies collaborate to stop CSE (Q58) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59) Somewhat

Country keeps official records on CSE (Q60) Yes

Commercial sex work (or prostitution) is legal (Q61) No

Extent to which victims of CSE receive mental health care (Q63) Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Rarely

Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Sometimes

Extent to which children who are exploited sexually are arrested (Q67) Sometimes

Arrests in the past year for engaging in sex trafficking of children (Q68) Yes

Arrests in the past year for possession or production of child pornography (Q69) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Association de Foyer De L’enfant Libinais (AFEL)

Youssef Karam Str.
P.O.Box. 55-273
Sin el Fil – Lebanon

Telephone: +961 1 481690
Email: amal@afel.org.lb
Website: www.afel.org.lb

ISPAN Country Partner

Founded in Lebanon in 1976, AFEL is a non-political organization that has helped enhance the lives of more than 5,000 abused and neglected children using a holistic approach that incorporates the family in the rehabilitation process and gives adults the means to become autonomous and responsible.

Himaya

St. Rita Building
Street 58, 1St Floor
Fanar
Lebanon

Telephone: (961) 1 395 315/ 8/ 7/ 8/ 9
Email: info@himaya.org
Website: www.himaya.org
Resources Provided: Reports, capacity building, prevention and intervention services

United Nations International Children’s Emergency Fund (UNICEF)

Clemenceau, Gefinor Center
Block E, 6th Floor
Beirut
Lebanon

Telephone: +961 1756101
Fax: +961 1 756109
Email: beirut@unicef.org
Website: https://www.unicef.org/lebanon/
Resources Provided: Reports
Liberia

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the buttocks with an object (e.g., shoe, belt)

Social conditions and behaviors (Q10)
• Child living on the street
• Prostituting a child
• Child labor – under age 12
• Child marriage

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• School or educational training center
• Religious institution
• Work place

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Commercial sexual exploitation
• Abandonment

LAW AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) 2001 – 2005
This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42)
• Social services
• Law enforcement
• Court system

Elements in laws/policies (Q45)
• Extent they are enforced (Q47)
• Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Never or almost never enforced
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Never or almost never enforced
Support: Don’t know

Mandated reporting of suspected CM for all adults
Enforcement: Inconsistent
Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Enforcement: Inconsistent
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Inconsistent
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
Enforcement: Inconsistent
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home
Enforcement: Inconsistent
Support: Somewhat inadequate
Specific criminal penalties for maltreating a child Yes
Enforcement: Widely enforced
Support: Don't know

Requirement that all victims receive some form of service or intervention No
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement of the development of specific prevention services No
Enforcement: Never or almost never enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests Yes
Enforcement: Never or almost never enforced
Support: Somewhat inadequate

Penalties for professionals who fail to report CM Yes
Enforcement: Inconsistent
Support: Don’t know

Provision of immunity from liability when reports are made in good faith No
Enforcement: Inconsistent
Support: Don’t know

Provision of a specific budget for preventing CM Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse No
Clear definition of exposure to IPV No

Sectors included in required intersectorial response (Q46)

- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) 5 to 10 years

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect

Change in no. of cases over past 4 years (Q19)

Physical abuse More Cases
Sexual abuse More Cases
Neglect Fewer Cases

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & Q21) Yes

Refugee and migrants from neighboring countries

Incidence rate of reported CM per 1000 children per year (Q25) 20 out of 1000

% of reported cases involving (Q26)
- Physical abuse 31-45%
- Sexual abuse 46-60%
- Street children 16-30%

% of reported cases investigated (Q27) 31-45%
% of investigated cases substantiated (Q28) 31-45%
% of substantiated cases in which (Q29)
- Result in the perpetrator being removed from the home? 16-30%
- Lead to prosecution of the alleged perpetrator? 0-15%
- Result in the child being removed from the home? 0-15%

Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? 0-15%
- Foster care? Don’t know
- Orphanages? 16-30%

CHILD DEATHS

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q40) Remained about the same
Annual rate of deaths attributed to CM (Q38) > 4 in 100,000
Of these deaths, % involving (Q39)
- Physical abuse 16-30%
- Neglect 0-15%

Autopsy required when child’s death (Q31)
- Is unexpected? No
- Has an unclear cause? No

Country has child death review team(s) (Q34) No
Team(s) supported by legislation (Q35) No

SERVICES

Availability of services (Q49)
Therapy for those who physically abuse a child Occasional
Therapy for physically abused children Occasional
Therapy for those who sexually abuse a child Occasional
**COUNTRY PROFILES   LIBERIA**

<table>
<thead>
<tr>
<th>Funding for CM prevention (Q52)</th>
<th>Funding for CM treatment (Q53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Non-government</td>
</tr>
<tr>
<td>Moderate Funding</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM (Q54)**

- Media campaigns to raise public awareness
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q70)**

| Slightly |

**Major developments to address CM (Q73)**

- Significant involvement of the media
- Passage of the child protection policy
- Increment of social workers

**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Extent that there are laws concerning CSE (Q54)</th>
<th>Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Rarely</td>
</tr>
</tbody>
</table>

**Extant to which citizens who engage in CSE within the country are prosecuted (Q64)**

Sometimes

**Extant to which citizens who engage in CSE abroad are prosecuted (Q65)**

Sometimes

**Extant to which foreigners who engage in CSE within the country are prosecuted (Q66)**

Rarely

**Extant to which children who are exploited sexually are arrested (Q67)**

Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q68)**

Yes

**Arrests in the past year for possession or production of child pornography (Q69)**

No

<table>
<thead>
<tr>
<th>Therapy for sexually abused children</th>
<th>Occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Moderate</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
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<td>Targeted home visits for new parents at-risk</td>
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</tr>
<tr>
<td>Universal health screening for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Occasional</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM prevention (Q56)**

- Hospitals/medical centers: Very Involved
- Mental health agencies: None
- Businesses/factories: Moderately Involved
- Schools: Very Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Very Involved
- Religious institutions: Very Involved
- Voluntary civic organizations: Very Involved
- Courts/law enforcement: Very Involved
- Universities: Very Involved

**Involvement of community sectors in supporting CM treatment (Q51)**

- Hospitals/medical centers: Very Involved
- Mental health agencies: None
- Businesses/factories: Moderately Involved
- Schools: Very Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Very Involved
- Religious institutions: Very Involved
- Voluntary civic organizations: Very Involved
- Courts/law enforcement: Very Involved
- Universities: Very Involved
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Programme Learning Group
University of Liberia
Fendell Campus
Monrovia, Montserrado 1000
Liberia
Email: fofanaabraham@yahoo.com
Resources Provided: Research, learning and advocacy

Think
Duport Road
University of Liberia
Monrovia, Montserrado 1000
Liberia
Resources Provided: Psychosocial support
Macau

Forms of acceptable punishment (Q8)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the buttocks with an object (shoe, belt, other)
• Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
• If the child is < 2 years old
• If the action leaves a bruise
• If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
• If the action is by someone other than a parent (e.g., a babysitter or teacher)
• If the action is done in the presence of non-family members

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery

• Internet solicitation for sex
• Child marriage
• Torture, for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• School or educational training center

Parent or caregiver behaviors (Q12)
• Physical abuse (e.g., beatings, burning)
• Physical discipline (e.g., spanking, hitting to correct child’s behavior)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child exposed to intimate partner (or domestic) violence
• Child exposed to parent’s illicit drug use

LAWs AND POLICIES REGARDING CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q21)</td>
<td>Investigation conducted by</td>
<td>Social Services</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q42)</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Government agency to respond to CM</td>
<td>Social Services</td>
<td></td>
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</tbody>
</table>

OFFICIAL DOCUMENTATION OF CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Official labels for types of CM (Q17)</td>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exposure IPV</td>
<td></td>
</tr>
</tbody>
</table>

CHILD DEATHS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q36)</td>
<td>Country has child death review team(s) (Q33)</td>
<td>No</td>
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</tbody>
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### SERVICES

**Availability of services (Q48)**
- Programs for those who neglect children: Occasional
- Programs for neglected children: Occasional
- Therapy for those who physically abuse children: Occasional
- Therapy for those who sexually abuse children: Occasional
- Case management services: Moderate
- Home-based services/family support: Moderate
- Foster care with official foster parents: No
- Group homes for maltreated children: Moderate
- Public shelters for maltreated children: Moderate
- Public shelters for IPV victims and their children: Moderate
- Institutional care for maltreated children: Moderate
- Financial and other material support: Moderate
- Hospitalization for mental illness - adults: Occasional
- Hospitalization for mental illness - children: Moderate
- Substance abuse treatment - parents: Moderate
- Substance abuse treatment - children: Moderate
- Centers for parents to share experiences/concerns: Occasional
- Universal home visits for all new parents: Moderate
- Home visits for new, at-risk parents: Moderate
- Free child care: Moderate
- Universal health screening - children: Moderate
- Universal free medical care - children: Moderate
- Universal free medical care - all citizens: Moderate

**Involvement of community sectors in supporting CM prevention (Q49)**
- Hospitals/medical centers: Minimal
- Mental health agencies: Minimal
- Businesses: None
- Schools: Moderate
- Public social services agencies: Very involved
- Community-based NGO’s: Very involved
- Religious institutions: Moderate
- Voluntary civic organizations: Moderate
- Courts/law enforcement: Very involved
- Universities: Minimal

**Involvement of community sectors in supporting CM treatment (Q50)**
- Hospitals/medical centers: Moderate
- Mental health agencies: Moderate
- Businesses: None
- Schools: Very involved

### CSE

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE is defined as the recruitment, harboring, transport, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</td>
<td></td>
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<tr>
<td>Extent that there are laws concerning CSE (Q53)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q54)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q55)</td>
<td>Somewhat</td>
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<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q56)</td>
<td>Somewhat</td>
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<tr>
<td>Country keeps official data on CSE (Q57)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Funding for CM prevention (Q51)
- Government: Major
- Non-government: Major

### Funding for CM treatment (Q52)
- Government: Major
- Non-government: Major

### Strategies used and thought to be effective in preventing CM (Q53)
- Home-based services for at risk parents
- Media campaigns
- Risk assessment
- Universal home visitation for new parents
- Improving or increasing local services
- Universal health care and preventive medical care
- Improving families' basic living conditions
- Substance abuse services
- Services for victims of domestic violence

### Major barriers to preventing CM (Q54)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

### Commercial sex work (or prostitution) is legal (Q55)
- Yes

### Age at which it’s legal to be a sex worker (Q56)
- 18

### Extent to which victims of CSE receive mental health care (Q57)
- Most of the time

### Extent to which citizens who engage in CSE within the country are prosecuted (Q58)
- Most of the time

### Extent to which children who are exploited sexually are arrested (Q59)
- Most of the time

### Arrests in the past year for possession or production of child pornography (Q60)
- Yes
**Macedonia**

Forms of acceptable punishment (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with an open hand
- Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
- If the child is < 2 years old
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)

Social conditions and behaviors (Q10)
- Child living on the street
- Prostituting a child
- Forcing a child to beg
- Child labor – under age 12
- Internet solicitation for sex

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

Law mandating suspected CM be reported (Q21)
- Yes

This law applies to (Q23)
- Sexual abuse
- Emotional (psychological) maltreatment

National laws/policies regarding CM (Q42)
- No

Government agency to respond to CM (Q40)
- No

Investigation conducted by (Q41)
- Court system

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13)
- No

Scope of team(s) (Q35)
- National

CHILD DEATHS

Country has child death review team(s) (Q33)
- No

SERVICES

Availability of services (Q48)
- Therapy for those who physically abuse children: No
- Therapy for physically abused children: No
- Therapy for those who sexually abuse children: No

Gross domestic product (US$ billions)
- 11

Total population (thousands)
- 2,081

Population below int’l poverty line of US$1.90 per day
- 1%

Life expectancy at birth (years)
- 76

Under 5 mortality rate (per 1,000 births)
- 12

Youth (15-24 years) literacy rate (male | female)
- N/A | 98%

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<table>
<thead>
<tr>
<th>Service/Support</th>
<th>Yes/No</th>
<th>Hospitals/medical centers</th>
<th>Mental health agencies</th>
<th>Businesses</th>
<th>Schools</th>
<th>Public social services agencies</th>
<th>Community-based NGO’s</th>
<th>Religious institutions</th>
<th>Voluntary civic organizations</th>
<th>Courts/law enforcement</th>
<th>Universities</th>
<th>Funding for CM prevention (Q51)</th>
<th>Funding for CM treatment (Q52)</th>
<th>Extent that the UN CRC improved policies and programs concerning CM (Q69)</th>
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<td>Public shelters for IPV victims and their children</td>
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<td>Hospitalization for mental illness - adults</td>
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<td>Universal free medical care - children</td>
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Malaysia

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**Laws and Policies Regarding CM**

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>Yes</th>
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<tr>
<td>Year law established (Q23)</td>
<td>2001 – 2005</td>
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<tr>
<td>This law applies to (Q24)</td>
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<tr>
<td>Physical abuse</td>
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<td>Sexual abuse</td>
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<tr>
<td>Neglect</td>
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<tr>
<td>Emotional (psychological) maltreatment</td>
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<tr>
<td>Exposure to IPV</td>
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</tbody>
</table>

**National laws/policies regarding CM (Q43)**
- Yes

**Laws/policies first established (Q44)**
- After 2000

**Government agency to respond to CM (Q41)**
- Yes

**Investigation conducted by (Q42)**
- Social services
- Law enforcement

**Elements in laws/policies (Q45)**
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

**Mandated periodic training for professionals who may encounter maltreated children**
- Enforcement: Don't know
- Support: Don't know

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Enforcement: Don't know
- Support: Don't know

**Mandated reporting of suspected CM for all adults**
- Enforcement: Don't know
- Support: Don't know

**Provisions that allow for voluntary reporting of suspected CM by any professional or individual**
- Enforcement: Don't know
- Support: Don't know
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Don’t know</th>
<th>Enforcement</th>
<th>Don’t know</th>
<th>Support</th>
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<tbody>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Don’t know</td>
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<td>Requirement that an investigation be a coordinated intersectoral response</td>
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<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
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<td>Provisions for removing child from his or her parents/caretakers to ensure the child’s safety</td>
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<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Don’t know</td>
<td>Enforcement</td>
<td>Don’t know</td>
<td>Support</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Don’t know</td>
<td>Enforcement</td>
<td>Don’t know</td>
<td>Support</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Don’t know</td>
<td>Enforcement</td>
<td>Don’t know</td>
<td>Support</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>Don’t know</td>
<td>Enforcement</td>
<td>Don’t know</td>
<td>Support</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Official Documentation of CM

| Government maintains count of suspected CM (Q13) | No |
| % of reported cases involving (Q26) | |
| Physical abuse | Don’t know |
| Sexual abuse | Don’t know |
| Neglect | Don’t know |
| Emotional (psychological) maltreatment | Don’t know |
| Street children | Don’t know |
| Abandoned children | Don’t know |
| Exposure to IPV | Don’t know |
| % of reported cases investigated (Q27) | Don’t know |
| % of investigated cases substantiated (Q28) | Don’t know |
| % of substantiated cases in which (Q29) | |
| Result in the perpetrator being removed from the home? | Don’t know |
| Lead to prosecution of the alleged perpetrator? | Don’t know |
| Result in the child being removed from the home? | Don’t know |
| Of children removed from home, how many live in (Q30) | |
| Kinship care (with a family member)? | Don’t know |
| Foster care? | Don’t know |
| Orphanages? | Don’t know |

### Child Deaths

| Government maintains count of deaths due to CM (Q37) | Don’t know |
| Over the past 10 years, the number of deaths due to CM has (Q40) | |
| Annual rate of deaths attributed to CM (Q38) | Don’t know |
| Of these deaths, % involving (Q39) | |
| Physical abuse | Don’t know |
| Neglect | Don’t know |
| Sexual Abuse | Don’t know |
| Emotional Abuse | Don’t know |
| Intimate Partner Violence | Don’t know |
| Autopsy required when child’s death (Q31) | |
| Is unexpected? | Yes |
| Has an unclear cause? | Yes |
| Autopsy performed by (Q32) | |
| • Forensic doctor | |
| • Hospital | |
| Autopsy must follow specific protocol (Q33) | Yes |
| Country has child death review team(s) (Q34) | No |
| Team(s) supported by legislation (Q35) | Don’t know |
### SERVICES

#### Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Don't Know</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Don't Know</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderately Involved</td>
</tr>
</tbody>
</table>

#### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Don’t Know</td>
</tr>
</tbody>
</table>

#### Funding for CM prevention (Q52)

- Government: NA
- Non-government: NA

#### Funding for CM treatment (Q53)

- Government: NA
- Non-government: NA

#### Strategies used and thought to be effective in preventing CM (Q54)

- Media campaigns to raise public awareness
- Prosecution of child abuse offenders
- Professional training

#### Extent that the UN CRC improved policies and programs concerning CM (Q70)

Somewhat

#### Major developments to address CM (Q73)

- The amendments of the Child Act of 2001
- The introduction of Child Sexual Crimes Court
- Response to Huckle Berry case (which involves child victims from Malaysia)

### CHILD SEXUAL EXPLOITATION (CSE)

- CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

#### Extent that there are laws concerning CSE (Q56)

Somewhat

#### Extent of programs combating CSE (Q57)

Somewhat

#### Extent of policies to stop CSE (Q58)

Somewhat

#### Extent to which victims of CSE receive mental health care (Q63)

Rarely

#### Commercial sex work (or prostitution) is legal (Q61)

No

#### Commercial sex work (or prostitution) is legal (Q61)

No

#### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)

Don’t know

#### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)

Don’t know

#### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)

Don’t know

#### Extent to which children who are exploited sexually are arrested (Q67)

Don’t know

#### Arrests in the past year for engaging in sex trafficking of children (Q68)

Yes

#### Arrests in the past year for possession or production of child pornography (Q69)

Don’t know
Malta

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**LAWS AND POLICIES REGARDING CM**

**Law mandating suspected CM be reported (Q22)**
- Yes

**Year law established (Q23)**
- After 2005

**This law applies to (Q24)**
- Physical abuse
- Sexual abuse
- Neglect

**National laws/policies regarding CM (Q43)**
- Yes

**Laws/policies first established (Q44)**
- After 2000

**Government agency to respond to CM (Q41)**
- Yes

**Investigation conducted by (Q42)**
- Social services
- Police

**Elements in laws/policies (Q45)**
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

**Mandated periodic training for professionals who may encounter maltreated children**
- No
- Enforcement: Never or almost never enforced
- Support: Adequate

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Yes
- Enforcement: Never or almost never enforced
- Support: Don’t know

**Mandated reporting of suspected CM for all adults**
- No
- Enforcement: Never or almost never enforced
- Support: Don’t know
Provisions that allow for voluntary reporting of suspected CM by any professional or individual Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes
Enforcement: Never or almost never enforced
Support: Adequate

Requirement that an investigation be a coordinated intersectoral response Yes
Enforcement: Never or almost never enforced
Support: Adequate

Requirement that the child(ren)’s and family’s needs be assessed Yes
Enforcement: Never or almost never enforced
Support: Adequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety Yes
Enforcement: Inconsistent
Support: Adequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Never or almost never enforced
Support: Very inadequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention Yes
Enforcement: Never or almost never enforced
Support: Adequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Never or almost never enforced
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Never or almost never enforced
Support: Adequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Never or almost never enforced
Support: Adequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention Yes
Enforcement: Never or almost never enforced
Support: Adequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement of the development of specific prevention services Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests Yes
Enforcement: Never or almost never enforced
Support: Very inadequate

Penalties for professionals who fail to report CM No
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of immunity from liability when reports are made in good faith No
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of a specific budget for preventing CM Yes
Enforcement: Never or almost never enforced
Support: Somewhat inadequate

Clear definition of child neglect Yes
Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse Yes
Clear definition of exposure to IPV Yes

Most of the above are written procedures; few backed up by law

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

Most professionals have to write reports and give evidence in court as needed, especially in serious child maltreatment

**OFFICIAL DOCUMENTATION OF CM**

Government maintains count of suspected CM (Q13) Yes

Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19)

<table>
<thead>
<tr>
<th>Category</th>
<th>Fewer Cases</th>
<th>No Change</th>
<th>More Cases</th>
<th>No Change</th>
<th>More Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No

Incidence rate of reported CM per 1000 children per year (Q25) Around 1.26% of child population

% of reported cases involving (Q26)

- Physical abuse 16-30%
- Sexual abuse 0-15%
- Neglect 31-45%
- Emotional (psychological) maltreatment 76-90%
- Street children 0-15%
- Abandoned children 0-15%

% of reported cases investigated (Q27) 46-60%

% of investigated cases substantiated (Q28) 16-30%

% of substantiated cases in which (Q29)

- Result in the perpetrator being removed from the home? 0-15%
- Lead to prosecution of the alleged perpetrator? 0-15%
- Result in the child being removed from the home? 0-15%

Of children removed from home, how many live in (Q30)

- Kinship care (with a family member)? 16-30%
- Foster care? 16-30%
- Orphanages? 46-60%
## CHILD DEATHS

| Description                                                                 | Don’t know | Is unexpected? | Has an unclear cause? | Forensic doctor |
|-----------------------------------------------------------------------------|------------|----------------|-----------------------|-----------------
| Government maintains count of deaths due to CM (Q37)                       |            |                |                       |                 |
| Over the past 10 years, the number of deaths due to CM has (Q40)            | Remained about the same |                |                       |                 |
| Annual rate of deaths attributed to CM (Q38)                                | < 1 in 100,000 |                |                       |                 |
| Of these deaths, % involving (Q39)                                          | 0-15%      |                |                       |                 |
| Autopsy required when child’s death (Q31)                                   |            |                |                       |                 |

### SERVICES

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Usually</th>
<th>Nearly always</th>
<th>Occasionally</th>
<th>Mostly often</th>
<th>Never</th>
<th>Very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
</tr>
<tr>
<td>General support for the use of corporal punishment/physical discipline</td>
<td>Usually</td>
<td>Nearly always</td>
<td>Occasionally</td>
<td>Mostly often</td>
<td>Never</td>
<td>Very often</td>
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<tr>
<td>Involvement of community sectors in supporting CM prevention (Q50)</td>
<td></td>
<td></td>
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<tr>
<td>Hospitals/medical centers</td>
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<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
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<tr>
<td>Businesses/factories</td>
<td>Minimally Involved</td>
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</tr>
<tr>
<td>Schools</td>
<td>Very Involved</td>
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<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Very Involved</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Volunteer civic organizations</td>
<td>Very Involved</td>
<td></td>
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</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimally Involved</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

| Strategies used and thought to be effective in preventing CM (Q54)                                                       |         |               |             |              |       |             |
| - Home-based services and support for parents at risk                                                                     |         |               |             |              |       |             |
| - Risk assessment methods                                                                                               |         |               |             |              |       |             |
| - Universal home visitation for new parents                                                                           |         |               |             |              |       |             |
| - Improving/increasing local services                                                                                  |         |               |             |              |       |             |
| - A system of universal health care and access to preventive medical care                                               |         |               |             |              |       |             |
| - Professional training                                                                                                  |         |               |             |              |       |             |
| - University programs for students                                                                                       |         |               |             |              |       |             |
| - Advocacy for children’s rights                                                                                         |         |               |             |              |       |             |
| - Increasing the basic living conditions of families (e.g., housing, access to clean water)                            |         |               |             |              |       |             |
| - Mental health services                                                                                                |         |               |             |              |       |             |
| - Substance abuse services                                                                                                |         |               |             |              |       |             |
| - Services for victims of domestic violence                                                                             |         |               |             |              |       |             |
| - Child death review teams                                                                                               |         |               |             |              |       |             |

| Major barriers to preventing CM (Q55)                                                                                   |         |               |             |              |       |             |
| - Limited resources for improving the government’s response to CM                                                       |         |               |             |              |       |             |
| - Lack of specific laws related to CM                                                                                    |         |               |             |              |       |             |
| - Lack of system to investigate reports of CM                                                                            |         |               |             |              |       |             |
| - Lack of trained professionals                                                                                        |         |               |             |              |       |             |
| - Public resistance to supporting prevention efforts                                                                    |         |               |             |              |       |             |
| - Extreme poverty                                                                                                       |         |               |             |              |       |             |
| - Decline in family life and informal support systems for parents                                                      |         |               |             |              |       |             |
| - Country’s dependency on foreign investment to sustain its local economy                                               |         |               |             |              |       |             |
| - Strong sense of family privacy and parental rights to raise children as they choose                                  |         |               |             |              |       |             |
| - General support for the use of corporal punishment/physical discipline                                                  |         |               |             |              |       |             |
| - Lack of commitment or support for children’s rights                                                                   |         |               |             |              |       |             |
| - Overwhelming number of children living on their own                                                                     |         |               |             |              |       |             |
| - Generally inadequate and poorly developed systems of basic health care or social services                             |         |               |             |              |       |             |
| - Political or religious conflict and instability                                                                       |         |               |             |              |       |             |
| - Lack of access to mental health services                                                                                |         |               |             |              |       |             |
| - Lack of substance abuse treatment                                                                                     |         |               |             |              |       |             |
| - Lack of laws allowing sharing of information among professionals                                                       |         |               |             |              |       |             |
Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)  
Significantly

Government and judicial system are much more receptive to improve policies and laws since child maltreatment is also backed by UN convention. Countries have certain responsibilities.

Major developments to address CM (Q73)

- The first Child Protection (Out of Home Care) bill has been enacted although not yet enforced; soon to be enforced.
- Professionals are being more open to refer, discuss and be responsible for taking action against child maltreatment.
- The amount of referrals to Child Protection services remained pretty much the same but it is believed that many are not being reported.

CHILD SEXUAL EXPLOITATION (CSE)

| Extent that there are laws concerning CSE (Q54) | Somewhat |
| Extent of programs combating CSE (Q57) | Somewhat |
| Extent that agencies collaborate to stop CSE (Q58) | Greatly |
| Extent of policies for reporting CSE to public agency or NGO (Q59) | Greatly |
| Country keeps official records on CSE (Q60) | Yes |
| Commercial sex work (or prostitution) is legal (Q61) | No |
| Extent to which victims of CSE receive mental health care (Q63) | Most of the time |

| Extent to which citizens who engage in CSE within the country are prosecuted (Q64) | Sometimes |
| Extent to which citizens who engage in CSE abroad are prosecuted (Q65) | Rarely |
| Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) | Sometimes |
| Extent to which children who are exploited sexually are arrested (Q67) | Don’t know |
| Arresst in the past year for engaging in sex trafficking of children (Q68) | Yes |
| Arresst in the past year for possession or production of child pornography (Q69) | Yes |

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- Department of Education
  
  Website: https://education.gov.mt/en/education/student-services/Pages/default.aspx
  
  Resources Provided: Information about child maltreatment since education is the most important stakeholder following social services

- Foundation for Social Welfare Services
  
  212 Cannon Road
  St. Venera, SVR 9034
  Malta
  
  Email: roberta.agius@gov.mt
  
  Website: www.fsws.gov.mt
  
  Resources Provided: A large number of services and information about the major social problems in Malta including problems related to families, problems related to addictions and disability.
Mexico

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Shaking a child
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Internet solicitation for sex

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Refugee camp

**Laws and Policies Regarding CM**

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Year law established (Q23)</td>
<td>2001 – 2005</td>
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<tr>
<td>This law applies to (Q24)</td>
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<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
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<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Inconsistent</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td>Somewhat inadequate</td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Inconsistent</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Inconsistent</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td>Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

**Gross Domestic Product (US$ billions)**: 1,150
**Total Population (thousands)**: 127,540
**Population below int’l poverty line of US$1.90 per day**: 3%
**Life expectancy at birth (years)**: 77
**Under 5 mortality rate (per 1,000 births)**: 15
**Youth (15-24 years) literacy rate (male | female)**: 99% | 99%

Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.
Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that an investigation be a coordinated intersectoral response Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that the child(ren)’s and family’s needs be assessed Yes
Enforcement: Never or almost never enforced
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home No
Enforcement: Not applicable
Support: Don’t know

Specific criminal penalties for maltreating a child No
Enforcement: Not applicable
Support: Don’t know

Requirement that all victims receive some form of service or intervention Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Not applicable
Support: Not applicable

Requirement of the development of specific prevention services No
Enforcement: Not applicable
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests Yes
Enforcement: Widely enforced
Support: Adequate

Penalties for professionals who fail to report CM No
Enforcement: Not applicable
Support: Don’t know

Provision of immunity from liability when reports are made in good faith No
Enforcement: Not applicable
Support: Don’t know

Provision of a specific budget for preventing CM Yes
Enforcement: Inconsistent
Support: Very inadequate

Clear definition of child neglect No

Clear definition of child physical abuse No

Clear definition of child sexual abuse No

Clear definition of child emotional/psychological abuse No

Clear definition of exposure to IPV No

Sectors included in required intersectorial response (Q46)

- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)
- Psychologist or social worker

Government maintains count of suspected CM (Q13) Yes

Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q19)

Physical abuse More Cases
Sexual abuse More Cases
Neglect More Cases
Emotional (psychological) maltreatment More Cases
Exposure to intimate partner violence (IPV) Don’t Know

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20 & Q21) Yes

Immigrants

Incidence rate of reported CM per 1000 children per year (Q25)

5 out 1,000 according to official reports

% of reported cases involving (Q26)

Physical abuse 16-30%
Sexual abuse 0-15%
Neglect 31-45%
Emotional (psychological) maltreatment 16-30%
Street children 0-15%
Abandoned children 0-15%
Exposure to IPV Don’t know

% of reported cases investigated (Q27) 76-90%

% of investigated cases substantiated (Q28) 61-75%

% of substantiated cases in which (Q29)

Result in the perpetrator being removed from the home? Don’t know
Lead to prosecution of the alleged perpetrator? Don’t know
Result in the child being removed from the home? Don’t know

Of children removed from home, how many live in (Q30)

- Kinship care (with a family member)? Don’t know
- Foster care? Don’t know
- Orphanages? Don’t know

Government maintains count of deaths due to CM (Q37) No

Over the past 10 years, the number of deaths due to CM has (Q40) Increased

Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Of these deaths, % involving (Q39)

- Physical abuse: Don’t know
- Neglect: Don’t know
- Sexual Abuse: Don’t know
- Emotional Abuse: Don’t know
- Intimate Partner Violence: Don’t know

Autopsy required when child's death (Q31)

- Is unexpected? Yes
- Has an unclear cause? Yes

Autopsy performed by (Q32)

- Medical examiner
- Forensic doctor
- Hospital

Autopsy must follow specific protocol (Q33)
Yes

Country has child death review team(s) (Q34)
Yes

Team(s) supported by legislation (Q35)
Don’t know

Scope of team(s) (Q36)
National

SERVICES

Availability of services (Q49)

- Therapy for those who neglect a child: Occasional
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: Occasional
- Therapy for physically abused children: Usually
- Therapy for those who sexually abuse a child: Occasional
- Therapy for sexually abused children: Moderate
- Case management support services to meet a family’s basic needs: Occasional
- Home-based services to support parents and family: No
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: Occasional
- Public shelters for maltreated children: Occasional
- Public shelters for victims of domestic violence and their children: Occasional
- Institutional care for maltreated children: Usually
- Financial and other material support: Occasional
- Hospitalization for mental illness for adults: Occasional
- Hospitalization for mental illness for children: Occasional
- Substance abuse treatment for parents: Occasional
- Substance abuse treatment for children: Occasional
- Centers for parents to share experiences/concerns: No
- Universal home visits for all new parents: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: Moderate
- Universal health screening for children: Moderate
- Universal, mostly free medical care for children: Moderate
- Universal, mostly free medical care for all citizens: Occasional

Involvement of community sectors in supporting CM prevention (Q56)

- Hospitals/medical centers: Minimally Involved
- Mental health agencies: Moderately Involved
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Minimally Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: Minimally Involved
- Voluntary civic organizations: Moderately Involved
- Courts/law enforcement: Minimally Involved
- Universities: Moderately Involved

Involvement of community sectors in supporting CM treatment (Q57)

- Hospitals/medical centers: Very Involved
- Mental health agencies: Moderately Involved
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Minimally Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: Minimally Involved
- Voluntary civic organizations: Moderately Involved
- Courts/law enforcement: Very Involved
- Universities: Moderately Involved

Funding for CM prevention (Q52)

- Government: Minimal
- Non-government: Minimal

Funding for CM treatment (Q53)

- Government: Major
- Non-government: Moderate Funding

Strategies used and thought to be effective in preventing CM (Q54)

- Increasing individual responsibility for child protection
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q270 & Q271)

- Significantly

The most significant improvement was the creation of the General Law on the Rights of Children and Adolescents.

Major developments to address CM (Q73)

- The wide generalization of the General Law for Children’s Rights in all the country. Now all the States have their own law and are working to implement it.
- The creation of Protection Offices.
- No clear budget was designed to implement Protection Offices.
**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

| Extent that there are laws concerning CSE (Q56) | Greatly |
| Extent of programs combating CSE (Q57) | Somewhat |
| Extent that agencies collaborate to stop CSE (Q58) | Somewhat |
| Extent of policies for reporting CSE to public agency or NGO (Q59) | Greatly |
| Country keeps official records on CSE (Q60) | Yes |
| Commercial sex work (or prostitution) is legal (Q61) | Yes |
| Age at which it’s legal to be a sex worker (Q62) | 18 |
| Extent to which victims of CSE receive mental health care (Q63) | Don’t know |
| Extent to which citizens who engage in CSE within the country are prosecuted (Q64) | Sometimes |
| Extent to which citizens who engage in CSE abroad are prosecuted (Q65) | Rarely |
| Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) | Rarely |
| Extent to which children who are exploited sexually are arrested (Q67) | Don’t know |
| Arrests in the past year for engaging in sex trafficking of children (Q68) | Yes |
| Arrests in the past year for possession or production of child pornography (Q69) | Don’t know |

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CSE**

- **Instituto Nacional de Estadística y Geografía (INEGI) / National Institute of Statistic and Geography**
  - Headquarters of the Institute
  - Avenida Héro de Nacozari Sur 2301
  - Fraccionamiento Jardines del Parque
  - 20276 Aguascalientes
  - Mexico
  - Telephone: 01 800 111 46 34, International: + (52) + (449) 910 53 00 Ext. 5301
  - Email: atencion.usuarios@inegi.org.mx
  - Website: www.inegi.org.mx
  - Resources Provided: Statistics

- **Red por los Derechos de la Infancia en México (REDIM) / Network for Rights of Children in Mexico**
  - Red por los Derechos de la Infancia en México
  - Av. México Coyoacán No. 350 Col. General Anaya
  - CP 03340 México, DF
  - Mexico
  - Telephone: 56 01 62 78 , 67 31 27 02
  - Email: comunicacion@derechosinfancia.org.mx
  - Website: http://www.derechosinfancia.org.mx/
  - Resources Provided: Statistics and analysis
Mongolia

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) After 2005
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42)
- Social services
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals Yes
Enforcement: Inconsistent
Support: Don’t know

Mandated reporting of suspected CM for all adults No
Enforcement: Don’t know
Support: Don’t know
Provisions that allow for voluntary reporting of suspected CM by any professional or individual: Yes
Enforcement: Don't know
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours): Yes
Enforcement: Don't know
Support: Somewhat inadequate

Requirement that an investigation be a coordinated intersectoral response: Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that the child(ren)'s and family's needs be assessed: Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety: Yes
Enforcement: Inconsistent
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Specific criminal penalties for maltreating a child: No
Enforcement: Not applicable
Support: Don't know

Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Never or almost never enforced
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention: Yes
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement of the development of specific prevention services: Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests: No
Enforcement: Don't know
Support: Very inadequate

Penalties for professionals who fail to report CM: Yes
Enforcement: Never or almost never enforced
Support: Don't know

Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Never or almost never enforced
Support: Don't know

Clear definition of child neglect: Yes

Clear definition of child physical abuse: Yes

Clear definition of child sexual abuse: Yes

Clear definition of child emotional/psychological abuse: Yes

Clear definition of exposure to IPV: Yes

Sectors included in required intersectoral response (Q46):
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)
- Education (teachers)

Government maintains count of suspected CM (Q13): Yes

Duration system in place (Q17): < 5 years

Official labels for types of CM (Q18):
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19):
- Physical abuse: Don't Know
- Sexual abuse: Don't Know
- Neglect: Don't Know
- Emotional (psychological) maltreatment: Don't Know
- Exposure to intimate partner violence (IPV): Don't Know

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20): No

Incidence rate of reported CM per 1000 children per year (Q25): NA

% of reported cases involving (Q26):
- Physical abuse: Don't know
- Sexual abuse: Don't know
- Neglect: Don't know
- Emotional (psychological) maltreatment: Don't know
- Street children: Don't know
- Abandoned children: Don't know
- Exposure to IPV: Don't know

% of reported cases investigated (Q27): 76-90%

% of investigated cases substantiated (Q28): Don't know

% of substantiated cases in which (Q29):
- Result in the perpetrator being removed from the home: Don't know
- Lead to prosecution of the alleged perpetrator: Don't know
- Result in the child being removed from the home: Don't know

Of children removed from home, how many live in (Q30):
- Kinship care (with a family member): Don't know
- Foster care: Don't know
- Orphanages: Don't know
CHILD DEATHS

<table>
<thead>
<tr>
<th>Description</th>
<th>Q37</th>
<th>Q38</th>
<th>Q39</th>
<th>Q40</th>
<th>Q41</th>
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</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM</td>
<td>Don’t know</td>
<td>Sexual Abuse</td>
<td>Don’t know</td>
<td>Emotional Abuse</td>
<td>Don’t know</td>
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<td>Over the past 10 years, the number of deaths due to CM</td>
<td>Don’t know</td>
<td>Intimate Partner Violence</td>
<td>Don’t know</td>
<td></td>
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<tr>
<td>Annual rate of deaths attributed to CM</td>
<td>Don’t know</td>
<td>Autopsy required when child’s death</td>
<td>Don’t know</td>
<td></td>
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<tr>
<td>Of these deaths, % involving Physical abuse</td>
<td>Don’t know</td>
<td>Is unexpected?</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Neglect</td>
<td>Don’t know</td>
<td>Autopsy performed by</td>
<td>Forensic doctor</td>
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SERVICES

<table>
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<tr>
<th>Availability of services</th>
<th>Q49</th>
<th>Q50</th>
<th>Q51</th>
<th>Q52</th>
<th>Q53</th>
<th>Q54</th>
<th>Q55</th>
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<tr>
<td>Therapy for those who neglect a child</td>
<td>Occasional</td>
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<td>Therapy for neglected children</td>
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<tr>
<td>Therapy for physically abused children</td>
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<tr>
<td>Therapy for those who sexually abuse a child</td>
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<tr>
<td>Therapy for sexually abused children</td>
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<td>Case management support services to meet a family’s basic needs</td>
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<td>Home-based services to support parents and family</td>
<td>Moderate</td>
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<tr>
<td>Foster care with official foster parents</td>
<td>No</td>
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<td>Group homes for maltreated children</td>
<td>Occasional</td>
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<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
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<td>Public shelters for victims of domestic violence and their children</td>
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<tr>
<td>Institutional care for maltreated children</td>
<td>Moderate</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Financial and other material support</td>
<td>Moderate</td>
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<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasional</td>
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<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
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<tr>
<td>Universal home visits for all new parents</td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Moderate</td>
<td></td>
<td></td>
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<tr>
<td>Universal health screening for children</td>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q60)

<table>
<thead>
<tr>
<th>Community Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Schools</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
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</table>

Involvement of community sectors in supporting CM treatment (Q61)

<table>
<thead>
<tr>
<th>Community Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Schools</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
</tbody>
</table>

Extent that the UN CRC improved policies and programs concerning CM (Q70)

<table>
<thead>
<tr>
<th>Program</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate Funding</td>
</tr>
<tr>
<td>Non-government</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

Major barriers to preventing CM (Q65)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

Major developments to address CM (Q73)

- Hotline that operates under National Authority of Children became key agency to link victims of CM with child protection service and law environment.
- Multi-disciplinary team approach has been developed and strengthened.
CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</td>
<td></td>
</tr>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **National Authority for Children**
  
  Government Building-11  
  Baga Toiruu, Ulaanbaatar-48  
  Mongolia  
  Email: info@nac.gov.mn  
  Website: www.nac.gov.mn  
  Resources Provided: This is the government implementing agency in charge of children’s issues. This office can provide resources and information related the government policies, implementation, and collaboration with other agencies in the field.

- **National Authority for Family, Child and Youth**
  
  State Building -11, Floor 3  
  Khoroo -8, Sukhbaatar District  
  Ulaanbaatar  
  Mongolia  
  Email: info@fcy.gov.mn  
  Website: http://www.fcy.gov.mn
  
  Resources Provided: Hotline 108, coordination of different agencies concerning child protection and development, provision of training for professionals and supervision, monitoring of the implementation of laws and policies on family, children and youth issues, etc.

- **National Statistical Office of Mongolia**
  
  Government III Building  
  Baga Toiruu-44  
  Ulaanbaatar-11  
  Mongolia  
  Telephone : (976-11)-326414, Info: 1900-1212  
  Fax : (976-11)-324518  
  Email: information@nso.mn, international@nso.mn  
  Website: http://www.nso.mn
  
  Resources Provided: NSO is a government authority that produces nationwide statistics. This office collaborates closely with the international and local agencies that are interested in having data about the situation of Mongolian Children.
Mozambique*

Forms of acceptable punishment (Q8)
• Hitting a child on the buttocks with an open hand

Circumstances of the above are considered CM (Q9)
• If the action leaves a bruise
• If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
• If the action is by someone other than a parent (e.g. a babysitter or teacher)
• If the action is done in the presence of non-family members

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture, for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage

• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place
• Law enforcement facility
• Refugee camp

Parent or caregiver behaviors (Q12)
• Physical abuse (e.g., beatings, burning)
• Physical discipline (e.g., spanking, hitting to correct child’s behavior)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child exposed to intimate partner (or domestic) violence
• Child exposed to parent’s illicit drug use

LAWs AND POLICIES REGARDING CM

| Law mandating suspected CM be reported (Q21) | Yes |
| Year law established (Q22) | After 2005 |
| This law applies to (Q23) | |
| Physical abuse | |
| Sexual abuse | |
| Neglect | |
| Emotional (psychological) maltreatment | |
| Exposure to Intimate Partner Violence (IPV) | |
| National laws/policies regarding CM (Q42) | Yes |
| Laws/policies first established (Q43) | After 2000 |
| Government agency to respond to CM (Q40) | Yes |
| Investigation conducted by (Q41) | |
| Social Services | |
| Law enforcement | |
| Court system | |
| The Police Republic of Mozambique - Office to family and minor victim of violence | |
| Elements in laws/policies (Q44) | |
| - Extent they are enforced (Q46) | |
| - Adequacy of government resources (Q47) | |
**Mandated periodic training for professionals who may encounter maltreated children**
- Enforcement: Inconsistent
- Support: Adequate

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Enforcement: Wide
- Support: Somewhat inadequate

**Provisions for voluntary reporting of suspected CM by professionals or individuals**
- Enforcement: Inconsistent
- Support: Adequate

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Enforcement: Inconsistent
- Support: Somewhat inadequate

**Requirement that the investigation be a coordinated intersectorial response**
- Enforcement: Wide
- Support: Adequate

**Requirement that the child(ren)’s and family’s needs be assessed**
- Enforcement: Wide
- Support: Adequate

**Provisions for removing child from parents/caretakers to ensure child’s safety**
- Enforcement: Inconsistent
- Support: Somewhat inadequate

**Provisions for removing alleged perpetrator from the home**
- Enforcement: Inconsistent
- Support: Somewhat inadequate

**Criminal penalties for abusing a child**
- Enforcement: Wide
- Support: Adequate

**Requirement that all victims receive a service or intervention**
- Enforcement: Inconsistent
- Support: Adequate

**Requires development of prevention services**
- Enforcement: Wide
- Support: Adequate

**Requires a separate attorney or advocate represents the child’s interests**
- Enforcement: Wide
- Support: Adequate

**Provide a specific budget for preventing CM**
- Enforcement: Inconsistent
- Support: Somewhat inadequate

**Clear definition of child neglect**
- Enforcement: Wide
- Support: Adequate

**Clear definition of child physical abuse**
- Enforcement: Wide
- Support: Adequate

**Clear definition of child sexual abuse**
- Enforcement: Wide
- Support: Adequate

**Clear definition of child emotional/psychological abuse**
- Enforcement: Wide
- Support: Adequate

**Sectors included in required intersectorial response**
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

---

**Official Documentation of CM**

- **Government maintains count of suspected CM** (Q13) Yes
- **Duration system in place** (Q16) > 10 years
- **Official labels for types of CM** (Q17)
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional (psychological) maltreatment
  - Exposure IPV
- **Change in no. of cases over past 4 years** (Q18)
  - Physical abuse More Cases
  - Sexual abuse More Cases
  - Neglect More Cases
  - Emotional (psychological) maltreatment More Cases
  - Exposure to IPV More Cases

**Child Deaths**

- **Government maintains count of deaths due to CM** (Q36) Yes
- **Autopsy required when child’s death** (Q31)
  - Is unexpected
  - Has an unclear cause
- **Autopsy must follow specific protocol** (Q32) Yes
- **Country has child death review team(s)** (Q33) Yes
- **Team(s) supported by legislation** (Q34) Yes
- **Scope of team(s)** (Q35) Local

**Services**

- **Availability of services** (Q48)
  - Programs for those who neglect children: Occasional
  - Programs for those who physically abuse children: Occasional
  - Therapy for physically abused children: Usually
  - Therapy for those who sexually abuse children: Occasional

---

*(Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.)*
**Therapy for sexually abused children**
- Usually

**Case management services**
- Occasional

**Home-based services/family support**
- Occasional

**Foster care with official foster parents**
- Occasional

**Group homes for maltreated children**
- Moderate

**Public shelters for maltreated children**
- Occasional

**Public shelters for IPV victims and their children**
- Occasional

**Institutional care for maltreated children**
- Occasional

**Financial and other material support**
- Moderate

**Hospitalization for mental illness - adults**
- Usually

**Hospitalization for mental illness - children**
- Usually

**Substance abuse treatment - parents**
- Usually

**Substance abuse treatment - children**
- Usually

**Centers for parents to share experiences/concerns**
- Moderate

**Universal home visits for all new parents**
- No

**Home visits for new, at-risk parents**
- No

**Free child care**
- Usually

**Universal health screening - children**
- Usually

**Universal free medical care - children**
- Usually

**Universal free medical care - all citizens**
- Usually

**Involvement of community sectors in supporting CM prevention**

<table>
<thead>
<tr>
<th>Hospitals/medical centers</th>
<th>Very involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health agencies</td>
<td>Very involved</td>
</tr>
<tr>
<td>Businesses</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Schools</td>
<td>Very involved</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Very involved</td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Very involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Very involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Very involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Very involved</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM treatment**

<table>
<thead>
<tr>
<th>Hospitals/medical centers</th>
<th>Very involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health agencies</td>
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<tr>
<td>Universities</td>
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</tbody>
</table>

**Funding for CM prevention**

<table>
<thead>
<tr>
<th>Government</th>
<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-government</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

**Funding for CM treatment**

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<tr>
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<th>Moderate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-government</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM**

- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- Advocacy for children’s rights
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

**Major barriers to preventing CM**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming no. of children living alone
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

**Extent that the UN CRC improved policies and programs concerning CM**

| (Q69) | Significantly |

**Major developments to address CM**

- In 2015, the former Ministry of Women and Social Action was replaced by the Ministry of Gender, Child and Social Action. One of the government objectives in this change is to underline the need to focus attention on all children, including those vulnerable and affected by abuse or at risk.
- In Mozambique there is a governmental institution called “Department for Assistance to Family and Children Victims of Violence” linked to the Police Ministry. One of the main objectives is to attend to children affected by all kind of violence.
- There is also a children’s parliament which integrates children from all country and once per year there is a meeting which involves several personalities, including the president of the republic and the prime minister. This forum is an opportunity for children to express the various problems affecting their lives.

**Child Sexual Exploitation (CSE)**

- CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

**Extent that there are laws concerning CSE**

- Greatly

**Extent of programs combating CSE**

- Greatly

**Extent that agencies collaborate to stop CSE**

- Greatly

**Extent of policies for reporting CSE to public agency or NGO**

- Greatly

**Country keeps official data on CSE**

- Yes

**Commercial sex work (or prostitution) is legal**

- No

**Extent to which victims of CSE receive mental health care**

- Most of the time

**Extent to which citizens who engage in CSE within the country are prosecuted**

- Most of the time

**Extent to which foreigners who engage in CSE within the country are prosecuted**

- Most of the time
Extent to which children who are exploited sexually are arrested (Q66) | Arrests in the past year for engaging in sex trafficking of children (Q67) | Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Ministry of Gender, Child and Social Action**
  - Gemini House, City Centre
  - Private Bag 330
  - Lilongwe 3
  - Malawi
  - Mozambique
  - Telephone: +265 1 770 411/740/203
  - Fax: +265 1 770 826
  - Email: info@gender.gov.mw
  - Website: http://www.gender.gov.mw/
  - Resources Provided: Public policies and reports

  - P.O. Box 4713
  - 1440, Zimbabwe Avenue
  - Maputo
  - Mozambique
  - Telephone: +258 21 481 100
  - Fax: +258 21 491 679
  - Email: maputo@unicef.org
  - Website: http://www.unicef.org.mz/en/
  - Resources Provided: Reports and publications
Nepal

24 Gross domestic product (US$ billions)
28,983 Total population (thousands)
15% Population below int'l poverty line of US$1.90 per day
70 Life expectancy at birth (years)
35 Under 5 mortality rate (per 1,000 births)
90% | 80% Youth (15-24 years) literacy rate (male | female)

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
• Shaking a child
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Forcing a child to beg
• Abuse by another child
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Religious institution
• Sporting organization
• Work place
• Refugee camp

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Physical discipline without bruising or other injury
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child experiencing intimate partner (or domestic) violence
• Child exposed to parent’s substance use

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22)
Yes
Year law established (Q23)
1990 – 2000
This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to IPV

Mandated periodic training for professionals who may encounter maltreated children
Yes
Enforcement: Support:
Inconsistent

Mandated reporting of suspected CM for specific groups of professionals or individuals
Yes
Enforcement: Support:
Inconsistent

Mandated reporting of suspected CM for all adults
Yes
Enforcement: Support:
Inconsistent

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Yes
Enforcement: Support:
Inconsistent
Requirement that reports be investigated within a specific time period (e.g., 24 hours)

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Requirement that the child(ren)'s and family's needs be assessed

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Provisions for removing the alleged perpetrator from the home

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Specific criminal penalties for maltreating a child

- Yes
- Enforcement: Inconsistent
- Support: Don't know

Requirement that all victims receive some form of service or intervention

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Requirement of the development of specific prevention services

- Yes
- Enforcement: Inconsistent
- Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests

- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

Penalties for professionals who fail to report CM

- Yes
- Enforcement: Inconsistent
- Support: Don't know

Provision of immunity from liability when reports are made in good faith

- Yes
- Enforcement: Inconsistent
- Support: Don't know

Provision of a specific budget for preventing CM

- Yes
- Enforcement: Widely enforced
- Support: Very inadequate

Clear definition of child neglect

- Yes

Clear definition of child physical abuse

- Yes

Clear definition of child sexual abuse

- Yes

Clear definition of child emotional/psychological abuse

- Yes

Clear definition of exposure to IPV

- No

Sectors included in required intersectorial response (Q46)

- Law enforcement (police)
- Legal (e.g., prosecutor or court appointed advocate)
- IPV

Government maintains count of suspected CM (Q13)

- No

% of reported cases involving (Q26)

- Physical abuse: 16-30%
- Sexual abuse: 16-30%
- Neglect: 31-45%
- Emotional (psychological) maltreatment: 0-15%
- Street children: 31-45%
- Abandoned children: 46-60%
- Exposure to IPV: 0-15%
- Kinship care (with a family member): 0-15%
- Foster care: 16-30%
- Orphanages: 31-45%

% of investigated cases substantiated (Q28)

- 16-30%

% of substantiated cases in which (Q29)

- Result in the perpetrator being removed from the home: 16-30%
- Lead to prosecution of the alleged perpetrator: 16-30%
- Result in the child being removed from the home: 0-15%
- Kinship care (with a family member): 0-15%
- Foster care: 16-30%
- Orphanages: 31-45%

Government maintains count of deaths due to CM (Q37)

- Yes

Over the past 10 years, the number of deaths due to CM has (Q40)

- Increased

Annual rate of deaths attributed to CM (Q38)

- > 4 in 100,000

Emotional Abuse

- 0-15%

Intimate Partner Violence

- 0-15%

Autopsy performed by (Q32)

- Forensic doctor

Autopsy must follow specific protocol (Q33)

- Yes

Country has child death review team(s) (Q34)

- Yes

Team(s) supported by legislation (Q35)

- No

Scope of team(s) (Q36)

- National
## SERVICES

### Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Case management support services to meet a family's basic needs</td>
<td>Occasional</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>No</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Occasional</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>No</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>No</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimal</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderate</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderate</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimal</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
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<td>Mental health agencies</td>
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<td>Businesses/factories</td>
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</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

## CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

### Extent that there are laws concerning CSE (Q56)

- **Greatly**
- **Somewhat**
- **None**
- **Occasional**
- **No**

### Extent of programs combating CSE (Q57)

- **Greatly**
- **Somewhat**
- **None**
- **Occasional**
- **No**

### Extent that agencies collaborate to stop CSE (Q58)

- **Greatly**
- **Somewhat**
- **None**
- **Occasional**
- **No**

### Extent of policies for reporting CSE to public agency or NGO (Q59)

- **Greatly**
- **Somewhat**
- **None**
- **Occasional**
- **No**

### Country keeps official records on CSE (Q60)

- **Yes**
- **No**

### Religious institutions

- **Moderately Involved**
- **Minimally Involved**

### Voluntary civic organizations

- **Moderately Involved**
- **Minimally Involved**

### Courts/law enforcement

- **Moderately Involved**
- **Minimally Involved**

### Universities

- **Moderately Involved**
- **Minimally Involved**

### Government

- **Minimal**
- **Non-government**

### Funding for CM prevention (Q52)

- **Minimal**
- **Non-government**

### Funding for CM treatment (Q53)

- **Minimal**
- **Non-government**

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q79 & Q71)

- **Significantly**

Had not the UN CRC adopted by the government of Nepal, we won’t have Children’s Act (1992) and Child Labour Act (1999)

### Major developments to address CM (Q73)

- In Nepal case too, there is significance involvement of Media sectors, which help to protect child abuse and neglect.
- The new Constitution of Nepal (adopted in 2015) has incorporated children’s rights as one of the fundamental rights, which was never done before.
- Inspite of provision of several legal provisions to protect child abuse and neglect cases, law enforcement has become a very weak scenario in Nepal.

### Commercial sex work (or prostitution) is legal (Q61)

- **No**

### Extent to which victims of CSE receive mental health care (Q63)

- **Sometimes**

### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)

- **Sometimes**

### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)

- **Rarely**

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)

- **Sometimes**

### Extent to which children who are exploited sexually are arrested (Q67)

- **Sometimes**
**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

**Children and Women in Social Service and Human Rights**
Buddhanagar, Ward No. 10
Kathmandu, Province 3, 16410
Nepal
Telephone: +977 01 4784545 / 4780446, Helpline: 1660-01-10000
Fax: +977 01 4781386
Email: info@cwish.org.np
Website: http://www.cwish.org.np/
Resources Provided: Building resilience of families with reintegrated and vulnerable children, reintegrating Nepalese child domestic workers living with employers, learning workshops, children’s right to parental care in Nepal, support to pregnant women.

**Consortium of Organisations Working for Child Participation**
Thapagaun NewBaneswor
Saraswoti Marg House No.: 290
Kathmandu
Nepal
Telephone: 977-01-4478154
Email: info@consortium.org.np, participation.consortium@gmail.com
Website: www.consortium.org.np
Resources Provided: A network of 61 organizations that offers various resources on child rights: child labor exploitation, child trafficking, child maltreatment, and child participatory activities.

**National Alliance of Child Rights Organisations (NACRO)**
Swotantra Marg, Ward No. 15
GPO Box 081
Kathmandu, Province # 3 16400
Nepal
Email: 2000nacro@gmail.com
Resources Provided: Child rights resources, child participation training manual, child labor resources, child rights research, NGOs development manual, child-related laws, etc.

**South Asia Initiative to End Violence Against Children (SAIEVAC)**
Regional Secretariat
GPO 5850, House No. 103
Kapan Marg, Maharajgunj – 3
Kathmandu
Nepal
Telephone: +977-1-4017558, 4376274
Fax: +977-1-4017558
Email: rinchen.chophel@saievac.org, info@saievac.org
Website: http://www.saievac.org
Resources Provided: SAIEVAC believes that violence includes all forms of physical or mental violence, injury and abuse, neglect and negligent treatment, maltreatment or exploitation, including sexual abuse. This definition covers exposure of children to violence in all settings including in their home, communities, schools, institutions, workplaces, and as well in development and emergency settings. Violence is also understood to occur not only between adults and children but also between children.
Netherlands

### Behaviors and Conditions Generally Viewed as Child Maltreatment

#### Forms of acceptable punishment (Q9)
- Making a child stand or kneel in one place for more than 5 minutes

#### Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

#### Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Abuse or neglect of a child is prohibited in any place

#### Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use
- High-conflict divorce with children/parental alienation

### Laws and Policies Regarding CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established (Q23)</td>
<td>After 2005</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Yes</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Yes</td>
</tr>
<tr>
<td>Neglect</td>
<td>Yes</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Yes</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Yes</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q44)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q41)</td>
<td>No</td>
</tr>
<tr>
<td>Elements in laws/policies (Q45)</td>
<td></td>
</tr>
<tr>
<td>- Extent they are enforced (Q47)</td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q48)</td>
<td></td>
</tr>
</tbody>
</table>

Mandated periodic training for professionals who may encounter maltreated children
- Enforcement: Widely enforced
- Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Widely enforced
- Support: Don’t know

Mandated reporting of suspected CM for all adults
- Enforcement: Not applicable
- Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Enforcement: Widely enforced
- Support: Don’t know
### Country Profiles: Netherlands

- **Requirement that reports be investigated within a specific time period (e.g., 24 hours)**: No
  - Enforcement: Not applicable
  - Support: Not applicable

- **Requirement that the investigation be a coordinated intersectoral response**: No
  - Enforcement: Not applicable
  - Support: Somewhat inadequate

- **Requirement that the child(ren)'s and family's needs be assessed**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Somewhat inadequate

- **Provisions for removing child from his or her parents/caretakers to ensure the child's safety**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Somewhat inadequate

- **Specific criminal penalties for maltreating a child**: Yes
  - Enforcement: Never or almost never enforced
  - Support: Don't know

- **Requirement that all victims receive some form of service or intervention**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Somewhat inadequate

- **Requirement that all perpetrators receive some form of service or intervention**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Somewhat inadequate

- **Requires the development of specific prevention services**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Don't know

- **Requires that a separate attorney or advocate be assigned to represent the child’s interests**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Somewhat inadequate

- **Penalties for professionals who fail to report CM when reports are made in good faith**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Don't know

- **Provision of immunity from liability**: Don’t know
  - Enforcement: Not applicable
  - Support: Don’t know

- **Provide a specific budget for preventing CM**: Yes
  - Enforcement: Inconsistently enforced
  - Support: Somewhat inadequate

- **Clear definition of child neglect**: Yes
  - Enforcement: Don’t know
  - Support: Somewhat inadequate

- **Clear definition of child physical abuse**: Yes
  - Enforcement: Don’t know
  - Support: Somewhat inadequate

- **Clear definition of child sexual abuse**: Yes
  - Enforcement: Don’t know
  - Support: Somewhat inadequate

- **Clear definition of child emotional/psychological abuse**: Yes
  - Enforcement: Don’t know
  - Support: Somewhat inadequate

- **Clear definition of exposure to IPV**: Yes
  - Enforcement: Don’t know
  - Support: Somewhat inadequate

### Official Documentation of CM

- **Government maintains count of suspected CM (Q13)**: Yes
- **Duration system in place (Q17)**: 5 to 10 years
- **Official labels for types of CM (Q18)**:
  - Physical abuse: Yes
  - Sexual abuse: Yes
  - Neglect: Yes
  - Emotional (psychological) maltreatment: Yes
  - Exposure to intimate partner violence (IPV): Yes
- **Change in no. of cases over past 4 years (Q19)**:
  - Physical abuse: No Change
  - Sexual abuse: More Cases
  - Neglect: No Change
  - Emotional (psychological) maltreatment: More Cases
  - Exposure to intimate partner violence (IPV): No Change
- **Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & 21)**: No
- **Incidence rate of reported CM per 1000 children per year (Q25)**:
  - 33.8 per 1000 children per substantiated cases, 99.4 cases per 1000 based on self-report

### Child Deaths

- **Government maintains count of deaths due to CM (Q37)**: Yes
- **Over the past 10 years, the number of deaths due to CM has (Q40)**: Don’t know
- **Annual rate of deaths attributed to CM (Q28)**: Don’t know
- **Autopsy required when child’s death (Q31)**: Don’t know

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Is unexpected? No
Has an unclear cause? No
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) No
Scope of team(s) (Q36) Regional

SERVICES

Availability of services (Q49)
- Therapy for those who neglect a child: Occasional
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: Usually
- Therapy for physically abused children: Usually
- Therapy for those who sexually abuse a child: Usually
- Therapy for sexually abused children: Usually
- Case management support services to meet a family’s basic needs: Usually
- Home-based services to support parents and family: Usually
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: No
- Public shelters for maltreated children: No
- Public shelters for victims of domestic violence and their children: Usually
- Financial and other material support: Occasional
- Hospitalization for mental illness for adults: Moderate
- Hospitalization for mental illness for children: Moderate
- Substance abuse treatment for parents: Moderate
- Substance abuse treatment for children: Moderate
- Centers for parents to share experiences/concerns: Occasional
- Universal home visits for all new parents: Moderate
- Targeted home visits for new parents at-risk: Occasional
- Free/highly subsidized child care: Occasional
- Universal health screening for children: Usually
- Universal, mostly free medical care for children: Usually
- Universal, mostly free medical care for all citizens: Moderate

Involvement of community sectors in supporting CM prevention (Q50)
- Hospitals/medical centers: None
- Mental health agencies: None
- Businesses/factories: None
- Schools: Minimal
- Public social service agencies: Minimal
- Community-based NGOs: Minimal
- Religious institutions: None
- Voluntary civic organizations: Minimal
- Courts/law enforcement: None
- Universities: Moderate

Involvement of community sectors in supporting CM treatment (Q51)
- Hospitals/medical centers: Moderate
- Mental health agencies: Minimal
- Businesses/factories: None
- Schools: Moderate

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56) Greatly
Extent of programs combating CSE (Q57) Greatly
Extent that agencies collaborate to stop CSE (Q58) Greatly
Extent of policies for reporting CSE to public agency or NGO (Q59) Greatly
Country keeps official records on CSE (Q60) Yes

Commercial sex work (or prostitution) is legal (Q61) Yes
Age at which it’s legal to be a sex worker (Q62) 18
Extent to which victims of CSE receive mental health care (Q63) Most of the time
Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Sometimes
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)  Most of the time
Extent to which children who are exploited sexually are arrested (Q67)  Rarely

Arrests in the past year for engaging in sex trafficking of children (Q68)  Yes
Arrests in the past year for possession or production of child pornography (Q69)  Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► Augeo Foundation

_Mailing address:_
P.O. Box 592
3700 AN Zeist
The Netherlands

_Physical address:_
Hoofdstraat 67
Driebergen-Rijsenburg
The Netherlands

Telephone: +31 (0)343 53 60 40
Email: info@augeo.nl
Website: https://www.augeo.nl/
Resources Provided: Specializes in CM and DV

► Bureau National Rapporteur on Trafficking in Human Beings and Sexual Violence Against Children

_Mailing address:_
PO Box 20301
2500 EH The Hague
Netherlands

_Physical address:_
Turf market 147
2511 DP The Hague
Netherlands

Telephone: 070-3704514
Email: secretariaat@nationaalrapporteur.nl
Website: www.nationaalrapporteur.nl
Resources Provided: National Rapporteur on Human Trafficking and Sexual Violence against Children, part of the Ministry of Safety and Justice

► Child Helpline International (CHI)

_Pilotenstraat 20-22
1059 CJ Amsterdam
The Netherlands
Telephone: +31 20 528 9625
Email: info@childhelplineinternational.org
Website: http://www.childhelplineinternational.org
Resources Provided: CHI supports the creation and strengthening of national toll-free child helplines worldwide and uses child helpline data and knowledge to highlight gaps in child protection systems and advocate for the rights of children.

► NJI – Dutch Youth Institute

_Mailing address:_
Postbus 19221
3501 DE Utrecht
Netherlands

_Physical address:_
Catharijnesingel 47 (alongside Central Station)
3511 GC Utrecht
Netherlands

Telephone: + 31 30 230 63 44
Email: info@nji.nl, i.tenberge@nji.nl
Website: www.nji.nl
Resources Provided: Evidence-based intervention and prevention programs; Knowledge and data
New Zealand

Behaviors and Conditions Generally viewed as Child Maltreatment

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent's substance use

Laws and Policies Regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>National laws/policies regarding CM (Q43)</th>
<th>Laws/policies first established (Q44)</th>
<th>Government agency to respond to CM (Q41)</th>
<th>Investigation conducted by (Q42)</th>
<th>Elements in laws/policies (Q45)</th>
<th>Mandated periodic training for professionals who may encounter maltreated children (Q46)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>1980-1989</td>
<td>Yes</td>
<td>Social services</td>
<td>Ad Extent they are enforced (Q47)</td>
<td>Yes Inconsistent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adequacy of government resources (Q48)</td>
<td>Inconsistent Very inadequate</td>
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</tbody>
</table>

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Not applicable
- Support: Don't know

Mandated reporting of suspected CM for all adults
- Enforcement: Not applicable
- Support: Don't know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Enforcement: Widely enforced
- Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Enforcement: Support: Inconsistent Very inadequate
Requirement that an investigation be a coordinated intersectoral response Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that the child(ren)’s and family’s needs be assessed No
Enforcement: Not applicable
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety Yes
Enforcement: Inconsistent
Support: Adequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Inconsistent
Support: Adequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention No
Enforcement: Not applicable
Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Not applicable
Support: Very inadequate

Requirement of the development of specific prevention services Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Penalties for professionals who fail to report CM No
Enforcement: Not applicable
Support: Don’t know

Provision of immunity from liability when reports are made in good faith Yes
Enforcement: Widely enforced
Support: Don’t know

Provision of a specific budget for preventing CM Yes
Enforcement: Inconsistent
Support: Very inadequate

Clear definition of child neglect Yes
Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse Yes
Clear definition of exposure to IPV Yes

Sectors included in required intersectoral response (Q46)
• Child protection
• Law enforcement (police)

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19)
Physical abuse No Change
Sexual abuse No Change
Neglect Fewer Cases
Emotional (psychological) maltreatment Fewer Cases
Exposure to intimate partner violence (IPV) More Cases

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No

Incidence rate of reported CM per 1000 children per year (Q25)
140 per 1000 if you include Police referrals to child protective services for children present in the home at a family violence call-out (in 2017, 59,317 children), making a total of 158,921 notifications to Oranga Tamariki on a population basis of 1,122,000 children under 18 years. However, the Ministry for Children (Oranga Tamariki) disregards these 59,317 children as notifications and does not count them in its official statistics as child abuse. So the figure of 73 per 1000 is for the 81,840 notifications that do NOT come from the Police for family violence. In regard to TYPE of abuse, Oranga Tamariki only produce these data for substantiated cases. In 2017, that was only 14,802 cases - 18% of the smaller total of 81,840, and only 9% of the larger total. So in answer to Question 22, the top 6 rows are percentages out of 14,802, the last row is the ratio of 77,081 Police notifications over the denominator of 158,921 (81,840 notifications from source other than the Police family violence reporting system, and 77,081 from the Police family violence reporting system

% of reported cases involving (Q26)
Physical abuse 16-30%
Sexual abuse 0-15%
Emotional (psychological) maltreatment 31-45%
Street children 0-15%
Abandoned children 0-15%
Exposure to IPV 46-60%

% of reported cases investigated (Q27) 46-60%

% of investigated cases substantiated (Q28) 31-45%

% of substantiated cases in which (Q29)
Result in the perpetrator being removed from the home? Don’t know
Lead to prosecution of the alleged perpetrator? Don’t know
Result in the child being removed from the home? Don’t know

Of children removed from home, how many live in (Q30)
Kinship care (with a family member)? 46-60%
Foster care? 46-60%
Orphanages? 0-15%
**CHILD DEATHS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No/Remained about the same/ &lt; 1 in 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q40)</td>
<td>Remained about the same</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>&lt; 1 in 100,000</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>76-90%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>76-90%</td>
</tr>
<tr>
<td>Autopsy required when child’s death (Q31)</td>
<td></td>
</tr>
<tr>
<td>Is unexpected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
</tr>
<tr>
<td>Autopsy performed by (Q32)</td>
<td></td>
</tr>
<tr>
<td>Autopsy must follow specific protocol (Q33)</td>
<td>Yes</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q34)</td>
<td>Yes</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q35)</td>
<td>Yes</td>
</tr>
<tr>
<td>Scope of team(s) (Q36)</td>
<td>National</td>
</tr>
</tbody>
</table>

**SERVICES**

| Availability of services (Q49)                                         |                                               |
|------------------------------------------------------------------------|                                               |
| Therapy for those who neglect a child                                  | Occasional                                   |
| Therapy for neglected children                                         | Occasional                                   |
| Therapy for those who physically abuse a child                         | Occasional                                   |
| Therapy for physically abused children                                 | Occasional                                   |
| Therapy for those who sexually abuse a child                           | Moderate                                     |
| Therapy for sexually abused children                                   | Moderate                                     |
| Case management support services to meet a family’s basic needs        | Occasional                                   |
| Home-based services to support parents and family                      | Moderate                                     |
| Foster care with official foster parents                               | Moderate                                     |
| Group homes for maltreated children                                   | Moderate                                     |
| Public shelters for maltreated children                               | Occasional                                   |
| Public shelters for victims of domestic violence and their children   | Occasional                                   |
| Institutional care for maltreated children                            | Occasional                                   |
| Financial and other material support                                  | Moderate                                     |
| Hospitalization for mental illness for adults                         | Usually                                      |
| Hospitalization for mental illness for children                       | Usually                                      |
| Substance abuse treatment for parents                                 | Moderate                                     |
| Substance abuse treatment for children                                | Occasional                                   |
| Centers for parents to share experiences/concerns                      | No                                            |
| Universal home visits for all new parents                             | Usually                                      |
| Targeted home visits for new parents at-risk                          | Usually                                      |
| Free/highly subsidized child care                                     | Moderate                                     |
| Universal health screening for children                               | Usually                                      |
| Universal, mostly free medical care for children                      | Usually                                      |
| Universal, mostly free medical care for all citizens                   | Usually                                      |

**Involvement of community sectors in supporting CM prevention (Q50)**

| Hospitals/medical centers                                             | Minimally Involved                           |
| Mental health agencies                                                 | Minimally Involved                           |
| Businesses/factories                                                  | None                                         |
| Schools                                                                | None                                         |
| Public social service agencies                                         | Minimally Involved                           |
| Community-based NGOs                                                   | Very Involved                                |
| Religious institutions                                                 | Minimally Involved                           |
| Voluntary civic organizations                                          | Very Involved                                |
| Courts/law enforcement                                                 | Moderately Involved                          |
| Universities                                                           | None                                         |

**Major barriers to preventing CM (Q56)**

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q57 & Q71)**

UNCROC was helpful in the movement to make corporal punishment illegal in New Zealand, and in the movement to raise the age of children as defined in child protection legislation to include 17 year olds (the Act used to cease to apply in most cases at age 17, now it ceases to apply at age 18)

**Major developments to address CM (Q73)**

- Major changes to the child protection legislation (now known as the Oranga Tamariki Act): raising the age to the 18th birthday; increasing the focus on (and resources for) children in care - including the creation of an independent advocacy group for children in care; significantly widening the provisions for information sharing. There were multiple other changes made to the Oranga Tamariki Act, but it is yet to be seen how (or whether) they will actually change practice at the front-line
- The Vulnerable Children’s Act 2014 was the first piece of legislation to specifically require the health and education sectors to take responsibility for, and plan towards, the welfare of vulnerable children
- The National Child Protection Alert System was adopted by all 20 District Health Boards (the entire public health system). This is a system by which health professionals throughout New Zealand can flag their concerns about children at risk to other health professionals anywhere in New Zealand
CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Somewhat</td>
<td></td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Not really</td>
<td></td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
<td></td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Somewhat</td>
<td></td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Age at which it's legal to be a sex worker</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

Extent to which victims of CSE receive mental health care (Q63) Sometimes
Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Rarely
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Rarely
Extent to which children who are exploited sexually are arrested (Q67) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q68) Yes
Arrests in the past year for possession or production of child pornography (Q69) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Office of the Children’s Commissioner

Mailing address:
P.O. Box 5610
Wellington 6145
New Zealand

Physical address:
Level 7, 110 Featherston St
Wellington
New Zealand

Please note, we are not open to the public.
Telephone: 04 471 1410
Email: children@occ.org.nz
Website: http://www.occ.org.nz/

Resources Provided: The OCC is an Independent Crown entity which advocates for the interests, rights and wellbeing of children and young people in law, policy and practice, and monitors the services provided under statutory child protection legislation. It is a useful source of independent data and commentary on the state of children and young people in New Zealand.

Oranga Tamariki – Ministry for Children

Mailing address:
Private Bag 3004
Wellington
New Zealand

Physical address:
The Aurora Centre
56 The Terrace
Wellington, New Zealand 6011

Telephone: 04 916 3300, 0508 326 459
Email: enquiry@ot.govt.nz, contact@ot.govt.nz,
Website: https://www.orangatamariki.govt.nz/

Resources Provided: This is the national child protection services agency that provides and funds extensive resources about child maltreatment and prevention in New Zealand.
Nigeria

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Female circumcision/female genital mutilation
- Child serving as soldier
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a family (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Religious institution

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Child experiencing intimate partner (or domestic) violence

LAWs AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22) No
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Emotional (psychological) maltreatment

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42)
- Social services
- Law enforcement

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children Enforcement:
- No
- Never or almost never enforced
- Don't know
Support:
- Don't know

Mandated reporting of suspected CM for all adults Enforcement:
- No
- Inconsistent
Support:
- Don't know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual Enforcement:
- Yes
- Never or almost never enforced
Support:
- Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours) Enforcement:
- Yes
Support:
- Don't know

Requirement that an investigation be a coordinated intersectoral response Enforcement:
- Don't know
Support:
- Very inadequate

Requirement that the child(ren)'s and family's needs be assessed Enforcement:
- No
Support:
- Don't know

Provisions for removing child from his or her parents/caretakers to ensure the child's safety Enforcement:
- No
Support:
- Very inadequate

Provisions for removing the alleged perpetrator from the home Enforcement:
- Don't know
Support:
- Never or almost never enforced
- Very inadequate

Gross domestic product (US$ billions) 376
Total population (thousands) 185,990
Life expectancy at birth (years) 53
Under 5 mortality rate (per 1,000 births) 104
Population below int'l poverty line of US$1.90 per day 54%
Youth (15-24 years) literacy rate (male | female) 76% | 58%
### Country Profiles: Nigeria

#### Specific criminal penalties for maltreating a child
- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Don’t know

#### Requirement that all victims receive some form of service or intervention
- **Don’t know**
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

#### Requirement that all perpetrators receive some form of service or intervention
- **No**
- **Enforcement:** Never or almost never enforced
- **Support:** Very inadequate

#### Requirement of the development of specific prevention services
- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Don’t know

#### Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- **Yes**
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

#### Penalties for professionals who fail to report CM
- **No**
- **Enforcement:** Never or almost never enforced
- **Support:** Don’t know

#### Provision of immunity from liability when reports are made in good faith
- **Don’t know**

#### Provision of a specific budget for preventing CM
- **No**
- **Enforcement:** Never or almost never enforced
- **Support:** Not Applicable

#### Clear definition of child neglect
- **Don’t know**

#### Clear definition of child physical abuse
- **Yes**

#### Clear definition of child sexual abuse
- **Yes**

#### Clear definition of child emotional/psychological abuse
- **Don’t know**

#### Clear definition of exposure to IPV
- **Don’t know**

#### Sectors included in required intersectoral response
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- CSOs/NGOs activist

#### Official Documentation of CM
- **Government maintains count of suspected CM** (Q13) No
- **Incidence rate of reported CM per 1000 children per year** (Q25) 250 out 1,000
- **% of reported cases involving** (Q26)
  - Physical abuse: 16-30%
  - Sexual abuse: 31-45%
  - Neglect: 16-30%
  - Emotional (psychological) maltreatment: 0-15%
  - Street children: 16-30%
  - Abandoned children: 76-90%
  - Exposure to IPV: Don’t know
- **% of reported cases investigated** (Q27) 0-15%
- **% of investigated cases substantiated** (Q28) Don’t know
- **% of substantiated cases in which** (Q29)
  - Result in the perpetrator being removed from the home? 31-45%
  - Lead to prosecution of the alleged perpetrator? 16-30%
  - Result in the child being removed from the home? 0-15%
  - Of children removed from home, how many live in Kinship care (with a family member)? 31-45%
  - Foster care? Don’t know
  - Orphanages? 16-30%

#### Child Deaths
- **Over the past 10 years, the number of deaths due to CM has** (Q40) Don’t know
- **Annual rate of deaths attributed to CM** (Q38) > 4 in 100,000
- **Of these deaths, % involving** (Q39)
  - Physical abuse: 31-45%
  - Neglect: 31-45%
  - Sexual Abuse: 16-30%
  - Emotional Abuse: 31-45%
  - Intimate Partner Violence: 16-30%
- **Autopsy required when child’s death** (Q31) Is unexpected?
  - Has an unclear cause? Don’t know
  - **Autopsy performed by** (Q32)
    - Medical examiner
    - Hospital
  - **Autopsy must follow specific protocol** (Q33) Yes
  - **Country has child death review team(s)** (Q34) No

#### Services
- **Availability of services** (Q49)
  - **Therapy for those who neglect a child** No
  - **Therapy for neglected children** No
  - **Therapy for those who physically abuse a child** Occasional
  - **Therapy for those who sexually abuse a child** Occasional
  - **Therapy for sexually abused children** Moderate
  - **Case management support services to meet a family’s basic needs** No
  - **Home-based services to support parents and family** Occasional
  - **Foster care with official foster parents** Occasional
  - **Group homes for maltreated children** No
  - **Public shelters for maltreated children** No
  - **Public shelters for victims of domestic violence and their children** No
  - **Institutional care for maltreated children** Occasional
  - **Financial and other material support** Moderate
  - **Hospitalization for mental illness for adults** Moderate
  - **Hospitalization for mental illness for children** No
  - **Substance abuse treatment for parents** Occasional
Substance abuse treatment for children No
Centers for parents to share experiences/concerns No
Universal home visits for all new parents No
Targeted home visits for new parents at-risk Occasional
Free/highly subsidized child care Moderate
Universal health screening for children Occasional
Universal, mostly free medical care for children Moderate
Universal, mostly free medical care for all citizens Occasional

Involvement of community sectors in supporting CM prevention (Q56)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Minimal</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate Funding</td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns to raise public awareness
- Increasing individual responsibility for child protection
- University programs for students
- Advocacy for children’s rights

Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q76)
- Slightly

Major developments to address CM (Q73)
- Significant involvement of the media

Relevant developments
- Advocacy for children’s rights
- University programs for students
- Increasing individual responsibility for child protection
- Media campaigns to raise public awareness

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Committee for the Defence of Human Rights (CDHR)**
  43, Adeniyi Jones Avenue
  Ikeja Lagos
  Nigeria
  Telephone: 08135568156, 08161521348
  Email: info@cdhrnigeria.org, cdhrnigeria2015@yahoo.com, cdhrnigeria2015@gmail.com
  Website: http://cdhrnigeria.org/en/
  Resources Provided: Human rights advocacy, defense and protection

- **Ministry of Women Affairs and Social Development**
  Abuja FCT 234
  Nigeria

- **National Planning Commission**
  Abuja FCT 234
  Nigeria
  Resources Provided: List of organizations that work for children’s rights in Nigeria at the national level

Resources Provided: Data of few reported cases of child abuse, neglect and exploitation in Nigeria

- **National Agency for Rehabilitation of Trafficking in Persons and Other Related Matters (NAPTIP)**
  Abuja FCT 234
  Nigeria
  Resources Provided: Law enforcement and Administration Act in prohibition of child trafficking in Nigeria.

**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

### Extent that there are laws concerning CSE (Q56)
- Greatly

### Extent of programs combating CSE (Q57)
- Somewhat

### Extent that agencies collaborate to stop CSE (Q58)
- Somewhat

### Extent of policies for reporting CSE to public agency or NGO (Q59)
- Somewhat

### Country keeps official records on CSE (Q60)
- Yes

### Commercial sex work (or prostitution) is legal (Q61)
- No

### Extent to which victims of CSE receive mental health care (Q63)
- Sometimes
Northern Ireland*

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Forms of acceptable punishment (Q8)**
- Hitting a child on the buttocks with an open hand

**Circumstances of the above are considered CM (Q9)**
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
-Prostituting a child
-Infanticide
-Female circumcision/female genital mutilation
-Forcing a child to beg
-Abuse by another child
-Child serving as soldier
-Child labor – under age 12
-Slavery
-Internet solicitation for sex
-Child marriage
-Torture, for political reasons
-Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors (Q12)**
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

**LAWS AND POLICIES REGARDING CM**

**Law mandating suspected CM be reported (Q21)** Yes
**Year law established (Q22)** Before 1990

**This law applies to (Q23)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to Intimate Partner Violence (IPV)

**National laws/policies regarding CM (Q42)** Yes
**Laws/policies first established (Q43)** Before 1980

**Mandated periodic training for professionals who may encounter maltreated children**
- Enforcement: Wide
- Support: Don’t know

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Enforcement: Wide
- Support: Don’t know

**Stats for country of Ireland as a whole**
- **334** Gross domestic product (US$ billions)
- **4,726** Total population (thousands)
- **81** Life expectancy at birth (years)
- **4** Under 5 mortality rate (per 1,000 births)
- Population below int’l poverty line of US$1.90 per day
- **Youth (15-24 years) literacy rate (male | female)**

*Printed from World Perspectives on Child Abuse, 13th Edition. Copyright © 2018 International Society For The Prevention Of Child Abuse And Neglect (ISPCAN). All rights reserved.*
## Mandated reporting of suspected CM for all adults
- **Enforcement:** Never or almost never
- **Support:** Somewhat inadequate

## Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

## Requirement that the investigation be a coordinated intersectorial response
- **Enforcement:** Inconsistent
- **Support:** Adequate

## Requirement that the child(ren)’s and family’s needs be assessed
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

## Provisions for removing child from parents/caretakers to ensure child’s safety
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

## Provisions for removing alleged perpetrator from the home
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

## Criminal penalties for abusing a child
- **Enforcement:** Never or almost never
- **Support:** Adequate

## Requires a separate attorney or advocate represents the child’s interests
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

## Penalties for professionals who fail to report CM
- **Enforcement:** Don’t know
- **Support:** Somewhat inadequate

## Clear definition of child neglect
- **Enforcement:** Wide
- **Support:** Adequate

## Clear definition of child physical abuse
- **Enforcement:** Wide
- **Support:** Adequate

## Clear definition of child sexual abuse
- **Enforcement:** Wide
- **Support:** Adequate

## Clear definition of child emotional/psychological abuse
- **Enforcement:** Wide
- **Support:** Adequate

## Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

### Government maintains count of suspected CM (Q13)
- **Yes**

### Duration system in place (Q16)
- **> 10 years**

### Official labels for types of CM (Q17)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

### Of children removed from home, how many live in Kinship care (with family)
- **Don’t know**

### Change in no. of cases over past 4 years (Q18)
- **No change**

### Change in no. of cases over past 4 years (Q18)
- **No change**

### Physical abuse
- **Sexual abuse**
- **Neglect**
- **Emotional (psychological) maltreatment**
- **Exposure to IPV**

### Incidence rate of reported CM per 1000 children per year (Q24)
- **NA**

### Of children removed from home, how many live in Foster care
- **Don’t know**

### Change in no. of cases over past 4 years (Q18)
- **0-15%**

### Child Deaths
- **Has an unclear cause**

### Government maintains count of deaths due to CM (Q36)
- **Yes**

### Over the past 10 years, the number of deaths due to CM has (Q37)
- **Decreased**

### Autopsy required when child’s death (Q31)
- **Is unexpected**

### Autopsy must follow specific protocol (Q32)
- **Yes**

### Country has child death review team(s) (Q33)
- **Yes**

### Team(s) supported by legislation (Q34)
- **Yes**

### Scope of team(s) (Q35)
- **Regional**

### Availability of services (Q48)
- Programs for those who neglect children: **Moderate**
- Programs for neglected children: **Moderate**
- Therapy for those who physically abuse children: **Moderate**
- Therapy for physically abused children: **Moderate**
- Therapy for those who sexually abuse children: **Moderate**
- Therapy for sexually abused children: **Moderate**
- Case management services: **Moderate**
- Home-based services/family support: **Moderate**
- Foster care with official foster parents: **Moderate**
- Group homes for maltreated children: **Moderate**
- Public shelters for maltreated children: **Moderate**
- Public shelters for IPV victims and their children: **Moderate**
- Institutional care for maltreated children: **Moderate**
- Financial and other material support: **Moderate**
- Hospitalization for mental illness - adults: **Moderate**
- Hospitalization for mental illness - children: **Moderate**
- Substance abuse treatment - parents: **Moderate**
- Substance abuse treatment - children: **Moderate**
- Centers for parents to share experiences/concerns: **Moderate**
Universal home visits for all new parents
Home visits for new, at-risk parents
Free child care
Universal health screening - children
Universal free medical care - children
Universal free medical care - all citizens

Involvement of community sectors in supporting CM treatment (Q52)

Hospitals/medical centers
Mental health agencies
Businesses
Schools
Public social services agencies
Community-based NGO's
Religious institutions
Voluntary civic organizations
Courts/law enforcement

Strategies used and thought to be effective in preventing CM (Q53)
- Home-based services for at risk parents
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection

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COUNTRY PROFILES  NORTHERN IRELAND

Universal home visits for all new parents
Home visits for new, at-risk parents
Free child care
Universal health screening - children
Universal free medical care - children
Universal free medical care - all citizens

Involvement of community sectors in supporting CM prevention (Q49)

Hospitals/medical centers
Mental health agencies
Businesses
Schools
Public social services agencies
Community-based NGO's
Religious institutions
Voluntary civic organizations
Courts/law enforcement

Involvement of community sectors in supporting CM treatment (Q50)

Hospitals/medical centers
Mental health agencies
Businesses
Schools
Public social services agencies
Community-based NGO's
Religious institutions
Voluntary civic organizations
Courts/law enforcement

Funding for CM prevention (Q51)

Government
Non-government

Funding for CM treatment (Q52)

Government
Non-government

Strategies used and thought to be effective in preventing CM (Q53)
- Home-based services for at risk parents
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q55) Somewhat
Extent of programs combating CSE (Q56) Somewhat
Extent that agencies collaborate to stop CSE (Q57) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q58) Greatly

Country keeps official data on CSE (Q59) No
Commercial sex work (or prostitution) is legal (Q60) No
Extent to which citizens who engage in CSE within the country are prosecuted (Q61) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q67) Yes
Arrests in the past year for possession or production of child pornography (Q68) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Lanyon Building
Block 1, Unit 7
Jennymount Business Park
North Derby Street
York Road
Belfast
BT15 3HN
Northern Ireland

Telephone: 028 9035 1135
Email: help@nspcc.org.uk
Website: www.nspcc.org.uk

Resources Provided: NSPCC is the leading UK child protection charity. In NI we provide a range of therapeutic and intervention services, training and consultancy services, a 24-hour helpline for adults concerned about a child, and Childline, a 24-hour helpline for children at risk.
Norway

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

LAWS AND POLICIES REGARDING CM

| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | Before 1990 |
| This law applies to (Q24) | Physical abuse, Sexual abuse, Neglect, Emotional (psychological) maltreatment, Exposure to IPV |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | Before 1980 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | Social services |
| Elements in laws/policies (Q45) | Extent they are enforced (Q47), Adequacy of government resources (Q48) |
| Mandated periodic training for professionals who may encounter maltreated children | No |
| Enforcement: | Not applicable |
| Support: | Not applicable |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | Yes |
| Enforcement: | Never or almost never enforced |
| Support: | Don’t know |
| Mandated reporting of suspected CM for all adults | No |
| Enforcement: | Don’t know |
| Support: | Don’t know |
| Provisions that allow for voluntary reporting of suspected CM by any professional or individual | Yes |
| Enforcement: | Don’t know |
| Support: | Don’t know |
COUNTRY PROFILES NORWAY

Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes Enforcement: Widely enforced Support: Adequate

Requirement that an investigation be a coordinated intersectoral response No Enforcement: Not applicable Support: Not applicable

Requirement that the child(ren)’s and family’s needs be assessed Yes Enforcement: Inconsistent Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety Yes Enforcement: Widely enforced Support: Adequate

Provisions for removing the alleged perpetrator from the home No Enforcement: Not applicable Support: Not applicable

Specific criminal penalties for maltreating a child Don’t know Enforcement: Don’t know Support: Don’t know

Requirement that all victims receive some form of service or intervention No Enforcement: Not applicable Support: Not applicable

Requirement that all perpetrators receive some form of service or intervention No Enforcement: Not applicable Support: Not applicable

Requirement of the development of specific prevention services No Enforcement: Not applicable Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests No Enforcement: Not applicable Support: Not applicable

Penalties for professionals who fail to report CM Yes Enforcement: Never or almost never enforced Support: Don’t know

Provision of immunity from liability when reports are made in good faith Don’t know Enforcement: Not applicable Support: Don’t know

Provision of a specific budget for preventing CM No Enforcement: Not applicable Support: Don’t know

Clear definition of child neglect Yes
Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse Yes
Clear definition of exposure to IPV Yes

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)
  • Physical abuse
  • Sexual abuse
  • Emotional (psychological) maltreatment
  • Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19)
  Physical abuse More Cases
  Sexual abuse More Cases
  Neglect No Change
  Emotional (psychological) maltreatment More Cases
  Exposure to intimate partner violence (IPV) More Cases

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No

Incidence rate of reported CM per 1000 children per year (Q25) 39.7

% of reported cases involving (Q26)

% of reported cases investigated (Q27) 76-90%
% of investigated cases substantiated (Q28) 31-45%

% of substantiated cases in which (Q29)
  Result in the perpetrator being removed from the home? Don’t know
  Lead to prosecution of the alleged perpetrator? Don’t know
  Result in the child being removed from the home? 0-15%

Of children removed from home, how many live in (Q30)
  Kinship care (with a family member)? Don’t know
  Foster care? 61-75%
  Orphanages? Don’t know

CHILD DEATHS

Government maintains count of deaths due to CM (Q37) No

Over the past 10 years, the number of deaths due to CM has (Q40) Don’t know

Annual rate of deaths attributed to CM (Q38) Don’t know

Of these deaths, % involving (Q39)

Physical abuse Don’t know
Neglect Don’t know
Sexual Abuse Don’t know
Emotional Abuse Don’t know
Intimate Partner Violence Don’t know
Autopsy required when child’s death (Q31)
Is unexpected? Don’t know
Has an unclear cause? Don’t know
Country has child death review team(s) (Q34) No

EXTENT OF PROGRAMS COMBATING CSE (Q50)

<table>
<thead>
<tr>
<th>Area</th>
<th>Extent</th>
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<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Universities</td>
<td>Don’t Know</td>
</tr>
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</table>

FUNDING FOR CM PREVENTION (Q52)

<table>
<thead>
<tr>
<th>Source</th>
<th>Extent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>NA</td>
</tr>
</tbody>
</table>

STRATEGIES USED AND THOUGHT TO BE EFFECTIVE IN PREVENTING CM (Q54)

- Nurse Family Partnership
- Home-based services and support for parents at risk
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Mental health services
- Substance abuse services

MAJOR BARRIERS TO PREVENTING CM (Q55)

- Lack of trained professionals
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of access to mental health services
- Lack of substance abuse treatment

EXTENT TO WHICH THE UN CRC IMPROVED POLICIES AND PROGRAMS CONCERNING CM (Q27 & Q71)

It prompted a revision of all laws regarding services for children.

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

EXTENT THAT THERE ARE LAWS CONCERNING CSE (Q56)

- Greatly
- Don’t know

EXTENT OF PROGRAMS COMBATING CSE (Q57)

- Don’t know

EXTENT THAT AGENCIES COLLABORATE TO STOP CSE (Q58)

- Greatly

EXTENT OF POLICIES FOR REPORTING CSE TO PUBLIC AGENCY OR NGO (Q59)

- Greatly

COUNTRY KEEPS OFFICIAL RECORDS ON CSE (Q60)

- No

COMMERCIAL SEX WORK (OR PROSTITUTION) IS LEGAL (Q61)

- No

EXTENT TO WHICH VICTIMS OF CSE RECEIVE MENTAL HEALTH CARE (Q63)

- Most of the time

EXTENT TO WHICH CITIZENS WHO ENGAGE IN CSE WITHIN THE COUNTRY ARE PROSECUTED (Q64)

- Most of the time

EXTENT TO WHICH CITIZENS WHO ENGAGE IN CSE ABROAD ARE PROSECUTED (Q65)

- Most of the time

EXTENT TO WHICH FOREIGNERS WHO ENGAGE IN CSE WITHIN THE COUNTRY ARE PROSECUTED (Q66)

- Most of the time

EXTENT TO WHICH CHILDREN WHO ARE EXPLOITED SEXUALLY ARE ARRESTED (Q67)

- Rarely

ARRESTS IN THE PAST YEAR FOR ENGAGING IN SEX TRAFFICKING OF CHILDREN (Q68)

- Yes

ARRESTS IN THE PAST YEAR FOR POSSESSION OR PRODUCTION OF CHILD PORNOGRAPHY (Q69)

- Yes
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Directorate for Child and Family Affairs**
  
  **Mailing address:**
  Postboks 2233
  3103 Tønsberg
  Norway
  
  **Physical address:**
  Stensberggata 27 (7etg.)
  Oslo
  Norway
  
  Telephone: 986 128 433
  Email: postmottak@bufetat.no
  Website: https://www.bufdir.no/en/English_start_page
  Resources Provided: Information

- **The Ombudsman for Children**
  
  **Mailing address:**
  Postboks 8889
  Youngstorget
  0028 Oslo
  Norway

- **Save the Children Norway**
  
  **Mailing address:**
  P.O. Box 6902
  St Olvas Plass
  0130 Oslo
  Norway
  
  Physical address:
  Storgata 38
  Oslo
  Norway
  
  Telephone: +47 22 990 900
  Website: http://www.savethechildren.net/
Pakistan

Forms of acceptable punishment (Q9)

- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)

Social conditions and behaviors (Q10)

- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Torture for political reasons

Abuse or neglect of a child within a (Q11)

- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Detention facility
- Religious institution
- Sporting organization
- Law enforcement facility

Parent or caregiver behaviors (Q12)

- Physical discipline with bruising
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to parent’s substance use

Laws and Policies Regarding CM

- Law mandating suspected CM be reported (Q22): Yes
- Year law established (Q23): After 2005
- This law applies to (Q24):
  - Physical abuse
  - Sexual abuse
- National laws/policies regarding CM (Q43): Yes
  - Laws/policies first established (Q44): After 2000
- Government agency to respond to CM (Q41): Yes
  - Investigation conducted by (Q42):
    - Social services
    - Law enforcement
- Elements in laws/policies (Q45):
  - Extent they are enforced (Q47): Not applicable
  - Adequacy of government resources (Q48): Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Not applicable
- Support: Don’t know

Mandated reporting of suspected CM for all adults
- Enforcement: No
- Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Enforcement: Inconsistent
- Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Enforcement: No
- Support: Not Applicable

Requirement that an investigation be a coordinated intersectoral response
- Enforcement: No
- Support: Not Applicable

Requirement that the child(ren)’s and family’s needs be assessed
- Enforcement: No
- Support: Not Applicable
PAKISTAN

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
No
Enforcement: Not applicable
Support: Not Applicable

Provisions for removing the alleged perpetrator from the home
No
Enforcement: Not applicable
Support: Not Applicable

Specific criminal penalties for maltreating a child
Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention
Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention
No
Enforcement: Inconsistent
Support: Very inadequate

Requirement of the development of specific prevention services
Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests
Yes
Enforcement: Inconsistent
Support: Very inadequate

Penalties for professionals who fail to report CM
No
Enforcement: Not applicable
Support: Don’t know

Provisions of immunity from liability when reports are made in good faith
Don’t know
Enforcement: Not applicable
Support: Don’t know

Specific criminal penalties for maltreating a child
Yes
Enforcement: Inconsistent
Support: Very inadequate

Clear definition of child neglect
No
Clear definition of child physical abuse
No
Clear definition of child sexual abuse
Yes
Clear definition of child emotional/psychological abuse
No
Clear definition of exposure to IPV
No

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)

OFFICIAL DOCUMENTATION OF CM

% of reported cases count of suspected CM (Q13) No % of investigated cases substantiated (Q28) Don’t know

% of reported cases involving (Q26)
- Physical abuse Don’t know
- Sexual abuse Don’t know
- Neglect Don’t know
- Emotional (psychological) maltreatment Don’t know
- Street children Don’t know
- Abandoned children Don’t know
- Exposure to IPV Don’t know

% of substantiated cases in which (Q29)
- Result in the perpetrator being removed from the home? Don’t know
- Lead to prosecution of the alleged perpetrator? Don’t know
- Result in the child being removed from the home? Don’t know

Of children removed from home, how many live in kinship care (with a family member)? Don’t know
Foster care? Don’t know
Orphanages? Don’t know

CHILDM DEATHS

Government maintains count of deaths due to CM (Q37) No

Over the past 10 years, the number of deaths due to CM has (Q49) Don’t know

Annual rate of deaths attributed to CM (Q38) Don’t know

Autopsy required when child’s death (Q31)
Is unexpected? No

Country has child death review team(s) (Q34) No

SERVICES

Availability of services (Q49)
- Therapy for those who neglect a child: No
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: No
- Therapy for physically abused children: Occasional
- Therapy for those who sexually abuse a child: No
- Therapy for sexually abused children: Usually
- Case management support services to meet a family’s basic needs: No
- Home-based services to support parents and family: No
- Foster care with official foster parents: No

Group homes for maltreated children: No
Public shelters for maltreated children: Occasional
Public shelters for victims of domestic violence and their children: Occasional
Institutional care for maltreated children: No
Financial and other material support: Occasional
Hospitalization for mental illness for adults: Occasional
Hospitalization for mental illness for children: Occasional
Substance abuse treatment for parents: Occasional
Substance abuse treatment for children: Occasional
Centers for parents to share experiences/concerns: No
Universal home visits for all new parents: No
World Perspectives on Child Abuse 2018, 13th edition

Targeted home visits for new parents at-risk: No
Free/highly subsidized child care: No
Universal health screening for children: No
Universal, mostly free medical care for children: Moderate
Universal, mostly free medical care for all citizens: Moderate

Involvement of community sectors in supporting CM prevention (Q56):
- Hospitals/medical centers: None
- Mental health agencies: None
- Businesses/factories: None
- Schools: None
- Public social service agencies: Minimally Involved
- Community-based NGOs: Minimally Involved
- Religious institutions: None
- Voluntary civic organizations: Minimally Involved
- Courts/law enforcement: None
- Universities: None

Funding for CM treatment (Q53):
- Government: Minimal
- Non-government: Minimal

Strategies used and thought to be effective in preventing CM (Q54):
- Advocacy for children’s rights

Major barriers to preventing CM (Q55):
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71): Significantly
- Child protection laws and commission

Involvement of community sectors in supporting CM treatment (Q561):
- Hospitals/medical centers: Moderately Involved
- Mental health agencies: Moderately Involved
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Moderately Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: None
- Voluntary civic organizations: Moderately Involved
- Courts/law enforcement: Moderately Involved
- Universities: None

Funding for CM prevention (Q562):
- Government: Don’t know
- Non-government: Don’t know

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q564): Greatly
Extent of programs combating CSE (Q577): Somewhat
Extent that agencies collaborate to stop CSE (Q589): Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q59): Somewhat
Country keeps official records on CSE (Q60): No
Commercial sex work (or prostitution) is legal (Q61): No
Extent to which victims of CSE receive mental health care (Q63): Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q64): Sometimes
Extent to which citizens who engage in CSE abroad are prosecuted (Q65): Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66): Don’t know
Extent to which children who are exploited sexually are arrested (Q67): Rarely
Arrests in the past year for engaging in sex trafficking of children (Q68): Yes
Arrests in the past year for possession or production of child pornography (Q69): Don’t know

Agencies and Organizations for More Information on CM

Child Protection Bureau
Government of the Punjab
Lahore, Punjab
Pakistan
Resources Provided: Child protection services as sponsored by the Government of Punjab, Lahore

Pakistan Council of Family Relations
112-A, St.14, Eden City
Airport Road, Entrance DHA-8
Lahore Cantt. Lahore

Pakistan
Telephone: (+92) 042-37337382
Mobile: (+92) 0302 4884883 / 0333 4321989
Email: pcfr@familyrelation.org, gulzar818@gmail.com
Website: www.familyrelation.org

Resources Provided: Child rights awareness campaigns, protection from all types of exploitation including child labor, use of electronic and print media, seminars and networking, counseling for the needy children and families, advice for government and the public at large, etc.
Palestine

Behaviors and Conditions Generally Viewed as Child Maltreatment

Forms of acceptable punishment (Q9)
- Shaking a child

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Abuse by another child
- Child labor – under age 12

Abuse or neglect of a child within a (Q11)
- School or educational training center
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22)
Yes

Year law established (Q23)
2001 – 2005

This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV
- Loss of parents

National laws/policies regarding CM (Q43)
Yes

Laws/policies first established (Q44)
After 2000

Government agency to respond to CM (Q41)
Yes

Investigation conducted by (Q42)
The Palestinian Public Prosecution office/The prosecutors at the Juvenile Justice Prosecution office

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
No

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Widely enforced
Support: Somewhat inadequate

Mandated reporting of suspected CM for all adults
Enforcement: Widely enforced
Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Enforcement: Widely enforced
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that an investigation be a coordinated intersectoral response
Enforcement: Widely enforced
Support: Very inadequate

Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Widely enforced
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
Enforcement: Widely enforced
Support: Very inadequate

Gross domestic product (US$ billions)
13.4

Total population (thousands)
4,791

Population below int’l poverty line of US$1.90 per day
0%

Life expectancy at birth (years)
73

Under 5 mortality rate (per 1,000 births)
19

Youth (15-24 years) literacy rate (male | female)
99% | 99%

Gross domestic product (US$ billions)
4,791

Total population (thousands)
0%

Population below int’l poverty line of US$1.90 per day
99%

Life expectancy at birth (years)
19

Under 5 mortality rate (per 1,000 births)
99% | 99%

Youth (15-24 years) literacy rate (male | female)
13.4
Provisions for removing the alleged perpetrator from the home: Yes
Enforcement: Widely enforced
Support: Very inadequate
Specific criminal penalties for maltreating a child: Yes
Enforcement: Widely enforced
Support: Don’t know
Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Widely enforced
Support: Very inadequate
Requirement that all perpetrators receive some form of service or intervention: Yes
Enforcement: Widely enforced
Support: Don’t know
Requirement of the development of specific prevention services: Yes
Enforcement: Widely enforced
Support: Don’t know
Requirement that a separate attorney or advocate be assigned to represent the child’s interests: Yes
Enforcement: Widely enforced
Support: Very inadequate
Penalties for professionals who fail to report CM: Yes
Enforcement: Inconsistent
Support: Don’t know
Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Inconsistent
Support: Don’t know
Provision of a specific budget for preventing CM: No
Enforcement: Widely enforced
Support: Very inadequate
Clear definition of child neglect: Yes
Clear definition of child physical abuse: Yes
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: Yes
Sectors included in required intersectorial response (Q46)
• Child protection
• Law enforcement (police)
• Health (e.g. forensic doctor or pediatrician)
• Legal (e.g. prosecutor or court appointed advocate)
• Education (teachers)
• Specialized courts

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) < 5 years
Official labels for types of CM (Q18)
• Physical abuse
• Sexual abuse
Change in no. of cases over past 4 years (Q19)
Physical abuse No Change
Sexual abuse More Cases
Neglect Don’t Know
Emotional (psychological) maltreatment Don’t Know
Exposure to intimate partner violence (IPV) Don’t Know
Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No
Incidence rate of reported CM per 1000 children per year (Q25) 700
% of reported cases involving (Q26)
Physical abuse 61-75%
Sexual abuse 0-15%
Neglect 61-75%
Emotional (psychological) maltreatment 0-15%
Street children 31-45%
Abandoned children 76-90%
Exposure to IPV Don’t know
% of reported cases investigated (Q27) 76-90%
% of investigated cases substantiated (Q28) 16-30%
% of substantiated cases in which Result in the perpetrator being removed from the home? 0-15%
Lead to prosecution of the alleged perpetrator? 31-45%
Result in the child being removed from the home? 0-15%
Of children removed from home, how many live in (Q30)
Kinship care (with a family member)? 0-15%
Foster care? 31-45%
Orphanages? 0-15%

CHILD DEATHS

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q46) Decreased
Annual rate of deaths attributed to CM (Q38) 3-4 in 100,000
Of these deaths, % involving (Q39)
Physical abuse 0-15%
Neglect 0-15%
Sexual Abuse 0-15%
Emotional Abuse 0-15%
Intimate Partner Violence 0-15%
Autopsy required when child’s death: Yes
Is unexpected? Yes
Has an unclear cause? Yes
Autopsy performed by (Q32) Forensic doctor
Autopsy must follow specific protocol (Q33) Yes
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) Yes
Scope of team(s) (Q36) National
### COUNTRY PROFILES  PALESTINE

#### SERVICES

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Voluntary civic organizations</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
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#### Involvement of community sectors in supporting CM prevention (Q56)

| Hospitals/medical centers | Minimally Involved |
| Mental health agencies | Minimally Involved |
| Businesses/factories | Minimally Involved |
| Schools | Minimally Involved |
| Public social service agencies | Minimally Involved |
| Community-based NGOs | Minimally Involved |
| Religious institutions | Minimally Involved |
| Voluntary civic organizations | Minimally Involved |
| Courts/law enforcement | Very Involved |
| Universities | Minimally Involved |

#### Involvement of community sectors in supporting CM treatment (Q51)

| Hospitals/medical centers | Moderately Involved |
| Mental health agencies | None |
| Businesses/factories | None |
| Schools | None |
| Public social service agencies | None |
| Religious institutions | None |

#### Strategies used and thought to be effective in preventing CM (Q54)

- Media campaigns to raise public awareness
- Risk assessment methods
- Prosecution of child abuse offenders
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Child death review teams

#### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports of CM
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment

#### Extent that the UN CRC improved policies and programs concerning CM (Q70)

- Significant

#### Major developments to address CM (Q73)

- Issuance of a new presidential decree on protection of Juveniles of 2016
- The formation of specialized judicial system including juvenile courts and juvenile prosecution offices, including specialized police for inclusion of alternatives to penalties
- Mediation/restorative justice

### CHILD SEXUAL EXPLOITATION (CSE)

- CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

| Extent that there are laws concerning CSE (Q56) | Not really |
| Extent of programs combating CSE (Q57) | Not really |
| Extent that agencies collaborate to stop CSE (Q58) | Not really |
| Extent of policies for reporting CSE to public agency or NGO (Q59) | Somewhat |
| Country keeps official records on CSE (Q60) | No |
| Commercial sex work (or prostitution) is legal (Q61) | No |
| Extent to which victims of CSE receive mental health care (Q63) | Rarely |
| Extent to which citizens who engage in CSE within the country are prosecuted (Q64) | Most of the time |
| Extent to which citizens who engage in CSE abroad are prosecuted (Q65) | Most of the time |
| Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) | Most of the time |
Extent to which children who are exploited sexually are arrested (Q67) Don’t know
Arrests in the past year for engaging in sex trafficking of children (Q68) Yes
Arrests in the past year for possession or production of child pornography (Q69) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Dar el Amal**
  Caregiver Institution
  Resources Provided: information on child maltreatment and abuse

- **The Ministry of Social Development**
  Ramallah
  Palestine
  Website: www.mosa.gov.ps
  Resources Provided: Reporting mechanism by the child protection officer

- **Palestine Central Bureau of Statistics**
  P.O. Box 1647
  Ramallah - Palestine
  Ramallah City
  Ein Munjed Quarter
  Tokyo St. opposite to UN premises and Ramallah Cultural Palace
  Telephone: 00 (972/970) 2-298 2700, Toll free: 1800300300
  Fax: 00 (972/970) 2-298 2710
  Email: Khalid Abu-Khalid (Kakhalid@pcbs.gov.ps), diwan@pcbs.gov.ps
  Website: http://www.pcbs.gov.ps
  Resources Provided: Research and statistical data on child discipline

- **United Nation Relief and Work Agency (UNRWA)**
  Jerusalem
  Palestine
  Email: Abu-Diab, Khawla (K.Abu-Diab@UNRWA.org)
  Website: https://www.unrwa.org/
  Resources Provided: In charge of Palestinians living in refugee camps in West Bank and Gaza Strip. They incorporated child abuse and neglect in the United Nation Palestinian refugee camps in West bank, and they moved to other Palestinian camps in the region.
Philippines

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Putting something spicy, bitter, or salty in a child’s mouth

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage

LAWS AND POLICIES REGARDING CM

| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | 1990 – 2000 |
| This law applies to (Q24) |
| Physical abuse |
| Sexual abuse |
| Neglect |
| Emotional (psychological) maltreatment |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) |
| Social services |
| Law enforcement |
| Elements in laws/policies (Q45) |
| - Extent they are enforced (Q47) |
| - Adequacy of government resources (Q46) |
| Mandated periodic training for professionals who may encounter maltreated children |
| Enforcement: |
| Support: |
| Mandated reporting of suspected CM for specific groups of professionals or individuals |
| Enforcement: |
| Support: |
| Mandated reporting of suspected CM for all adults |
| Enforcement: |
| Support: |
Provisions that allow for voluntary reporting of suspected CM by any professional or individual: Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours): Yes
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response: Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that the child(ren)’s and family’s needs be assessed: Yes
Enforcement: Inconsistent
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety: Yes
Enforcement: Inconsistent
Support: Very inadequate

Provisions for removing the alleged perpetrator from the home: Yes
Enforcement: Never or almost never enforced
Support: Not applicable

Specific criminal penalties for maltreating a child: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Inconsistent
Support: Not applicable

Requirement that all perpetrators receive some form of service or intervention: No
Enforcement: Not applicable
Support: Not applicable

Requirement of the development of specific prevention services: No
Enforcement: Not applicable
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests: No
Enforcement: Not applicable
Support: Not applicable

Penalties for professionals who fail to report CM: Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Widely enforced
Support: Don’t know

Provision of a specific budget for preventing CM: No
Enforcement: Not applicable
Support: Not applicable

Clear definition of child neglect: No
Clear definition of child physical abuse: No
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: No
Clear definition of exposure to IPV: No

It is not “clear” what is meant by “clear definition”

Sectors included in required intersectorial response (Q46)
• Law enforcement (police)
• Health (e.g. forensic doctor or pediatrician)
• Legal (e.g. prosecutor or court appointed advocate)
• Social workers in the Philippines are generic. There are no government child protection social workers.

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13): Yes
Duration system in place (Q17): > 10 years
Official labels for types of CM (Q18):
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q19):
Physical abuse: More Cases
Sexual abuse: More Cases
Neglect: No Change
Emotional (psychological) maltreatment: No Change
Exposure to intimate partner violence (IPV): N/A
Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & Q21): Yes
Indigenous children are rarely reported

% of reported cases involving (Q26)
• Physical abuse: 0-15%
• Sexual abuse: 0-15%
• Neglect: 0-15%
• Emotional (psychological) maltreatment: 0-15%
• Street children: 0-15%
• Abandoned children: 0-15%
% of reported cases investigated (Q27): Don’t know
% of investigated cases substantiated (Q28): Don’t know
% of substantiated cases in which (Q29):
Result in the perpetrator being removed from the home: Don’t know
Lead to prosecution of the alleged perpetrator: 0-15%
Result in the child being removed from the home: Don’t know

Of children removed from home, how many live in (Q30):
Kinship care (with a family member): Don’t know
Foster care: Don’t know
Orphanages: Don’t know
## CHILD DEATHS

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<tr>
<th>Question</th>
<th>Answer</th>
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<td>Over the past 10 years, the number of deaths due to CM</td>
<td>Increased</td>
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<td>Annual rate of deaths attributed to CM</td>
<td>Don't know</td>
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## SERVICES

### Availability of services

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<th>Service</th>
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<th>Voluntary civic organizations</th>
<th>Religious institutions</th>
<th>Community-based NGOs</th>
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<tr>
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<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
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<td>Targeted home visits for new parents at-risk</td>
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<tr>
<td>Free/highly subsidized child care</td>
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<td>Universal health screening for children</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>No</td>
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### Involvement of community sectors in supporting CM prevention

<table>
<thead>
<tr>
<th>Sector</th>
<th>Government</th>
<th>Voluntary civic organizations</th>
<th>Religious institutions</th>
<th>Community-based NGOs</th>
<th>Business/factories</th>
<th>Schools</th>
<th>Public social service agencies</th>
<th>Mental health agencies</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<td>None</td>
<td>None</td>
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<td>None</td>
<td>None</td>
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<td>Schools</td>
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### Involvement of community sectors in supporting CM treatment

<table>
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<th>Sector</th>
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<th>Voluntary civic organizations</th>
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<th>Community-based NGOs</th>
<th>Business/factories</th>
<th>Schools</th>
<th>Public social service agencies</th>
<th>Mental health agencies</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<td>None</td>
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<td>None</td>
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<td>Business/factories</td>
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</tr>
<tr>
<td>Schools</td>
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<td>None</td>
<td>None</td>
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<tr>
<td>Public social service agencies</td>
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</tr>
<tr>
<td>Community-based NGOs</td>
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<td>None</td>
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</tr>
<tr>
<td>Religious institutions</td>
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<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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</tr>
</tbody>
</table>

## Funding

### Funding for CM prevention

- **Government:** Minimal
- **Non-government:** Minimal

### Funding for CM treatment

- **Government:** Moderate Funding
- **Non-government:** Moderate Funding

### Strategies used and thought to be effective in preventing CM

- Home-based services and support for parents at risk
- Risk assessment methods
- Improving/increasing local services
- Professional training
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Services for victims of domestic violence

### Major barriers to preventing CM

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of system to investigate reports of CM
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM

- Somewhat

### Major developments to address CM

- Completion of the National Baseline Study on Violence Against Children
- Finalization of the Philippine Plan of Action to End Violence Against Children
## CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Child Protection Network Foundation, Inc.**
  - Mezzanine, Tropicana Apartment-Hotel
  - 1630 Guerrero St., Malate 1004
  - Manila
  - Philippines
  - Telephone: (63-2) 4043954 / 525-5555 loc. 7008
  - Fax: (63-2) 4043955
  - Email: info@childprotectionnetwork.org
  - Website: www.childprotectionnetwork.org
  - Resources Provided: Publications, research, directory of services, training resources
Poland

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment** *(Q9)*
- Hitting a child on the buttocks with an open hand
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors** *(Q10)*
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** *(Q11)*
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors** *(Q12)*
- Physical discipline with bruising

**Laws and Policies Regarding CM**

**Law mandating suspected CM be reported** *(Q22)*
- Yes

**Year law established** *(Q23)*
- After 2005

**This law applies to** *(Q24)*
- Sexual abuse

**National laws/policies regarding CM** *(Q43)*
- No

**Government agency to respond to CM** *(Q41)*
- Yes

**Investigation conducted by** *(Q42)*
- Social services
- Law enforcement

**Official Documentation of CM**

**Government maintains count of suspected CM** *(Q13)*
- No

**% of reported cases involving** *(Q26)*
- Physical abuse: 0-15%
- Sexual abuse: 0-15%
- Neglect: 0-15%
- Emotional (psychological) maltreatment: 0-15%
- Street children: 0-15%
- Abandoned children: 0-15%

**Exposure to IPV** *(Q25)*
- 0-15%

**% of reported cases investigated** *(Q27)*
- Don’t know

**% of investigated cases substantiated** *(Q28)*
- Don’t know

**% of substantiated cases in which** *(Q29)*
- Result in the perpetrator being removed from the home? Don’t know
- Lead to prosecution of the alleged perpetrator? Don’t know
- Result in the child being removed from the home? Don’t know

---

**Gross domestic product** *(US$ billions)*
- 525

**Total population** *(thousands)*
- 38,224

**Population below int’l poverty line of US$1.90 per day**
- 0%

**Life expectancy at birth** *(years)*
- 78

**Under 5 mortality rate** *(per 1,000 births)*
- 5

**Youth (15-24 years) literacy rate** *(male | female)*
- 525

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Of children removed from home, how many live in Kinship care (with a family member)? Don’t know

Foster care? Don’t know

Orphanages? Don’t know

**CHILDEATHS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past 10 years, the number of deaths due to CM (Q37)</td>
<td>No</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Autopsy required when child’s death (Q31)</td>
<td>Is unexpected? No</td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>No</td>
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**SERVICES**

<table>
<thead>
<tr>
<th>Availability of services (Q49)</th>
<th>Funding for CM treatment (Q53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Non-government</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Government</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
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</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Non-government</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Government</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Non-government</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Moderate</td>
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<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Moderate</td>
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<tr>
<td>Free/highly subsidized child care</td>
<td>Moderate</td>
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<tr>
<td>Universal health screening for children</td>
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<tr>
<td>Universal, mostly free medical care for children</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
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**Involvement of community sectors in supporting CM prevention (Q50)**

<table>
<thead>
<tr>
<th>Hospitals/medical centers</th>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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</tr>
<tr>
<td>Schools</td>
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<td>Public social service agencies</td>
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<td>Community-based NGOs</td>
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<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
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<tr>
<td>Voluntary civic organizations</td>
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<tr>
<td>Courts/law enforcement</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Universities</td>
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**Involvement of community sectors in supporting CM treatment (Q51)**

<table>
<thead>
<tr>
<th>Hospitals/medical centers</th>
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</thead>
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<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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<td>Schools</td>
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<tr>
<td>Public social service agencies</td>
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<td>Community-based NGOs</td>
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<tr>
<td>Religious institutions</td>
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<tr>
<td>Voluntary civic organizations</td>
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<tr>
<td>Courts/law enforcement</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Universities</td>
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</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM (Q54)**

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Services for victims of domestic violence

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q70)**

Somewhat

**Major developments to address CM (Q73)**

On 13 July 2017 the legal obligation to report crimes including rape and sexual abuse of a person under 15 entered into force. Failure to report is from now on a criminal offence punishable with up to three years of imprisonment. The new regulations, initiated by the Ombudsman for Children, are intended to better protect children and to motivate members of the society to disclose information about child abuse (Sejm, 2017). They also impose more severe punishments for some of the offences against minors. A special protective mode of interviewing child victims was introduced to the Code of Criminal Procedure (the final version was formulated in 2014). It is described in Article 185a (Code of Criminal Procedure, 2016) on child-friendly interviewing. A child has to be
interviewed in a child-friendly room in conditions specified by an order of the Minister of Justice (2013). Such provision is related to children under the age of 18, however there are some exceptions. The Ombudsman for Children and other organizations call for elimination of the exceptions and for application of friendly-interviewing procedure to all children. The Ombudsman for Children calls also for introducing similar procedures in civil proceedings, however other organizations point out that improvement of the hearing procedure in civil proceedings could be a better solution. From 2015 the new government was formed, whose views on child rights is more conservative and focus on indissolubility of the family.

**CHILD SEXUAL EXPLOITATION (CSE)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Poland</th>
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</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q66)</td>
<td>Greatly</td>
</tr>
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<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Sometimes</td>
</tr>
</tbody>
</table>

**Extents**

- Extent to which citizens who engage in CSE within the country are prosecuted (Q64): Sometimes
- Extent to which citizens who engage in CSE abroad are prosecuted (Q65): Sometimes
- Extent to which foreigners who engage in CSE within the country are prosecuted (Q66): Sometimes
- Extent to which children who are exploited sexually are arrested (Q67): Rarely
- Arrests in the past year for engaging in sex trafficking of children (Q68): Yes
- Arrests in the past year for possession or production of child pornography (Q69): Yes

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

**Empowering Children Foundation**

ul. Mazowiecka 12/25  
00-048 Warszawa  
Poland  
Telephone/Fax: +48 22 616 02 68  
Email: biuro@fdds.pl  
Website: http://fdds.pl/  
Resources Provided:  
The Empowering Children Foundation initiates and supports networks of organizations and institutions that provide support for abused children or work against child maltreatment. Developing coalitions, partnerships, and support or collaboration networks aimed at integrating efforts and facilitating the exchange of experiences and lobbying for an improved child protection system in Poland.  
Education platform: https://www.edukacja.fdds.pl/

**Ombudsman for Children’s Rights**

ul. Przemysłowa 30/32  
00-450 Warsaw  
Poland  
Telephone: (22) 583 66 00  
Fax: (22) 583 66 96  
Email: rpd@brpd.gov.pl  
Website: https://brpd.gov.pl/  
Resources Provided: It is the duty of the Ombudsman to annually inform the Sejm and the Senate about their actions and comments on the state of children’s rights in Poland. As this information is publicized, it is an excellent opportunity to start a nationwide discussion on the status of children’s rights in Poland.
Republic of Korea

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment** (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Shaking a child
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors** (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Internet solicitation for sex
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- Day care center

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | 2001 – 2005 |
| This law applies to (Q24) | Physical abuse, Sexual abuse, Neglect, Emotional (psychological) maltreatment |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | After 2000 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | Social services, Law enforcement, Local child protection agencies |
| Elements in laws/policies (Q45) | Extent they are enforced (Q47), Adequacy of government resources (Q48) |

**Mandated periodic training for professionals who may encounter maltreated children**
- Enforcement: Inconsistent
- Support: Somewhat inadequate

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Enforcement: Inconsistent
- Support: Don’t know

**Mandated reporting of suspected CM for all adults**
- Enforcement: Not applicable
- Support: Don’t know

**Provisions that allow for voluntary reporting of suspected CM by any professional or individual**
- Enforcement: Inconsistent
- Support: Don’t know

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Enforcement: Widely enforced
- Support: Somewhat inadequate
### Requirement that an investigation be a coordinated intersectoral response
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

### Requirement that the child(ren)'s and family's needs be assessed
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Provisions for removing child from his or her parents/caretakers to ensure the child's safety
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Provisions for removing the alleged perpetrator from the home
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Specific criminal penalties for maltreating a child
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

### Requirement that all victims receive some form of service or intervention
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Requirement that all perpetrators receive some form of service or intervention
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Requirement of the development of specific prevention services
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

### Requirement that a separate attorney or advocate be assigned to represent the child's interests
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Adequate

### Penalties for professionals who fail to report CM
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

### Provision of immunity from liability when reports are made in good faith
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Don't know

### Provision of a specific budget for preventing CM
- **Yes**
- **Enforcement:** Widely enforced
- **Support:** Somewhat inadequate

### Clear definition of child neglect
- **Yes**

### Clear definition of child physical abuse
- **Yes**

### Clear definition of child sexual abuse
- **Yes**

### Clear definition of child emotional/psychological abuse
- **Yes**

### Clear definition of exposure to IPV
- **Yes**

### Sectors included in required intersectorial response
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)
- Education (teachers)
- Social worker, Firefighter, etc.

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q17)</td>
<td>&gt; 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q18)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q19)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20)</td>
<td>No</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q25)</td>
<td>2.15—The number of cases substantiated as child abuse or neglect after reporting/The estimated number of children*1,000 (2016)</td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q40)</td>
<td>Increased</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>&lt; 1 in 100,000</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>31-45%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0-15%</td>
</tr>
</tbody>
</table>
Emotional Abuse 0-15%
Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31)

Is unexpected? Yes

Country has child death review team(s) (Q34)
Team(s) supported by legislation (Q35)
Scope of team(s) (Q36)

Funding for CM treatment (Q33)

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Prosecution of child abuse offenders
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70)

Major developments to address CM (Q73)
- Having established the coordination system with law enforcement (polices, prosecutions) and thoroughly investigated child abuse crimes, since the implementation of “the Special Act on Punishment of Child Abuse Crimes” (14.9.29)
- Having cared for preschool and long-term absent child, since the amendment of the “Enforcement Decree of the Elementary and Secondary Education Act” (17.3.17)
- The mandatory viewing of education video (about 4 minutes) about parenting by appliers (about 230,000 parents) for childcare subsidy and childcare allowance
### CHILD SEXUAL EXPLOITATION (CSE)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.</td>
<td></td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**Ministry of Health and Welfare**
- 7th floor, 13, Doum 4-ro
- Sejong-si 30113
- Republic of Korea
- Website: [http://www.mohw.go.kr/react/index.jsp](http://www.mohw.go.kr/react/index.jsp)
- Resources Provided: Statistics on health and social welfare in Korea, introduction of Health and social welfare policies in Korea

**National Child Protection Agency**
- 781-46 Yeoksam 2-dong
- Nonhyeonro 66 Gil 19
- Gangnam-gu
- Seoul 06228
- Republic of Korea
- Telephone: 82-2-558-1391
- Fax: 82-2-558-1339
- Email: ncpa@gni.kr
- Website: [http://www.korea1391.go.kr/new](http://www.korea1391.go.kr/new)
- Resources Provided: The present condition and address of local child protection agencies, statistics on child abuse in Korea, introduction of Korean child protection system, education, training
Romania

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the buttocks with an object (e.g., shoe, belt)
• Hitting a child on the head or face with an open hand
• Hitting a child on the head or face with a fist
• Hitting a child anywhere else on the body with an open hand
• Hitting a child anywhere else on the body with a fist
• Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
• Putting something spicy, bitter, or salty in a child’s mouth
• Burning a child deliberately
• Shaking a child
• Locking a child in a small space, such as a closet
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place
• Law enforcement facility
• Refugee camp
• Preschool
• Creche
• While baby-sitting

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Physical discipline without bruising or other injury
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child experiencing intimate partner (or domestic) violence
• Child exposed to parent’s substance use
• Locking children in the house, while parents gone

Laws and Policies Regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law established (Q23)</td>
<td>2001 – 2005</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td>Exploitation, Trafficking</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q44)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q41)</td>
<td>Yes</td>
</tr>
<tr>
<td>Investigation conducted by (Q42)</td>
<td>Social services</td>
</tr>
</tbody>
</table>
## Romania

### Country Profiles

#### Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td>No</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>Yes</td>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Provision that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
<td>Don't know</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Yes</td>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td>Yes</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child's safety</td>
<td>Yes</td>
<td>Don't know</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Don't know</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

#### Requirement that all victims receive some form of service or intervention
- Enforcement: Inconsistent
- Support: Very inadequate

#### Requirement that all perpetrators receive some form of service or intervention
- Enforcement: Not applicable
- Support: Very inadequate

#### Requirement of the development of specific prevention services
- Enforcement: Never or almost never enforced
- Support: Don't know

#### Requirement that a separate attorney or advocate be assigned to represent the child's interests
- Enforcement: Not applicable
- Support: Very inadequate

#### Penalties for professionals who fail to report CM
- Enforcement: Never or almost never enforced
- Support: Don't know

#### Provision of immunity from liability when reports are made in good faith
- Enforcement: Not applicable
- Support: Don't know

#### Provision of a specific budget for preventing CM
- Enforcement: Not applicable
- Support: Not applicable

#### Clear definition of child neglect
- Yes

#### Clear definition of child physical abuse
- Yes

#### Clear definition of child sexual abuse
- Yes

#### Clear definition of child emotional/psychological abuse
- Yes

#### Clear definition of exposure to IPV
- No

### Sectors included in required intersectorial response (Q46)
- Child protection
- Law enforcement (police)
- Legal (e.g. prosecutor or court appointed advocate)

### Official Documentation of CM

| Government maintains count of suspected CM (Q13) | Yes |
| Duration system in place (Q17) | > 10 years |
| Official labels for types of CM (Q18) | |
| • Physical abuse |
| • Sexual abuse |
| • Neglect |
| • Emotional (psychological) maltreatment |
| Change in no. of cases over past 4 years (Q19) | |
| Physical abuse | No Change |
| Sexual abuse | More Cases |
| Neglect | More Cases |
| Emotional (psychological) maltreatment | More Cases |
| Exposure to intimate partner violence (IPV) | N/A |
| Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & Q21) | Yes |
| Incidence rate of reported CM per 1000 children per year (Q25) | 1.8/1000 |
| % of reported cases involving (Q26) | |
| Physical abuse | 0-15% |
| Sexual abuse | 0-15% |
| Neglect | 61-75% |
| Emotional (psychological) maltreatment | 0-15% |
| Street children | Don't know |
| Abandoned children | 46-60% |
| Exposure to IPV | Don't know |

There is no clear data on not reported cases and their ethnicity, but there are many Roma children in poor Roma communities who are neglected physically, medically and educationally and are not reported, not assessed and there is no intervention.

| Physical abuse | 0-15% |
| Sexual abuse | 0-15% |
| Neglect | 61-75% |
| Emotional (psychological) maltreatment | 0-15% |
| Street children | Don't know |
| Abandoned children | 46-60% |
| Exposure to IPV | Don't know |
% of reported cases investigated (Q27) Don’t know Result in the child being removed from the home? 16-30%
% of investigated cases substantiated (Q28) Don’t know Of children removed from home, how many live in (Q30) 16-30%
% of substantiated cases in which (Q29) Don’t know Kinship care (with a family member)? 31-45%
Result in the perpetrator being removed from the home? Don’t know Foster care? 31-45%
Lead to prosecution of the alleged perpetrator? 0-15% Orphanages? 31-45%

CHILD DEATHS

Over the past 10 years, the number of deaths due to CM has (Q40) Don’t know
Annual rate of deaths attributed to CM (Q38) Don’t know
Of these deaths, % involving (Q39)

Physical abuse Don’t know
Neglect Don’t know
Sexual Abuse Don’t know
Emotional Abuse Don’t know

Goverment maintains count of deaths due to CM (Q37) No

Intimate Partner Violence Don’t know

Autopsy required when child’s death (Q31)
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32)
Forensic doctor

Autopsy must follow specific protocol (Q33) Yes

Country has child death review team(s) (Q34) No

Team(s) supported by legislation (Q35) No

SERVICES

Availability of services (Q49)
Therapy for those who neglect a child No
Therapy for neglected children Occasional
Therapy for those who physically abuse a child No
Therapy for physically abused children Occasional
Therapy for those who sexually abuse a child No
Therapy for sexually abused children Occasional
Case management support services to meet a family’s basic needs Occasional
Home-based services to support parents and family Occasional
Foster care with official foster parents Usually
Group homes for maltreated children Usually
Public shelters for maltreated children Usually
Public shelters for victims of domestic violence and their children Occasional
Institutional care for maltreated children Usually
Financial and other material support Moderate
Hospitalization for mental illness for adults Moderate
Hospitalization for mental illness for children Moderate
Substance abuse treatment for parents Occasional
Substance abuse treatment for children Moderate
Centers for parents to share experiences/concerns Usually
Universal home visits for all new parents Usually
Targeted home visits for new parents at-risk Usually
Free/highly subsidized child care Moderate
Universal health screening for children Usually
Universal, mostly free medical care for children Usually
Universal, mostly free medical care for all citizens No

Involvement of community sectors in supporting CM prevention (Q50)
Hospitals/medical centers None
Mental health agencies None
Businesses/factories None
Schools Minimally Involved
Public social service agencies Moderately Involved
Community-based NGOs Moderately Involved
Religious institutions Minimally Involved
Voluntary civic organizations Very Involved
Courts/law enforcement None
Universities Moderately Involved

Involvement of community sectors in supporting CM treatment (Q51)
Hospitals/medical centers Minimally Involved
Mental health agencies Moderately Involved
Businesses/factories None
Schools Minimally Involved
Public social service agencies Moderately Involved
Community-based NGOs Very Involved
Religious institutions Moderately Involved
Voluntary civic organizations Very Involved
Courts/law enforcement None
Universities Minimally Involved

Funding for CM prevention (Q52)
Government Moderate Funding
Non-government Moderate Funding

Funding for CM treatment (Q53)
Government Moderate Funding
Non-government Moderate Funding

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- Improving/increasing local services
- Professional training
- Advocacy for children’s rights

Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
• General support for the use of corporal punishment/physical discipline of children
• Lack of commitment or support for children’s rights
• Lack of access to mental health services
• Lack of substance abuse treatment
• Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71) Significantly

Before 1990 there were very rudimentary child protection laws and services. The child protection services and national laws were slowly developed after 1990, based on the convention.

Major developments to address CM (Q73)
• Before 2013 there were no penalties in the law for professionals for not reporting child maltreatment. Now there are such penalties, although I do not recall any situation where such penalties were applied.
• Professionals, NGOs, Universities and civic organizations were asking for years for Child Ombudsman. Since this year (2017) there is a Child Ombudsman for Romania.
• There have been more efforts to close large residential child protection institutions.

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Extent</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q56)</td>
<td>Greatly</td>
<td>Yes</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
<td>No</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Not really</td>
<td>No</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
<td>Yes</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Rarely</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Most of the time</td>
<td>Yes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Rarely</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
<td>Yes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Don’t know</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► National Authority for the Protection of the Rights of the Child and Adoption (NAPRCA)
Bulevardul G-ral Gheorghe Magheru nr. 7
Sector 1, Bucharest
Cod postal 010322
Romania

Telephone: 021-315.36.33, 021-315.36.30, 021-310.07.89, 021-310.07.90
Fax: 021-312.74.74
Email: office@anpfdc.ro
Website: www.copii.ro

► Salvati Copiii Romania / Save the Children Romania
Intr. Ștefan Furtună nr. 3, sector 1
010899, Bucharest
Romania

Telephone: +40 21 316 61 76
Fax: +40 21 312 44 86
Email: secretariat@salvaticopiii.ro, bucharest@salvaticopiii.ro
Website: http://www.salvaticopiii.ro/
Resources Provided: Publications on research results, prevention materials, annual reports, services for children and families, training, awareness raising/prevention activities

► United Nations International Children’s Emergency Fund (UNICEF)
UNICEF 48A, Blvd. Primaverii
011975 Bucharest 1
Romania

Telephone: (40) (21) 201.7872 - 76 - Central
Fax: 317.52.55
Email: bucharest@unicef.org
Website: www.unicef.ro
Resources Provided: Research reports, expertise, impact on government, resources for organizing pilot services
Russia

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Shaking a child
- Locking a child in a small space, such as a closet

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Internet solicitation for sex

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage

Day care center
School or educational training center
Psychiatric institution
Religious institution
Sporting organization

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

Law mandating suspected CM be reported (Q22)
Yes

Year law established (Q23)
1990 – 2000

This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

Mandated periodic training for professionals who may encounter maltreated children
Enforcement:
Support:
- Widely enforced
- Adequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement:
Support:
- Widely enforced
- Don’t know

Mandated reporting of suspected CM for all adults
Enforcement:
Support:
- Yes
- Widely enforced
- Don’t know

Law mandating suspected CM be reported (Q22)
Yes

Year law established (Q23)
1990 – 2000

This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q43)
Yes

Laws/policies first established (Q44)
After 2000

Government agency to respond to CM (Q41)
Yes

Investigation conducted by (Q42)
- Social services
- Law enforcement

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement:
Support:
- Widely enforced
- Adequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement:
Support:
- Widely enforced
- Don’t know

Mandated reporting of suspected CM for all adults
Enforcement:
Support:
- Yes
- Widely enforced
- Don’t know

Gross domestic product (US$ billions)
1,578

Total population (thousands)
143,965

Population below int’l poverty line of US$1.90 per day
0%

Life expectancy at birth (years)
71

Under 5 mortality rate (per 1,000 births)
8

Youth (15-24 years) literacy rate (male | female)
100% | 100%
Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Enforcement: Widely enforced
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Widely enforced
Support: Adequate

Requirement that an investigation be a coordinated intersectoral response
Enforcement: Widely enforced
Support: Adequate

Requirement that the child(ren)'s and family's needs be assessed
Enforcement: Widely enforced
Support: Adequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety
Enforcement: Widely enforced
Support: Adequate

Provisions for removing the alleged perpetrator from the home
Enforcement: Widely enforced
Support: Somewhat inadequate

Specific criminal penalties for maltreating a child
Enforcement: Widely enforced
Support: Don't know

Requirement that all victims receive some form of service or intervention
Enforcement: Widely enforced
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention
Enforcement: Not applicable
Support: Very inadequate

Requirement of the development of specific prevention services
Enforcement: Widely enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests
Enforcement: Not applicable
Support: Very inadequate

Penalties for professionals who fail to report CM
Enforcement: Widely enforced
Support: Don't know

Provision of immunity from liability when reports are made in good faith
Enforcement: Not applicable
Support: Very inadequate

Provision of a specific budget for preventing CM
Enforcement: Inconsistent
Support: Adequate

Clear definition of child neglect
Enforcement: Not applicable
Support: Very inadequate

Clear definition of child physical abuse
Enforcement: Yes
Support: Adequate

Clear definition of child sexual abuse
Enforcement: Yes
Support: Adequate

Clear definition of child emotional/psychological abuse
Enforcement: No
Support: Very inadequate

Clear definition of exposure to IPV
Enforcement: No
Support: Very inadequate

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)

Government maintains count of suspected CM (Q13)
Yes

Duration system in place (Q17)
> 10 years

Official labels for types of CM (Q18)
- Physical abuse 61-75%
- Neglect 0-15%
- Emotional (psychological) maltreatment 0-15%
- Street children 0-15%
- Abandoned children 0-15%
- Exposure to IPV 0-15%

% of reported cases investigated (Q27)
46-60%

% of investigated cases substantiated (Q28)
76-90%

% of substantiated cases in which (Q29)
- Result in the perpetrator being removed from the home? 76-90%
- Lead to prosecution of the alleged perpetrator? 76-90%
- Result in the child being removed from the home? 76-90%

Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? 31-45%
- Foster care? 16-30%
- Orphanages? 0-15%

Government maintains count of deaths due to CM (Q37)
Yes

Annual rate of deaths attributed to CM (Q28)
< 1 in 100,000

Over the past 10 years, the number of deaths due to CM has (Q40)
Decreased
Of these deaths, % involving (Q39)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>16-30%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16-30%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>0-15%</td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>0-15%</td>
</tr>
</tbody>
</table>

Autopsy required when child’s death (Q31)

- Yes

Has an unclear cause? Yes

Autopsy performed by (Q32)

- Medical examiner

Hospital

Autopsy must follow specific protocol (Q33)

- Yes

Country has child death review team(s) (Q34)

- Yes

Team(s) supported by legislation (Q35)

- Yes

Scope of team(s) (Q36)

- Regional

SERVICES

Availability of services (Q49)

- Community-based NGOs: Very Involved
- Voluntary civic organizations: Very Involved
- Courts/law enforcement: Very Involved
- Universities: Minimally Involved

Funding for CM prevention (Q52)

- Government: Major
- Non-government: Major

Funding for CM treatment (Q53)

- Government: Major
- Non-government: Major

Strategies used and thought to be effective in preventing CM (Q54)

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal child health care and access to preventive medical care
- Professional training
- Mental health services
- Substance abuse services
- Child death review teams

Major barriers to preventing CM (Q56)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children

Extent that the UN CRC improved policies and programs concerning CM (Q70)

- Not at all

Major developments to address CM (Q73)

- Laws on the use of illegal internet content - positive
- The development of the system of mediation - positive
- The public debate about the extent of state intervention in family affairs - negative

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extant that there are laws concerning CSE (Q56)

- Greatly

Extent of programs combating CSE (Q57)

- Greatly
Extent that agencies collaborate to stop CSE (Q58) | Greatly
---|---
Extent of policies for reporting CSE to public agency or NGO (Q59) | Greatly
Country keeps official records on CSE (Q60) | Yes
Commercial sex work (or prostitution) is legal (Q61) | No
Extent to which victims of CSE receive mental health care (Q63) | Most of the time
Extent to which citizens who engage in CSE within the country are prosecuted (Q64) | Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q65) | Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) | Most of the time
Extent to which children who are exploited sexually are arrested (Q67) | Rarely
Arrests in the past year for engaging in sex trafficking of children (Q68) | Yes
Arrests in the past year for possession or production of child pornography (Q69) | Yes

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

**Children’s Ombudsman**
127006, Moscow, Uspensky Pereulok, 14, Building 1
Russia
Telephone: 8 (495) 957-05-85
Fax: 8 (495) 957-05-99
Email: info@ombudsman.mos.ru
Website: http://ombudsman.mos.ru/

**Ministry of Education and Science of the Russian Federation**
125993, Moscow
ul. Tverskaya, 11, GSP-3
Russia
Telephone: +7 (495) 539 55 19, +7 (495) 629 08 91
Email: info@mon.gov.ru
Website: http://mon.gov.ru
Rwanda

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Child marriage

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) After 2005
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42) Law enforcement

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Don't know
Support: Don't know

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Don't know

Mandated reporting of suspected CM for all adults
Enforcement: Yes
Support: Inconsistent
Provisions that allow for voluntary reporting of suspected CM by any professional or individual: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours): Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that an investigation be a coordinated intersectoral response: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that the child(ren)’s and family’s needs be assessed: Yes
Enforcement: Inconsistent
Support: Don’t know

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety: Yes
Enforcement: Inconsistent
Support: Don’t know

Provisions for removing the alleged perpetrator from the home: Yes
Enforcement: Inconsistent
Support: Don’t know

Specific criminal penalties for maltreating a child: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all perpetrators receive some form of service or intervention: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement of the development of specific prevention services: Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests: Yes
Enforcement: Inconsistent
Support: Don’t know

Penalties for professionals who fail to report CM: Yes
Enforcement: Inconsistent
Support: Don’t know

Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Inconsistent
Support: Don’t know

Provision of a specific budget for preventing CM: Don’t know
Enforcement: Inconsistent
Support: Don’t know

Clear definition of child neglect: Yes
Clear definition of child physical abuse: Yes
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: Yes
Clear definition of exposure to IPV: Yes

Sectors included in required intersectoral response (Q46):
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician
- Legal (e.g., prosecutor or court appointed advocate)
- Education (teachers)
- Relatives

Official documentation of CM:

Government maintains count of suspected CM (Q13): Yes

Duration system in place (Q17): 5 to 10 years

Official labels for types of CM (Q18):
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19):
- Sexual abuse: Fewer Cases
- Neglect: Fewer Cases
- Emotional (psychological) maltreatment: Fewer Cases
- Exposure to intimate partner violence (IPV): Fewer Cases

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q20): No

Incidence rate of reported CM per 1000 children per year (Q25): I don’t know the rate.

% of reported cases involving (Q26):
- Physical abuse: Don’t know
- Sexual abuse: Don’t know
- Neglect: Don’t know
- Emotional (psychological) maltreatment: Don’t know
- Street children: Don’t know
- Abandoned children: Don’t know
- Exposure to IPV: Don’t know

% of reported cases investigated (Q27): Don’t know

% of investigated cases substantiated (Q28): Don’t know

% of substantiated cases in which (Q29):
- Result in the perpetrator being removed from the home: Don’t know
- Lead to prosecution of the alleged perpetrator: Don’t know
- Result in the child being removed from the home: Don’t know

Of children removed from home, how many live in (Q30):
- Kinship care (with a family member): Don’t know
- Foster care: Don’t know
- Orphanages: Don’t know
CHILD DEATHS

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q46) Don’t know
Annual rate of deaths attributed to CM (Q38) Don’t know
Of these deaths, % involving (Q39)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Don’t know</th>
<th>Usually</th>
<th>Moderate</th>
<th>Occasional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Autopsy required when child’s death (Q31)

Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32)

Medical examiner
Forensic doctor

Autopsy must follow specific protocol (Q33) Yes
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) Yes
Scope of team(s) (Q36) National

SERVICES

Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Moderate</th>
<th>Usually</th>
<th>Occasional</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td></td>
<td></td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td></td>
<td></td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td></td>
<td></td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td></td>
<td>Occasional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Don’t Know</th>
<th>Moderately Involved</th>
<th>Usually</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Businesses/factories</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public social service agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Moderately Involved</th>
<th>Don’t Know</th>
<th>Usually</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Businesses/factories</td>
<td></td>
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</tr>
<tr>
<td>Schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public social service agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government NA</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q54)

- Prosecution of child abuse offenders
- Improving/increasing local services
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals
Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)  
Countries ratified; specific laws were made from the documents, etc.:

- Creation of ISANGE One Stop Center (IOSC) which is an interdisciplinary programme aimed to provide psychosocial, medical, police and legal services to adult and child survivors of gender based violence and child abuse though this IOSC was created in 2009.
- Creation of the National Commission for Children which is an independent organ under Ministry of Gender and Family Promotion.
- National Children Summit

Major developments to address CM (Q73)

- Creation of ISANGE One Stop Center (IOSC) which is an interdisciplinary programme aimed to provide psychosocial, medical, police and legal services to adult and child survivors of gender based violence and child abuse though this IOSC was created in 2009.
- Creation of the National Commission for Children which is an independent organ under Ministry of Gender and Family Promotion.
- National Children Summit

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

| Extent that there are laws concerning CSE (Q54) | Greatly |
| Extent of programs combating CSE (Q57) | Greatly |
| Extent that agencies collaborate to stop CSE (Q58) | Greatly |
| Extent of policies for reporting CSE to public agency or NGO (Q59) | Greatly |
| Country keeps official records on CSE (Q60) | Yes |
| Commercial sex work (or prostitution) is legal (Q61) | No |
| Extent to which victims of CSE receive mental health care (Q63) | Most of the time |

Extent to which citizens who engage in CSE within the country are prosecuted (Q64)  
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q65)  
Most of the time

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)  
Most of the time

Extent to which children who are exploited sexually are arrested (Q67)  
Most of the time

Arrests in the past year for engaging in sex trafficking of children (Q68)  
Yes

Arrests in the past year for possession or production of child pornography (Q69)  
Don't know

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

► Isange One Stop Center at Kacyiru Hospital (formerly known as Kacyiru Police Hospital)
  Kacyiru, Kigali
  Rwanda  
  Resources Provided: Prosecution, investigation and protection of all forms of abuse

► National Commission for Children
  3rd Floor, Sunrise House
  Kigali
  Rwanda  
  Telephone: (+250) 788754590
  Email: info@ncc.gov.rw
  Website: http://www.ncc.gov.rw/
  Resources Provided: Almost all information regarding state of the child in Rwanda: protection, prevention and support
Saudi Arabia

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment** (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Shaking a child

**Social conditions and behaviors** (Q10)
- Physical beating of a child by any adult
- Abuse by another child
- Internet solicitation for sex

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility

**Parent or caregiver behaviors** (Q12)
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**Laws and Policies Regarding CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established (Q23)</td>
<td>After 2005</td>
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<tr>
<td>This law applies to (Q24)</td>
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<td>Physical abuse</td>
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<td>Sexual abuse</td>
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<td>Neglect</td>
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<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
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<tr>
<td>Exposure to IPV</td>
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<td>National laws/policies regarding CM (Q43)</td>
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<td>Laws/policies first established (Q44)</td>
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<td>Government agency to respond to CM (Q41)</td>
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<td>Investigation conducted by (Q42)</td>
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<td>Social services</td>
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<tr>
<td>Elements in laws/policies (Q45)</td>
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<td>Extent they are enforced (Q47)</td>
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<td>Adequacy of government resources (Q46)</td>
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<td>Mandated periodic training for professionals who may encounter maltreated children</td>
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<td>Support:</td>
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<td>Mandated reporting of suspected CM for all adults</td>
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<tr>
<td>Support:</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
</tr>
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<td>Enforcement:</td>
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</tr>
</tbody>
</table>
### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Yes
- Enforcement: Inconsistent
- Support: Adequate

### Requirement that an investigation be a coordinated intersectoral response
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement that the child(ren)’s and family’s needs be assessed
- No
- Enforcement: Widely enforced
- Support: Adequate

### Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
- No
- Enforcement: Inconsistent
- Support: Somewhat inadequate

### Provisions for removing the alleged perpetrator from the home
- No
- Enforcement: Never or almost never enforced
- Support: Very inadequate

### Specific criminal penalties for maltreating a child
- Yes
- Enforcement: Widely enforced
- Support: Don’t know

### Requirement that all victims receive some form of service or intervention
- Yes
- Enforcement: Widely enforced
- Support: Somewhat inadequate

### Requirement that all perpetrators receive some form of service or intervention
- No
- Enforcement: Never or almost never enforced
- Support: Very inadequate

### Requirement of the development of specific prevention services
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

### Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- No
- Enforcement: Inconsistent
- Support: Somewhat inadequate

### Penalties for professionals who fail to report CM
- Yes
- Enforcement: Widely enforced
- Support: Don’t know

### Provision of immunity from liability when reports are made in good faith
- Yes
- Enforcement: Widely enforced
- Support: Don’t know

### Clear definition of child neglect
- Yes
- Clear definition of child physical abuse
- Yes
- Clear definition of child sexual abuse
- Yes
- Clear definition of child emotional/psychological abuse
- Yes
- Clear definition of exposure to IPV
- No

### Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

### Government maintains count of suspected CM (Q13)
- Yes

### Duration system in place (Q17)
- 5 to 10 years

### Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

### Change in no. of cases over past 4 years (Q19)
- Physical abuse: More Cases
- Sexual abuse: More Cases
- Neglect: More Cases
- Emotional (psychological) maltreatment: More Cases

### Incidence rate of reported CM per 1000 children per year (Q25)
- 692

### % of reported cases involving (Q26)
- Physical abuse: 31-45%
- Sexual abuse: 0-15%
- Neglect: 46-60%
- Emotional (psychological) maltreatment: 61-75%
- Street children: 0-15%
- Abandoned children: 0-15%

### % of reported cases investigated (Q27)
- 76-90%

### % of investigated cases substantiated (Q28)
- 61-75%

### % of substantiated cases in which (Q29)
- Result in the perpetrator being removed from the home?: 0-15%
- Lead to prosecution of the alleged perpetrator?: 0-15%
- Result in the child being removed from the home?: 0-15%

### Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)?: 76-90%
- Foster care?: 0-15%
- Orphanages?: 0-15%

### Government maintains count of deaths due to CM (Q37)
- Yes

### Over the past 10 years, the number of deaths due to CM has (Q40)
- Increased

### Annual rate of deaths attributed to CM (Q38)
- < 1 in 100,000

### Government maintains count of deaths due to CM (Q37)
- Yes

### Of these deaths, % involving (Q39)
- Physical abuse: 0-15%
- Neglect: 16-30%
Sexual Abuse 0-15%  Has an unclear cause? Yes  
Emotional Abuse Don’t know  
Intimate Partner Violence Don’t know  

Autopsy required when child’s death (Q31)  
Is unexpected? Yes  

Availability of services (Q49)  
Therapy for those who neglect a child Occasional  
Therapy for neglected children Occasional  
Therapy for those who physically abuse a child Occasional  
Therapy for physically abused children Occasional  
Therapy for those who sexually abuse a child Occasional  
Therapy for sexually abused children Moderate  
Case management support services to meet a family’s basic needs Moderate  
Home-based services to support parents and family No  
Foster care with official foster parents Moderate  
Group homes for maltreated children Moderate  
Public shelters for maltreated children Moderate  
Public shelters for victims of domestic violence and their children Moderate  
Institutional care for maltreated children Moderate  
Financial and other material support Occasional  
Hospitalization for mental illness for adults Moderate  
Hospitalization for mental illness for children Moderate  
Substance abuse treatment for parents Moderate  
Substance abuse treatment for children Moderate  
Centers for parents to share experiences/concerns No  
Universal home visits for all new parents No  
Targeted home visits for new parents at-risk No  
Free/highly subsidized child care Occasional  
Universal health screening for children No  
Universal, mostly free medical care for children Moderate  
Universal, mostly free medical care for all citizens Moderate  

Involvement of community sectors in supporting CM prevention (Q56)  
Hospitals/medical centers Minimally Involved  
Mental health agencies Minimally Involved  
Businesses/factories None  
Schools Moderately Involved  
Public social service agencies Moderately Involved  
Community-based NGOs Very Involved  
Religious institutions None  
Voluntary civic organizations Minimally Involved  
Courts/law enforcement Minimally Involved  
Universities Minimally Involved  

Involvement of community sectors in supporting CM treatment (Q51)  
Hospitals/medical centers Very Involved  
Mental health agencies Very Involved  
Businesses/factories None  
Schools Minimally Involved  
Public social service agencies Very Involved  
Community-based NGOs Very Involved  
Religious institutions None  
Voluntary civic organizations None  

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.  

Extent that there are laws concerning CSE (Q58) Greatly  
Extent of programs combating CSE (Q57) Greatly  

SERVICES  

Courts/law enforcement Very Involved  
Universities None  

Funding for CM prevention (Q52)  
Government Major  
Non-government Major  

Funding for CM treatment (Q53)  
Government Major  
Non-government Major  

Strategies used and thought to be effective in preventing CM (Q54)  
- Media campaigns to raise public awareness  
- Increasing individual responsibility for child protection  
- Prosecution of child abuse offenders  
- A system of universal health care and access to preventive medical care  
- Professional training  
- University programs for students  
- Advocacy for children’s rights  
- Improving the basic living conditions of families (e.g., housing, access to clean water).  
- Substance abuse services  
- Services for victims of domestic violence  
- Child death review teams  

Major barriers to preventing CM (Q55)  
- Lack of system to investigate reports of CM  
- Lack of trained professionals  
- Public resistance to supporting prevention efforts  
- Decline in family life and informal support systems for parents  
- Strong sense of family privacy and parental rights to raise children as they choose  
- General support for the use of corporal punishment/physical discipline of children  
- Lack of commitment or support for children’s rights  
- Lack of access to mental health services  
- Lack of laws allowing sharing of information among professionals  

Extent that the UN CRC improved policies and programs concerning CM (Q70) Somewhat  

Major developments to address CM (Q73)  
- The establishment of the Council for Family Affairs  
- The new Vision 2030 and Transformation Plan 2020 that includes a lot of initiatives to empower women and child welfare as well as rehabilitation programs for child abuse and domestic violence victims  
- Increase in number of prevention programs, particularly parenting programs  
- Increase in number of research projects indicating prevalence and incidence of abuse in the Kingdom  

CHILD SEXUAL EXPLOITATION (CSE)  

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.
Country Profiles

Saudi Arabia

Extent that agencies collaborate to stop CSE (Q58)    Greatly
Extent of policies for reporting CSE to public agency or NGO (Q59)    Somewhat
Country keeps official records on CSE (Q60)    Yes
Commercial sex work (or prostitution) is legal (Q61)    No
Extent to which victims of CSE receive mental health care (Q63)    Sometimes
Extent to which citizens who engage in CSE receive mental health care (Q64)    Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q65)    Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)    Most of the time
Extent to which children who are exploited sexually are arrested (Q67)    Don't know
Arrests in the past year for engaging in sex trafficking of children (Q68)    Don't know
Arrests in the past year for possession or production of child pornography (Q69)    Don't know

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Arab-SPCAN
Health Affairs, Ministry of National Guard
P.O. Box: 22490, Riyadh 11426
Mail code: 3202
Saudi Arabia
Telephone: +966 11 8040125
Fax: +966 11 8040144
Saudi Arabia’s Child Helpline: 116111
Email: Training_NFSP@NGHA.MED.SA
Website: http://www.arabspcan-rc.com/index.php/ar/

ISPCAN Regional Resource Center
ISPCAN Regional Resource Centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.

Child Care Association
P.O. Box 54829
Dar Al Uloom University
Al-Falah District
Riyadh 11524
Kingdom of Saudi Arabia
Telephone: +96614949067
Email: info@childcare.org.sa
Website: www.childcare.org.sa
Resources Provided: Parenting programs

Ministry of Labor and Social Development
P.O. Box 11157
3654 Omar Ibn Al Khattab Road
Al Malaz
Riyadh 12644 8184
Saudi Arabia
Telephone: +966 11 477 8888
Email: info@mlsd.gov.sa
Website: www.mlsd.gov.sa
Resources Provided: Social Protection Center, domestic violence hotline

Ministry of National Guard – Health Affairs
P.O. Box 22490
King Abdulaziz Medical City
Riyadh 11426
Kingdom of Saudi Arabia
Telephone: +966-11-8011111
Fax: +966-11-8011000
Email: nfsp@ngha.med.sa
Website: http://www.ngha.med.sa
Resources Provided: Training, awareness, research, child helpline, CPC teams, advocacy

National Family Safety Program (NFSP)
Dr. Maha Al Muneef, Executive Director
P.O. Box 2490
Riyadh 11426
Saudi Arabia
Email: mahamuneef@gmail.com
Telephone: 2520088 Ext 40102 40101
Fax: 2520088 ext 40103
Website: http://nfsp.org.sa/

NFSP’s vision is to establish the foundation of an aware and safe community that protects and defends individuals’ rights and helps the victims of domestic violence. The mission of the NFSP is, “To decrease the incidence of child abuse and neglect as well as domestic violence in Kingdom of Saudi Arabia through awareness, training and advocacy, and the creation of programs to care for the victims of the violence.”
Serbia*

Behaviors and Conditions Generally viewed as Child Maltreatment

**Forms of acceptable punishment (Q8)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (shoe, belt, other)
- Shaking the child
- Making the child stand or kneel in one place for more than 5 minutes

**Circumstances of the above are considered CM (Q9)**
- If the child is < 2 years old
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)

**Social conditions and behaviors (Q10)**
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child’s behavior)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

**Laws and Policies Regarding CM**

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<th>Answer</th>
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<td>Emotional (psychological) maltreatment</td>
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<td>Exposure to Intimate Partner Violence (IPV)</td>
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<td>National laws/policies regarding CM (Q42)</td>
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<td>Laws/policies first established (Q43)</td>
<td>Before 1980</td>
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<td>- Adequacy of government resources (Q47)</td>
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Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Inconsistent
Support: Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Never or almost never
Support: Very inadequate

Mandated reporting of suspected CM for all adults
Enforcement: Never or almost never
Support: Very inadequate

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Never or almost never
Support: Very inadequate

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Never or almost never
Support: Very inadequate

Requirement that the investigation be a coordinated intersectorial response
Enforcement: Never or almost never
Support: Very inadequate

Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing child from parents/caretakers to ensure child’s safety
Enforcement: Inconsistent
Support: Adequate

Criminal penalties for abusing a child
Enforcement: Inconsistent
Support: Adequate

Requirement that all victims receive a service or intervention
Enforcement: Inconsistent
Support: Somewhat inadequate

Requires development of prevention services
Enforcement: Never or almost never
Support: Somewhat inadequate

Requires a separate attorney or advocate represents the child’s interests
Enforcement: Inconsistent
Support: Somewhat inadequate

Provide a specific budget for preventing CM
Enforcement: Never or almost never
Support: Very inadequate

Clear definition of child neglect
Enforcement: Inconsistent
Support: Adequate

Clear definition of child physical abuse
Enforcement: Wide
Support: Adequate

Clear definition of child sexual abuse
Enforcement: Inconsistent
Support: Adequate

Clear definition of child emotional/psychological abuse
Enforcement: Never or almost never
Support: Adequate

Sectors included in required intersectorial response
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- NGOs

Government maintains count of suspected CM (Q13) No
Incidence rate of reported CM per 1000 children per year (Q24) Unknown Sexual abuse 16-30%

Government maintains count of deaths due to CM (Q36) Yes
Autopsy required when child’s death (Q31) Yes
- Is unexpected
- Has an unclear cause

Autopsy must follow specific protocol (Q32) Yes
Country has child death review team(s) (Q33) Yes
Team(s) supported by legislation (Q34) Yes
Scope of team(s) (Q35) Regional

Availability of services
Programs for those who neglect children No
Programs for neglected children Occasional
Therapy for those who physically abuse children No
Therapy for physically abused children Occasional
Therapy for those who sexually abuse children No
Therapy for sexually abused children Usually
Case management services Moderate
Home-based services/family support Occasional

Foster care with official foster parents Occasional
Group homes for maltreated children Moderate
Public shelters for maltreated children Moderate
Public shelters for IPV victims and their children Moderate
Institutional care for maltreated children Moderate
Financial and other material support Occasional
Hospitalization for mental illness - adults Usually
Hospitalization for mental illness - children Usually
Substance abuse treatment - parents Moderate
Substance abuse treatment - children Moderate
Centers for parents to share experiences/concerns Moderate
Universal home visits for all new parents Usually
Home visits for new, at-risk parents Occasional
Free child care Usually
Universal health screening - children Usually
Universal free medical care - children Usually
Universal free medical care - all citizens Usually

Involvement of community sectors in supporting CM prevention (Q49)
Hospitals/medical centers Minimal
Mental health agencies Minimal
Businesses None
Schools Minimal
Public social services agencies Minimal
Community-based NGO's Moderate
Religious institutions None
Voluntary civic organizations None
Courts/law enforcement Minimal
Universities None

Involvement of community sectors in supporting CM treatment (Q50)
Hospitals/medical centers Minimal
Mental health agencies Moderate
Businesses None
Schools Moderate
Public social services agencies Moderate
Community-based NGO's Moderate
Religious institutions None
Voluntary civic organizations None
Courts/law enforcement Minimal
Universities None

Funding for CM prevention (Q51)
Government None
Non-government Moderate

Funding for CM treatment (Q52)
Government Moderate
Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q53)
- Media campaigns

Major developments to address CM (Q57)
• 2013 - Rescinding of the Statute of Limitation regarding Child Sexual abuse (Initiative of the Incest Trauma Center - Belgrade adopted unanimously by the Parliament of Serbia)
• 2015 - 1st National Study on Prevalence and Incidence of CSA in the Republic of Serbia (Copyright@Incest Trauma Center - Belgrade; completed in co-operation with the Ministry of Education and the Women's Health Promotion Center from Belgrade)
• 2015 - 1st Strategy in Education for Prevention of CSA in the Republic of Serbia (Authors: Ministry of Education and the Incest Trauma Center - Belgrade)
• The Incest Trauma Center - Belgrade has been, for the Republic of Serbia, the official leader of CoE Campaign “1 IN 5” in full duration 2012-2015.

Major barriers to preventing CM (Q54)
• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports
• Lack of trained professionals
• Public resistance to prevention efforts
• Extreme poverty
• Decline in informal support for parents
• Country’s dependency on foreign investment for its economy
• Strong sense of family privacy and parental rights to raise children as they choose
• Support for the use of corporal punishment
• Lack of support for children’s rights
• Overwhelming no. of children living alone
• Inadequate health or social services
• Political or religious conflict, instability
• Lack of health services
• Lack of substance abuse treatment

Extent that the UN CRC improved policies and programs concerning CM (Q56)
Significantly

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Commercial sex work (or prostitution) is legal (Q60) No
Extent to which victims of CSE receive mental health care (Q62) Rarely
Extent to which citizens who engage in CSE within the country are prosecuted (Q63) Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q65) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q67) Yes
Arrests in the past year for possession or production of child pornography (Q68) Yes
**Incest Trauma Center – Belgrade (ITC)**
Ul. Stojana Protica 57  
11000 Beograd  
Republic of Serbia  
Telephone: +381 11 386 27 69  
Fax: +381 11 386 27 69  
Email: itcentar@eunet.rs  
Website: http://www.incesttraumacentar.org.rs/index.php/en/  

**ISPCAN Country Partner**

ITC was founded in 1994 as a nongovernmental organization specializing in sexual assault. Its health and mental health professionals provide assistance to child and adult survivors of sexual violence across Serbia through its Crisis Intervention Center, Training Center, and Sexual Assault Prevention Center.

**Ombudsman of the Republic of Serbia**
Deligradska street 16  
11000 Belgrade  
Serbia  
Telephone: 011/2068 100  
Fax: 011/2068 182  
Mobile: 064/8768 505  
Email: zastitnik@zastitnik.rs, gordana.stevanovic@ombudsman.rs  
Website: www.ombudsman.rs  

**Resources Provided:** Influencing national legislation and legal protection for child survivors of abuse and neglect.
Sierra Leone*

Forms of acceptable punishment (Q8)
• Hitting a child on the buttocks with an open hand
• Hitting a child anywhere else on the body with an open hand
• Hitting a child anywhere else on the body with an object (shoe, belt, other)
• Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
• If the action leaves a bruise
• If the action causes an injury (e.g., bleeding, a burn, a bone fracture)

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Female circumcision/female genital mutilation
• Child serving as soldier
• Child labor – under age 12

Abuse or neglect of a child within a family (Q11)
• Foster care, group home or orphanage
• Detention facility
• Law enforcement facility

Parent or caregiver behaviors (Q12)
• Physical abuse (e.g., beatings, burning)
• Physical discipline (e.g., spanking, hitting to correct child’s behavior)
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child exposed to intimate partner (or domestic) violence

Laws and Policies Regarding CM

| Law mandating suspected CM be reported (Q21) | Yes |
| Year law established (Q22) | After 2005 |
| This law applies to (Q23) | Physical abuse, Sexual abuse, Neglect |
| National laws/policies regarding CM (Q42) | Yes |
| Laws/policies first established (Q43) | After 2000 |
| Government agency to respond to CM (Q48) | Yes |
| Investigation conducted by (Q41) | Law enforcement |
| Elements in laws/policies (Q44) | Extent they are enforced (Q46) Adequacy of government resources (Q47) |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | Enforcement: Never or almost never Support: Don’t know |
| Mandated reporting of suspected CM for all adults | Enforcement: Inconsistent Support: Very inadequate |
| Requirement that reports be investigated within a specific time period (e.g., 24 hours) | Enforcement: Never or almost never Support: Somewhat inadequate |
| Requirement that the child(ren)’s and family’s needs be assessed | Enforcement: Inconsistent Support: Somewhat inadequate |
| Provisions for removing child from parents/caretakers to ensure child’s safety | Enforcement: Inconsistent Support: Very inadequate |
| Requirement that all victims receive a service or intervention | Enforcement: Inconsistent Support: Somewhat inadequate |
| Requires a separate attorney or advocate represents the child’s interests | Enforcement: Wide Support: Somewhat inadequate |
## Provision of immunity from liability when reports made in good faith
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

## Clear definition of child neglect
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

## Clear definition of child physical abuse
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

## Clear definition of child emotional/psychological abuse
- **Enforcement:** Don’t know
- **Support:** Very inadequate

### Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>% of reported cases involving (Q25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Yes</td>
<td>Physical abuse 0-15%</td>
</tr>
<tr>
<td>Duration system in place (Q16)</td>
<td>5 to 10 years</td>
<td>Sexual abuse 16-30%</td>
</tr>
<tr>
<td>Official labels for types of CM (Q17)</td>
<td>- Physical abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Sexual abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td>Abandoned children 31-45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No change</td>
<td>Exposure to IPV 0-15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
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<tr>
<td>Emotional (psychological) maltreatment</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q24)</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>% of reported cases investigated (Q26)</td>
<td>0-15%</td>
<td></td>
</tr>
<tr>
<td>Of children removed from home, how many live in (Q30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinship care (with family)</td>
<td>0-15%</td>
<td></td>
</tr>
<tr>
<td>Foster care</td>
<td>31-45%</td>
<td></td>
</tr>
<tr>
<td>Orphanages</td>
<td>16-30%</td>
<td></td>
</tr>
</tbody>
</table>

### CHILDE DEATHS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>% of reported cases involving (Q25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>&gt; 4 in 100,000</td>
<td>Sexual abuse 0-15%</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
<td>Autopsy required when child’s death (Q31)</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>46-60%</td>
<td>Has an unclear cause</td>
</tr>
<tr>
<td>Neglect</td>
<td>31-45%</td>
<td></td>
</tr>
<tr>
<td>Country has child death review team(s) (Q33)</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
Singapore

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Hitting a child anywhere else on the body with an open hand
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center

School or educational training center
Psychiatric institution
Detention facility
Religious institution
Sporting organization
Work place
Law enforcement facility
Refugee camp

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Child experiencing intimate partner (or domestic) violence
• Child exposed to parent’s substance use

Law mandating suspected CM be reported (Q22)
No

Mandated periodic training for professionals who may encounter maltreated children
No

National laws/policies regarding CM (Q43)
Yes

Enforcement:
Not applicable
Support:
Very inadequate

Laws/policies first established (Q44)
Before 1980

Mandated reporting of suspected CM for specific groups of professionals or individuals
Yes

Enforcement:
Inconsistent
Support:
Don’t know

Government agency to respond to CM (Q41)
Yes

Mandated reporting of suspected CM for all adults
No

Enforcement:
Never or almost never enforced
Support:
Don’t know

Investigation conducted by (Q42)

Mandated reporting of suspected CM by any professional or individual
Yes

Enforcement:
Widely enforced
Support:
Don’t know

• Social services
• Law enforcement

Elements in laws/policies (Q45)
• Extent they are enforced (Q47)
• Adequacy of government resources (Q48)
**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Requirement that an investigation be a coordinated intersectoral response**
- Yes
- Enforcement: Inconsistent
- Support: Adequate

**Requirement that the child(ren)’s and family’s needs be assessed**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Provisions for removing child from his or her parents/caretakers to ensure the child’s safety**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Provisions for removing the alleged perpetrator from the home**
- No
- Enforcement: Never or almost never enforced
- Support: Somewhat inadequate

**Specific criminal penalties for maltreating a child**
- Yes
- Enforcement: Widely enforced
- Support: Don’t know

**Requirement that all victims receive some form of service or intervention**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Requirement that all perpetrators receive some form of service or intervention**
- Yes
- Enforcement: Inconsistent
- Support: Somewhat inadequate

**Requirement of the development of specific prevention services**
- Don’t know
- Enforcement: Widely enforced
- Support: Don’t know

**Requirement that a separate attorney or advocate be assigned to represent the child’s interests**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Penalties for professionals who fail to report CM**
- No
- Enforcement: Not applicable
- Support: Don’t know

**Provision of immunity from liability when reports are made in good faith**
- Yes
- Enforcement: Widely enforced
- Support: Don’t know

**Provision of a specific budget for preventing CM**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Clear definition of child neglect**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Clear definition of child physical abuse**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Clear definition of child sexual abuse**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Clear definition of child emotional/psychological abuse**
- Yes
- Enforcement: Widely enforced
- Support: Adequate

**Clear definition of exposure to IPV**
- No
- Enforcement: Not applicable
- Support: Don’t know

**Sectors included in required intersectoral response (Q46)**
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Community agencies and family network

**Government maintains count of suspected CM (Q13)**
- Yes

**Duration system in place (Q17)**
- > 10 years

**Official labels for types of CM (Q18)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

**Change in no. of cases over past 4 years (Q19)**
- Physical abuse: More Cases
- Sexual abuse: More Cases
- Neglect: More Cases
- Emotional (psychological) maltreatment: Don’t Know
- Exposure to intimate partner violence (IPV): N/A

**Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)**
- No

**Incidence rate of reported CM per 1000 children per year (Q21)**
- 1.36 out of 1000

**% of reported cases involving (Q26)**
- Physical abuse: 46-60%
- Sexual abuse: 0-15%
- Neglect: 31-45%
- Emotional (psychological) maltreatment: Don’t know
- Street children: Don’t know
- Abandoned children: Don’t know
- Exposure to IPV: Don’t know

**% of reported cases investigated (Q27)**
- 76-90%

**% of investigated cases substantiated (Q28)**
- 76-90%

**% of substantiated cases in which**
- Result in the perpetrator being removed from the home?: Don’t know
- Lead to prosecution of the alleged perpetrator?: Don’t know
- Result in the child being removed from the home?: Don’t know

**Of children removed from home, how many live in (Q30)**
- Kinship care (with a family member)?: 0-15%
- Foster care?: 31-45%
- Orphanages?: 46-60%
Child Deaths

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q46) Remained about the same
Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Of these deaths, % involving (Q39)

- Physical abuse 76-90%
- Neglect Don't know
- Sexual Abuse Don't know
- Emotional Abuse Don't know
- Intimate Partner Violence Don't know

Autopsy required when child’s death (Q31) Yes
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32) Forensic doctor
Autopsy must follow specific protocol (Q33) Yes

Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) Yes
Scope of team(s) (Q36) National

Availability of services (Q49)

Therapy for those who neglect a child Usually
Therapy for neglected children Usually
Therapy for those who physically abuse a child Usually
Therapy for physically abused children Usually
Therapy for those who sexually abuse a child Usually
Therapy for sexually abused children Usually
Case management support services to meet a family's basic needs Usually
Home-based services to support parents and family Occasional
Foster care with official foster parents Moderate
Group homes for maltreated children Moderate
Public shelters for maltreated children Usually
Public shelters for victims of domestic violence and their children Usually
Institutional care for maltreated children Usually
Financial and other material support Moderate
Hospitalization for mental illness for adults Usually
Hospitalization for mental illness for children Usually
Substance abuse treatment for parents Usually
Substance abuse treatment for children Usually
Centers for parents to share experiences/concerns Occasional
Universal home visits for all new parents No
Targeted home visits for new parents at-risk Occasional
Free/highly subsidized child care Usually
Universal health screening for children Usually
Universal, mostly free medical care for children Occasional
Universal, mostly free medical care for all citizens Occasional

Involvement of community sectors in supporting CM prevention (Q50)

- Hospitals/medical centers Moderately Involved
- Mental health agencies Moderately Involved
- Businesses/factories Minimally Involved
- Schools Moderately Involved
- Public social service agencies Moderately Involved
- Community-based NGOs Very Involved
- Religious institutions Minimally Involved
- Voluntary civic organizations Moderately Involved
- Courts/law enforcement Moderately Involved
- Universities Minimally Involved

Involvement of community sectors in supporting CM treatment (Q51)

- Hospitals/medical centers Very Involved
- Mental health agencies Very Involved
- Businesses/factories None
- Schools Moderately Involved
- Public social service agencies Very Involved

Funding for CM prevention (Q52)

- Government Major
- Non-government Major

Funding for CM treatment (Q53)

- Government Major
- Non-government Moderate Funding

Strategies used and thought to be effective in preventing CM (Q54)

- Nurse Family Partnership
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Increasing individual responsibility for child protection
- Prosecution of child abuse offenders
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

Major barriers to preventing CM (Q55)

- Lack of trained professionals
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights

Extent that the UN CRC improved policies and programs concerning CM (Q57 & Q71)

Singapore has since made five periodic reports on our efforts in relation to the UNCRC. This helps us keep track on the work done, as well as areas that could be improved on.
Major developments to address CM (Q73)

- In recent years, the Ministry of Social and Family Development (MSF) has been making the shift to reduce the number of children needing care to be placed in institutional homes. A few initiatives were mooted, with one example being the Safe and Strong Families (SSF) scheme. Under this, children at risk of being removed from their families due to safety concerns will be provided with intensive support so that they can remain in their families, or be with their extended family members. In addition, community agencies are also stepping up to handle higher risk child protection cases, and are also increasingly involved in fostering services.
- Last year, the MSF also started the KidStart scheme to enable children from low-income families have a good start in life. There are new forms of support for child development, better co-ordination and strengthening of holistic structures for families in need, as well as monitoring of the developmental progress of children from birth.
- Singapore has just submitted its Fourth and Fifth Periodic Reports on the UNCRC.

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
<th>Rating</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q64)</td>
<td>Greatly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Greatly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q62)</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **Big Love Child Protection Specialist Centre**
  
  7A Lorong 8 Toa Payoh  
  Agape Village #02-05/06  
  Singapore 319264  
  Email: contact@biglove.org.sg  
  Website: http://www.biglove.org.sg/  
  Resources Provided: Information and resources on child protection

- **Heart@ Fei Yue**
  
  20 Lengkok Bahru #03-02  
  Playground Block  
  Singapore 159053  
  Singapore  
  Resources Provided:  
  They provide home-based services and support to families and children who are at-risk of harm or severe neglect. They offer support by:  
  - Working with families to set meaningful and achievable goals  
  - Creating a safe environment for parent and child through developing appropriate safety plans  
  - Empowering parents/caregivers with practical parenting strategies and skills  
  - Counseling to help strengthen the relationship between parent and child  
  - Guiding parents/caregivers and children to understand feedback from the relevant psychological tests and assessments  
  - Linking families to other community resources

- **Ministry of Social and Family Development – Child Protective Services**
  
  512A Thomson Rd  
  #01-01 to #01-09, SLF Podium  
  MSF Building  
  Singapore 298137  
  Telephone: 1-800-777-0000  
  Fax: 63548140  
  Email: MSF_CPSintake@msf.gov.sg  
  Website: https://www.msf.gov.sg/  
  Resources Provided:  
  The Ministry of Social and Family Development (MSF) is the lead agency for protecting children and young persons (CYPs) from abuse and neglect in Singapore. MSF works closely with other government and non-government agencies to form the Child Protection System to safeguard the interests and welfare of CYPs in Singapore. The Child Protective Service (CPS) in MSF undertakes the statutory role in investigating and intervening in cases of CYPs who have been harmed or who are at high risk of future harm.

- **Singapore Children’s Society – Research and Outreach Centre**
  
  9 Bishan Place, Junction 8  
  #05-02 Singapore 579837  
  Telephone: 6358 0911  
  Fax: 6358 0936  
  Email: info@childrensociety.org.sg  
  Website: www.childrensociety.org.sg  
  ISPCAN Country Partner

Singapore Children’s Society is committed to protect the physical, emotional and mental well being of children, particularly the disadvantaged and those at risk, through child abuse and neglect prevention efforts, social services and a children’s home.
Slovenia

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons
• Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage

Laws and Policies Regarding CM

| Law mandate suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | After 2005 |

This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to IPV

National laws/policies regarding CM (Q43)

Laws/policies first established (Q44) | After 2000 |

Government agency to respond to CM (Q41) | Yes |

Investigation conducted by (Q42) | Law enforcement |

Elements in laws/policies (Q45) | 

- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Inconsistent
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Don’t know
Support: Don’t know

Mandated reporting of suspected CM for all adults
Enforcement: No
Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Enforcement: Don’t know
Support: Don’t know
### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- **Yes**
- **Enforcement**: Widely enforced
- **Support**: Somewhat inadequate

### Requirement that an investigation be a coordinated intersectoral response
- **Yes**
- **Enforcement**: Widely enforced
- **Support**: Adequate

### Requirement that the child(ren)’s and family’s needs be assessed
- **Yes**
- **Enforcement**: Inconsistent
- **Support**: Somewhat inadequate

### Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
- **Yes**
- **Enforcement**: Don’t know
- **Support**: Somewhat inadequate

### Provisions for removing the alleged perpetrator from the home
- **Yes**
- **Enforcement**: Inconsistent
- **Support**: Adequate

### Specific criminal penalties for maltreating a child
- **Yes**
- **Enforcement**: Inconsistent
- **Support**: Don’t know

### Requirement that all victims receive some form of service or intervention
- **Yes**
- **Enforcement**: Widely enforced
- **Support**: Somewhat inadequate

### Requirement that all perpetrators receive some form of service or intervention
- **No**
- **Enforcement**: Not applicable
- **Support**: Somewhat inadequate

### Requirement of the development of specific prevention services
- **Don’t know**

### Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- **No**

### Penalties for professionals who fail to report CM
- **Yes**
- **Enforcement**: Don’t know
- **Support**: Don’t know

### Provision of immunity from liability when reports are made in good faith
- **Yes**
- **Enforcement**: Don’t know
- **Support**: Don’t know

### Provision of a specific budget for preventing CM
- **Don’t know**
- **Enforcement**: Don’t know
- **Support**: Not applicable

### Clear definition of child neglect
- **Yes**

### Clear definition of child physical abuse
- **Yes**

### Clear definition of child sexual abuse
- **Yes**

### Clear definition of child emotional/psychological abuse
- **Yes**

### Clear definition of exposure to IPV
- **Yes**

### Sectors included in required intersectorial response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Other professionals who work with children (counselours, therapists ...)

### Government maintains count of suspected CM (Q13)
- **No**

### Incidence rate of reported CM per 1000 children per year (Q25)
- 200

### % of reported cases involving (Q26)

<table>
<thead>
<tr>
<th>Category</th>
<th>% of reported cases</th>
<th>Lead to prosecution of the alleged perpetrator?</th>
<th>% of substantiated cases in which</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Don’t know</td>
<td>76-90%</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### % of of reported cases investigated (Q27)
- 0-15%

### % of investigated cases substantiated (Q28)
- **Don’t know**

### % of substantiated cases in which (Q29)
- Lead to prosecution of the alleged perpetrator?
- 76-90%
- Kinship care (with a family member)?
- Don’t know
- Foster care?
- Don’t know
- Orphanages?
- 0-15%

### Government maintains count of deaths due to CM (Q37)
- Don’t know

### Over the past 10 years, the number of deaths due to CM has (Q40)
- Don’t know

### Annual rate of deaths attributed to CM (Q38)
- < 1 in 100,000

### Of these deaths, % involving (Q39)

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Physical abuse</td>
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<tr>
<td>Neglect</td>
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</tr>
<tr>
<td>Sexual Abuse</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Emotional Abuse
- **Don’t know**

### Intimate Partner Violence
- **Don’t know**

### Autopsy required when child’s death (Q31)
- **Yes**

### Is unexpected?
- **Yes**

### Has an unclear cause?
- **Yes**

### Autopsy performed by (Q32)
- **Forensic doctor**

### Autopsy must follow specific protocol (Q33)
- **Don’t know**

### Team(s) supported by legislation (Q35)
- **Don’t know**
Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Occasional</td>
</tr>
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<td>Therapy for neglected children</td>
<td>Occasional</td>
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<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Occasional</td>
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<td>Case management support services to meet a family’s basic needs</td>
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<td>Foster care with official foster parents</td>
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</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderate</td>
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<td>Public shelters for maltreated children</td>
<td>Usually</td>
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<td>Public shelters for victims of domestic violence and their children</td>
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<td>Institutional care for maltreated children</td>
<td>No</td>
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<tr>
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<td>Moderate</td>
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Involvement of community sectors in supporting CM prevention (Q50)

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<tr>
<th>Sector</th>
<th>Involvement</th>
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<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderately Involved</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Don’t Know</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Schools</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Funding for CM prevention (Q52)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>NA</td>
</tr>
<tr>
<td>Non-government</td>
<td>NA</td>
</tr>
</tbody>
</table>

Funding for CM treatment (Q53)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>NA</td>
</tr>
<tr>
<td>Non-government</td>
<td>NA</td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q54)

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Services for victims of domestic violence

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights

Extent that the UN CRC improved policies and programs concerning CM (Q56)

- Slightly

Major developments to address CM (Q73)

- One of the biggest achievements is that the Government adopted an amendment to the Family Violence Prevention Act. The amendment brings explicit prohibition of corporal punishment in children, which was one of the still unfulfilled commitments of the Republic of Slovenia, for which the state has been repeatedly urged by the Council of Europe. There was also a lot of media debate on the topic of corporal punishment and violence against children.
- Some Slovenian organizations have been partners in the project Jud Ex Towards a child-friendly justice in cases of sexual violence against children (the project lasted from 2015 to 2017). It is a project funded by the Rights, Equality & Citizenship Programme of the European Union seeking to improve the child’s experience when entering the judicial system by improving the skills of professionals communicating with them at different stages.
- On 3 March 2015 the National Assembly passed a bill defining marriage as a “union of two” instead of a “union of a man and a woman.” Conservative opponents of the law, including a group called Children Are At Stake, gathered enough signatures to force a referendum on the issue, hoping to block same-sex marriage. The main issue was adoption of children by same sex partners. On 26 March, the National Assembly voted to block the referendum on the ground that it would violate the constitutional provision which prohibits popular votes on laws eliminating an unconstitutionality in the field of human rights and fundamental freedoms. The proponents of a referendum appealed to the Constitutional Court, which on 22 October declared that the National Assembly does not have the ability to declare a referendum unconstitutional. The National Assembly thus on 4 November scheduled a referendum for December. The bill was rejected by a majority of those who voted and a sufficient number of “no” votes were cast (more than 20% of all registered voters) thus fulfilling both constitutional requirements for a binding result. The parliament is obliged by the result for one year and cannot propose similar legislation in that period. Initiators of the referendum suggested that they will not oppose legislation which would expand social rights for same-sex unions as long as it does not include adoption rights and redefinition of marriage.
CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker</td>
<td>18</td>
</tr>
</tbody>
</table>

| Extent to which victims of CSE receive mental health care | Don’t know |
| Extent to which citizens who engage in CSE within the country are prosecuted | Most of the time |
| Extent to which citizens who engage in CSE abroad are prosecuted | Don’t know |
| Extent to which foreigners who engage in CSE within the country are prosecuted | Don’t know |
| Extent to which children who are exploited sexually are arrested | Rarely |
| Arrests in the past year for possession or production of child pornography | Yes |

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**Human Rights Ombudsman**
Dunajska cesta 56 (4th floor)
1109 Ljubljana
Slovenia
Telephone: 01 475 00 50, Freephone: 080 15 30
Fax: 01 475 00 40
E-mail: info@varuh-rs.si
Website: http://www.varuh-rs.si/index.php?id=37&L=6

Resources Provided:
Information and child protection in following areas:
• Protection of children’s rights
• Contacts with parents
• Child support, child allowances, child’s property management
• Foster care and guardianship, institutional care
• Children with special needs
• Children of minorities and of the most threatened population groups
• Family violence against children
• Violence against children outside family
• Other

**Ministry for Interior, General Police Directorate**
Štefanova 2
1501 Ljubljana
Slovenia
Telephone: (01) 428 40 00
Fax: (01) 251 43 30
Email: gp.policija@policija.si
Website: www.policija.si

Resources Provided: Information on prevention, anonymous report form

**Zveza Prijateljev Mladine Slovenije (ZPMS) / Association of Friends of Youth of Slovenia**
Miklošičeva 16
1000 Ljubljana
Slovenia
Telephone: 01 239 67 20
Email: info@zpms.si
Website: http://en.zpms.si/home/

Resources Provided:
The organization aims:
• to promote and implement the convention on the rights of the child
• to raise the quality of children, youth and family life
• to reduce social exclusion of children, youth and families
• to give opportunities to experience active spare time
• to motivate individuals and organizations to positive statements about children, youth and families
• to promote voluntary work
• to develop and support cooperation with non-governmental associations in Slovenia and abroad
• to help children and young people to create positive self-image
• to form positive attitudes and values to life
South Africa

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)

**Social conditions and behaviors (Q10)**
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage

**Laws and Policies Regarding CM**

- **Law mandating suspected CM be reported (Q22)**
  - Yes

- **Year law established (Q23)**
  - Before 1990

- **This law applies to (Q24)**
  - Physical abuse
  - Sexual abuse
  - Neglect

- **National laws/policies regarding CM (Q43)**
  - Yes

- **Laws/policies first established (Q44)**
  - 1990-2000

- **Government agency to respond to CM (Q41)**
  - Yes

- **Investigation conducted by (Q42)**
  - Social services
  - Law enforcement

- **Elements in laws/policies (Q45)**
  - Mandated periodic training for professionals who may encounter maltreated children
    - Enforcement: Not applicable
    - Support: Very inadequate
  - Mandated reporting of suspected CM for specific groups of professionals or individuals
    - Enforcement: Never or almost never enforced
    - Support: Don’t know
  - Mandated reporting of suspected CM for all adults
    - Enforcement: Never or almost never enforced
    - Support: Don’t know
  - Provisions that allow for voluntary reporting of suspected CM by any professional or individual
    - Enforcement: Not applicable
    - Support: Don’t know
Requirement that reports be investigated within a specific time period (e.g., 24 hours) No
Enforcement: Not applicable
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response No
Enforcement: Never or almost never enforced
Support: Not applicable

Requirement that the child(ren)’s and family’s needs be assessed No
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing child from his or her parents/ caretakers to ensure the child’s safety Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Inconsistent
Support: Very inadequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that all victims receive some form of service or intervention Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Not applicable
Support: Not applicable

Requirement of the development of specific prevention services Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Penalties for professionals who fail to report CM Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of immunity from liability when reports are made in good faith Yes
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of a specific budget for preventing CM No
Enforcement: Never or almost never enforced
Support: Don’t know

Clear definition of child neglect Yes
Clear definition of child physical abuse No
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse No
Clear definition of exposure to IPV No

Sectors included in required intersectoral response (Q46)
An inter-sector response is required, but it is not coordinated.

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q19)
Physical abuse More Cases
Sexual abuse More Cases
Neglect Fewer Cases
Emotional (psychological) maltreatment More Cases
Exposure to intimate partner violence (IPV) Don’t Know

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No
% of reported cases involving (Q28)

% of reported cases investigated (Q27) 16-30%
% of investigated cases substantiated (Q28) Don’t know
% of substantiated cases in which (Q29)
Result in the perpetrator being removed from the home? Don’t know
Lead to prosecution of the alleged perpetrator? Don’t know
Result in the child being removed from the home? Don’t know

Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? 61-75%
- Foster care? 16-30%
- Orphanages? 16-30%

CHILD DEATHS

Government maintains count of deaths due to CM (Q37) No
Over the past 10 years, the number of deaths due to CM has (Q40) Increased
Annual rate of deaths attributed to CM (Q38) Don’t know
Of these deaths, % involving (Q39)

Of children removed from home, how many live in (Q30)

Of children removed from home, how many live in (Q30)

Physical abuse 46-60%
Neglect 31-45%
Sexual Abuse 0-15%
Emotional Abuse Don’t know
Intimate Partner Violence Don’t know
### Autopsy required when child's death (Q31)
- Is unexpected? Yes
- Has an unclear cause? Yes

### Autopsy performed by (Q32)
- Forensic doctor

### Funding for CM prevention (Q52)
- Government: Minimal
- Non-government: Don't know

### Funding for CM treatment (Q53)
- Government: Minimal
- Non-government: Don't know

### Strategies used and thought to be effective in preventing CM (Q54)
- Improving/increasing local services
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).

### Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country's dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM (Q56 & Q71)
- Significantly

### Major developments to address CM (Q73)
- Improved policing and prosecuting of child pornography crimes
- Work on further amendments to the Childrens Act
- Stronger and better coordinated prevention programmes related to violence against children

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### Involvement of community sectors in supporting CM prevention (Q50)
- Hospitals/medical centers: Minimally Involved
- Mental health agencies: None
- Businesses/factories: None
- Schools: Moderately Involved
- Public social service agencies: Moderately Involved
- Community-based NGOs: Moderately Involved
- Religious institutions: None
- Voluntary civic organizations: Moderately Involved
- Courts/law enforcement: Minimally Involved
- Universities: Minimally Involved

### Involvement of community sectors in supporting CM treatment (Q51)
- Hospitals/medical centers: Moderately Involved
- Mental health agencies: Minimally Involved
- Businesses/factories: Minimally Involved
- Schools: Moderately Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Very Involved
- Religious institutions: Minimally Involved
- Voluntary civic organizations: Minimally Involved
- Courts/law enforcement: Minimally Involved
- Universities: Minimally Involved
**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q56)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Somewhat</td>
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<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Rarely</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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</thead>
<tbody>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **The Child and Family Welfare Society of Pietermaritzburg**
  224 Hoosen Haffejee Street
  Pietermaritzburg
  3200
  South Africa
  Telephone: +27 33 3428971 / 3942080
  Email: admindata@pmbchildwelfare.co.za, director@pmbchildwelfare.co.za
  Website: http://www.pmbchildwelfare.co.za/
  Resources Provided: Child protection services

- **Childline National Office**
  Mailing address:
  P O Box 51418
  Musgrave, 4062
  South Africa
  Physical address:
  24 Stephen Dlamini Road
  Musgrave, Durban, 4000
  South Africa
  Telephone: (+27)-(0)31-201 2059
  Fax: (+27)-(0) 86 511 0032
  Email: admin@childlinesa.org.za (General Enquiries),
  oladmin@childlinesa.org.za (Counselling/Case Enquiries),
  dumisile@childlinesa.org.za
  Website: www.childlinesa.org.za
  Resources Provided: Child protection services

- **ISPCAN Regional Resource Center**
  ISPCAN Regional Resource Centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.

- **Child Welfare South Africa**
  Mailing address:
  P.O. Box 2846
  Edenvale 1610
  South Africa
  Physical address:
  164, 14th Road
  Whitby Manor Office Estate,
  Mekan House, Noordwyk Midrand
  South Africa
  Telephone: 074 080 8315
  Email: info@childwelfaresa.org.za
  Website: http://childwelfaresa.org.za/
  Resources Provided: Child protection services

- **Sexual Violence Research Initiative (SVRI)**
  Gender and Health Research Unit
  Medical Research Council, South Africa
  Private Bag x385, 0001 Pretoria, South Africa
  1 Soutpansberg Road, Pretoria
  South Africa
  Telephone: +27 12 339-8527
  Fax: +27 12 339-8582
  Email: svri@mrc.ac.za
  Website: http://www.svri.org
  Resources Provided: In 2003, recognizing the need for more research on sexual violence, especially in resource poor settings, the Global Forum for Health Research established the SVRI. The World Health Organization (WHO) initially hosted the SVRI before moving to the Medical Research Council, South Africa in 2006. The SVRI is a global research initiative that aims to promote good quality research in the area of sexual violence, particularly in developing countries. We are building an experienced and committed network of researchers, policy makers, activists and donors to ensure that the many aspects of sexual violence are addressed from the perspective of different disciplines and cultures.
Spain

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the buttocks with an object (e.g., shoe, belt)
• Hitting a child on the head or face with an open hand
• Hitting a child anywhere else on the body with an open hand
• Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
• Shaking a child
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Slavery
• Internet solicitation for sex
• Torture for political reasons

Abuse or neglect of a child within (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Law enforcement facility
• Refugee camp

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Child experiencing intimate partner (or domestic) violence

Laws and policies regarding CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q22)</td>
<td>Yes</td>
</tr>
<tr>
<td>Year law established (Q23)</td>
<td>1990 – 2000</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
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<tr>
<td>Sexual abuse</td>
<td></td>
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<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q44)</td>
<td>1990-2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q41)</td>
<td>Yes</td>
</tr>
<tr>
<td>Investigation conducted by (Q42)</td>
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<tr>
<td>Social services</td>
<td></td>
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<tr>
<td>Law enforcement</td>
<td></td>
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<tr>
<td>Elements in laws/policies (Q45)</td>
<td></td>
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<tr>
<td>Extent they are enforced (Q47)</td>
<td></td>
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<tr>
<td>Adequacy of government resources (Q48)</td>
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<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Enforcement</td>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Support</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>No</td>
</tr>
<tr>
<td>Enforcement</td>
<td>Never or almost never enforced</td>
</tr>
<tr>
<td>Support</td>
<td>Don't know</td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Yes</td>
</tr>
<tr>
<td>Enforcement</td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support</td>
<td>Don't know</td>
</tr>
</tbody>
</table>
Provisions that allow for voluntary reporting of suspected CM by any professional or individual: Don't know
Enforcement: Inconsistent
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours): No
Enforcement: Not applicable
Support: Very inadequate

Requirement that an investigation be a coordinated intersectoral response: Yes
Enforcement: Inconsistent
Support: Very inadequate

Requirement that the child(ren)'s and family's needs be assessed: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety: Yes
Enforcement: Widely enforced
Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home: Don't know
Enforcement: Never or almost never enforced
Support: Very inadequate

Specific criminal penalties for maltreating a child: No
Enforcement: Not applicable
Support: Don't know

Requirement that all victims receive some form of service or intervention: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirements that all perpetrators receive some form of service or intervention: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Requirement of the development of specific prevention services: No
Enforcement: Never or almost never enforced
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests: Yes
Enforcement: Widely enforced
Support: Adequate

Penalties for professionals who fail to report CM: No
Enforcement: Never or almost never enforced
Support: Don’t know

Provision of immunity from liability when reports are made in good faith: Yes
Enforcement: Inconsistent
Support: Don’t know

Provision of a specific budget for preventing CM: No
Enforcement: Never or almost never enforced
Support: Very inadequate

Clear definition of child neglect: Yes
Clear definition of child physical abuse: Yes
Clear definition of child sexual abuse: Yes
Clear definition of child emotional/psychological abuse: Yes
Clear definition of exposure to IPV: Yes

Sectors included in required intersectorial response (Q46):
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13): No
Incidence rate of reported CM per 1000 children per year (Q25): 2 out of 1,000
% of reported cases involving (Q28):
- Physical abuse: 61-75%
- Sexual abuse: 0-15%
- Neglect: 76-90%
- Emotional (psychological) maltreatment: 0-15%
- Street children: Don’t know
- Abandoned children: Don’t know
- Exposure to IPV: 31-45%

% of reported cases investigated (Q27): 46-60%
% of investigated cases substantiated (Q28): 0-15%
% of substantiated cases in which (Q29):
- Result in the perpetrator being removed from the home: 0-15%
- Lead to prosecution of the alleged perpetrator: 46-60%
- Result in the child being removed from the home: 61-75%

Of children removed from home, how many live in (Q30):
- Kinship care (with a family member): 31-45%
- Foster care: 0-15%
- Orphanages: 76-90%

CHILDEATHS

Government maintains count of deaths due to CM (Q37): No
Over the past 10 years, the number of deaths due to CM has (Q40): Don’t know
Annual rate of deaths attributed to CM (Q38): Don’t know

Of these deaths, % involving (Q39):
- Physical abuse: Don’t know
- Neglect: Don’t know

Sexual Abuse: Don’t know
Emotional Abuse: Don’t know
Intimate Partner Violence: Don’t know
Autopsy required when child’s death: Don’t know
Is unexpected? Don’t know
Has an unclear cause? Yes
Autopsy performed by: Forensic doctor
### Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Usually</th>
<th>Occasional</th>
<th>Minimally Involved</th>
<th>Moderately Involved</th>
<th>Not really</th>
<th>None</th>
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<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
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<td>No</td>
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<tr>
<td>Therapy for neglected children</td>
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<tr>
<td>Therapy for those who physically abuse a child</td>
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<td>Therapy for those who physically abuse a child</td>
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<td>Therapy for those who sexually abuse a child</td>
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<tr>
<td>Therapy for sexually abused children</td>
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<tr>
<td>Case management support services to meet a family’s basic needs</td>
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<tr>
<td>Home-based services to support parents and family</td>
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<td>No</td>
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<tr>
<td>Foster care with official foster parents</td>
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<tr>
<td>Group homes for maltreated children</td>
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<tr>
<td>Public shelters for maltreated children</td>
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<td>No</td>
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<tr>
<td>Public shelters for victims of domestic violence and their children</td>
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<tr>
<td>Institutional care for maltreated children</td>
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<tr>
<td>Financial and other material support</td>
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<tr>
<td>Hospitalization for mental illness for adults</td>
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<tr>
<td>Substance abuse treatment for parents</td>
<td></td>
<td>No</td>
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<tr>
<td>Substance abuse treatment for children</td>
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<tr>
<td>Centers for parents to share experiences/concerns</td>
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<tr>
<td>Universal home visits for all new parents</td>
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<td>Targeted home visits for new parents at-risk</td>
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<tr>
<td>Free/highly subsidized child care</td>
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<tr>
<td>Universal health screening for children</td>
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<tr>
<td>Universal, mostly free medical care for children</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
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</table>

### Involvement of community sectors in supporting CM prevention (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>None</th>
<th>Minimally Involved</th>
<th>Moderately Involved</th>
<th>Not really</th>
<th>None</th>
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</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social service agencies</td>
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<tr>
<td>Community-based NGOs</td>
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<tr>
<td>Religious institutions</td>
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<tr>
<td>Voluntary civic organizations</td>
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<tr>
<td>Courts/law enforcement</td>
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<tr>
<td>Universities</td>
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</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Minimally Involved</th>
<th>Moderately Involved</th>
<th>Not really</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social service agencies</td>
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<tr>
<td>Community-based NGOs</td>
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<tr>
<td>Religious institutions</td>
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<tr>
<td>Voluntary civic organizations</td>
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### Funding for CM prevention (Q52)

<table>
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<th>Funding Source</th>
<th>None</th>
<th>Minimal</th>
<th>Moderate Funding</th>
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<tbody>
<tr>
<td>Universities</td>
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</tr>
<tr>
<td>Government</td>
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### Funding for CM treatment (Q53)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Major</th>
<th>Moderate Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
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</tr>
</tbody>
</table>

### Strategies used and thought to be effective in preventing CM (Q54)

- A system of universal health care and access to preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM (Q56)

<table>
<thead>
<tr>
<th>Extent</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-government</td>
<td>Moderate Funding</td>
</tr>
</tbody>
</table>

### Major developments to address CM (Q73)

- Change of the age of sexual consent (from 13 to 16 years old)
- Reformulation of ‘online grooming’ crime in the Penal Code
- Improvement of the law regarding child exposure to intimate partner violence and increasing in social awareness

### CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

**Extent that agencies collaborate to stop CSE (Q58)**

Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q59)**

Not really

**Country keeps official records on CSE (Q60)**

Don’t know

**Commercial sex work (or prostitution) is legal (Q61)**

Yes
### Age at which it's legal to be a sex worker (Q62)
- Spain: 18

### Extent to which victims of CSE receive mental health care (Q63)
- Spain: Don't know

### Extent to which citizens who engage in CSE within the country are prosecuted (Q64)
- Spain: Rarely

### Extent to which citizens who engage in CSE abroad are prosecuted (Q65)
- Spain: Rarely

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)
- Spain: Rarely

### Extent to which children who are exploited sexually are arrested (Q67)
- Spain: Don't know

### Arrests in the past year for engaging in sex trafficking of children (Q68)
- Spain: Yes

### Arrests in the past year for possession or production of child pornography (Q69)
- Spain: Yes

---

### AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

**Federation of Associations for Prevention of Child Mistreatment (FAPMI)**
- C/. Delicias 8, entreplanta.
- 28045, Madrid
- Spain
- Telephone: (+34) 91 468 26 62
- Fax: (+34) 91 527 76 26
- Email: fapmi@fapmi.es
- Website: www.fapmi.es

**FAPMI Country Partner**
FAPMI was founded in 1990 as a National Federation of Associations related with the defense of children. Our Mission: beginning with the Convention of Child Rights of the United Nations, we work to promote good treatment of children and the prevention, detection, accusation and intervention of any situation of mistreatment that affects children, adolescents and their families.

**Fundació Vicki Bernadet**
- Carrer del Taquígraf Martí 30-32
- 8028 Barcelona
- Spain
- Telephone: 933 189 769
- Email: info@fbernadet.org

**Website:** http://www.fbernadet.org

**Resources Provided:** Prevention, intervention and treatment, counseling, and public awareness campaigns on child sexual abuse

**Madrid Institute for Children and Families (Instituto Madrileño del Menor y la Familia)**
- c/ Gran Vía, 14
- 28013 Madrid
- Spain
- Email: maltratoinfantil@madrid.org

**Website:** maltratoinfantil@madrid.org

**Resources Provided:** Protection services for children in Madrid region

**National Childhood Observatory (Observatorio Nacional de Infancia y Adolescencia)**
- Paseo de la Castellana, 67-6ª pl
- 28070 Madrid
- Spain
- Email: observatorioinfancia@msssi.es

**Website:** http://www.observatoriodelainfancia.msssi.gob.es/

**Resources Provided:** Agency of the Ministry of Health, Social Services and Equality responsible for childhood policies
Sri Lanka

Forms of acceptable punishment (Q9)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child marriage

Abuse or neglect of a child within a family (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Detention facility
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) Before 1990
This law applies to (Q24)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42)
- Law enforcement
- Court system

Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals Yes
Enforcement: Inconsistent
Support: Don’t know

Mandated reporting of suspected CM for all adults Yes
Enforcement: Inconsistent
Support: Don’t know

Provisions that allow for voluntary reporting of suspected CM by any professional or individual Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes
Enforcement: Inconsistent
Support: Somewhat inadequate
### Country Profiles: Sri Lanka

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>Enforcement: Inconsistent</th>
<th>Support: Somewhat inadequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child’s safety</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Somewhat inadequate</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Don’t know</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>No</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Yes</td>
<td>Enforcement: Inconsistent</td>
<td>Support: Don’t know</td>
</tr>
</tbody>
</table>

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM</td>
<td>Yes</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Duration system in place</td>
<td>Don’t know</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>Official labels for types of CM</td>
<td>Don’t know</td>
<td>Neglect</td>
</tr>
<tr>
<td>• Physical abuse</td>
<td>Don’t know</td>
<td>Emotional (psychological) maltreatment</td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td>Don’t know</td>
<td>Street children</td>
</tr>
<tr>
<td>• Neglect</td>
<td>Don’t know</td>
<td>Abandoned children</td>
</tr>
<tr>
<td>• Emotional (psychological) maltreatment</td>
<td>Don’t know</td>
<td>Exposure to IPV</td>
</tr>
<tr>
<td>• Exposure to intimate partner violence (IPV)</td>
<td>Don’t know</td>
<td>% of reported cases investigated</td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years</td>
<td>46-60%</td>
<td>% of investigated cases substantiated</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td>% of substantiated cases in which</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
<td>Result in the perpetrator being removed from the home?</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
<td>Lead to prosecution of the alleged perpetrator?</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
<td>Result in the child being removed from the home?</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>More Cases</td>
<td>Of children removed from home, how many live in</td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system</td>
<td>Don’t know</td>
<td>Kinship care (with a family member)?</td>
</tr>
<tr>
<td>% of reported cases involving</td>
<td>Don’t know</td>
<td>Foster care?</td>
</tr>
<tr>
<td>% of reported cases involving</td>
<td>Don’t know</td>
<td>Orphanages?</td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM</td>
<td>Don’t know</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Autopsy required when child’s death (Q31)
Is unexpected?  Don’t know

Autopsy must follow specific protocol (Q33)
Yes

Country has child death review team(s) (Q34)
No

### SERVICES

#### Availability of services (Q49)

- Therapy for those who neglect a child: Moderate
- Therapy for neglected children: Moderate
- Therapy for those who physically abuse a child: Moderate
- Therapy for physically abused children: Moderate
- Therapy for those who sexually abuse a child: Moderate
- Therapy for sexually abused children: Moderate
- Case management support services to meet a family’s basic needs: Moderate
- Home-based services to support parents and family: Moderate
- Foster care with official foster parents: Moderate
- Group homes for maltreated children: Moderate
- Public shelters for maltreated children: Moderate
- Public shelters for victims of domestic violence and their children: Moderate
- Institutional care for maltreated children: Moderate
- Financial and other material support: Moderate
- Hospitalization for mental illness for adults: Moderate
- Hospitalization for mental illness for children: Moderate
- Substance abuse treatment for parents: Moderate
- Substance abuse treatment for children: Moderate
- Centers for parents to share experiences/concerns: Moderate
- Universal home visits for all new parents: Moderate
- Targeted home visits for new parents at-risk: Moderate
- Free/highly subsidized child care: Moderate
- Universal health screening for children: Moderate
- Universal, mostly free medical care for children: Moderate
- Universal, mostly free medical care for all citizens: Moderate

#### Funding for CM treatment (Q53)

- Government: Minimal
- Non-government: Minimal

#### Strategies used and thought to be effective in preventing CM (Q54)

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- A system of universal health care and access to preventive medical care
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

#### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

#### Extent that the UN CRC improved policies and programs concerning CM (Q70)

Somewhat

#### Major developments to address CM (Q73)

Focusing community-based child protection by NCPA and department of probation and child care service de- institutionalization. Child Protection, UNICEF Sri Lanka launched two interrelated large scale strategies with an integrated campaign around ending physical and sexual violence against children, and another on the prevention of child injury, including mine risk education, and adolescent suicide, a major concern for the country. Both initiatives brought new partnerships, the largest being with the Guides and Scouts who have nearly 100,000 members in Sri Lanka.
CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent to which citizens who engage in CSE within the country are prosecuted (Q64)  
Sometimes

Extent to which citizens who engage in CSE abroad are prosecuted (Q65)  
Don’t know

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)  
Sometimes

Extent to which children who are exploited sexually are arrested (Q67)  
Don’t know

Arrests in the past year for engaging in sex trafficking of children (Q68)  
Yes

Arrests in the past year for possession or production of child pornography (Q69)  
Don’t know

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

National Child Protection Authority
No. 330, Thalawathugoda Road
Madiwela, Sri Jayawadrenapura
Sri Lanka
Telephone: +94 11 2 778 911 – 4
Email: chairperson@childprotection.gov.lk, ncpa@childprotection.gov.lk
Web: www.childprotection.gov.lk
Resources Provided: Information, laws and progress

United Nations International Children’s Emergency Fund (UNICEF)
Mailing address:
P.O. Box 143
Colombo
Sri Lanka
Physical address:
3/1 Rajakeeya Mawatha
Colombo 00700
Sri Lanka
Telephone: 94 11 2677550
Email: colombo@unicef.org
Website: https://www.unicef.org/srilanka/overview.html
Resources Provided: Overview of child protection and its progress and problems
Suriname

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Shaking a child
- Making a child stand or kneel in one place for more than 5 minutes

**Social conditions and behaviors (Q10)**
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Child labor – under age 12
- Internet solicitation for sex
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)

**Laws and Policies Regarding CM**

**Law mandating suspected CM be reported (Q22)**
- Yes
- No

**National laws/policies regarding CM (Q43)**
- Yes
- No

**Laws/policies first established (Q44)**
- Before 1980
- After 1980

**Government agency to respond to CM (Q41)**
- Yes
- No

**Investigation conducted by (Q42)**
- Law enforcement
- Court system

**Elements in laws/policies (Q45)**
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

**Mandated periodic training for professionals who may encounter maltreated children**
- Yes
- No

**Mandated reporting of suspected CM for specific groups of professionals or individuals**
- Enforcement:
  - Inconsistent
- Support:
  - Very inadequate

**Mandated reporting of suspected CM for all adults**
- Enforcement:
  - Not applicable
- Support:
  - Not applicable

**Provisions that allow for voluntary reporting of suspected CM by any professional or individual**
- Enforcement:
  - Inconsistent
- Support:
  - Don’t know

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Enforcement:
  - Not applicable
- Support:
  - Not applicable

**Requirement that an investigation be a coordinated intersectoral response**
- Enforcement:
  - Don’t know
- Support:
  - Inconsistent

---

**3** Gross domestic product (US$ billions)

**558** Total population (thousands)

**23%** Population below int’l poverty line of US$1.90 per day

**71** Life expectancy at birth (years)

**20** Under 5 mortality rate (per 1,000 births)

**98% | 97%** Youth (15-24 years) literacy rate (male | female)
### Country Profiles: Suriname

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes/No</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child's safety</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Don't know</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child's interests</td>
<td>Yes</td>
<td>Widely enforced</td>
<td></td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>No</td>
<td>Not applicable</td>
<td>Don't know</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>Don't know</td>
<td>Not applicable</td>
<td>Don't know</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>No</td>
<td>Not applicable</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>No</td>
<td>Clear definition of child physical abuse</td>
<td>Yes</td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Yes</td>
<td>Clear definition of child emotional/psychological abuse</td>
<td>Yes</td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Although physical, emotional and sexual abuse are defined, these definitions are limited and should be adapted to current, more comprehensive international definitions of CM.**

**Sectors included in required intersectorial response (Q46)**
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Community groups / NGO's

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q25)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No data on general population. data in question 18 are based on recent prevalence survey among children, 11-18 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving (Q26)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>46-60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0-15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>61-75%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of reported cases investigated (Q27)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q28)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of substantiated cases in which (Q29)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of children removed from home, how many live in (Q30)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kinship care (with a family member)?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orphanages?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q40)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate Partner Violence</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy required when child's death (Q31)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is unexpected?</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy performed by (Q32)</td>
<td>Medical examiner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autopsy must follow specific protocol (Q33)</td>
<td>Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Country has child death review team(s) (Q34)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SERVICES**

**Availability of services** (Q49)

- Therapy for those who neglect a child: Occasional
- Therapy for neglected children: Occasional
- Therapy for those who physically abuse a child: Occasional
- Therapy for physically abused children: Occasional
- Therapy for those who sexually abuse a child: Occasional
- Therapy for sexually abused children: Occasional
- Case management support services to meet a family's basic needs: No
- Home-based services to support parents and family: Occasional
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: Occasional
- Public shelters for maltreated children: No
- Public shelters for victims of domestic violence and their children: Moderate
- Institutional care for maltreated children: Occasional
- Financial and other material support: Occasional
- Hospitalization for mental illness for adults: Moderate
- Hospitalization for mental illness for children: Occasional
- Substance abuse treatment for parents: Occasional
- Substance abuse treatment for children: Moderate
- Centers for parents to share experiences/concerns: No
- Universal home visits for all new parents: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: No
- Universal health screening for children: Moderate
- Universal, mostly free medical care for adults: Usually
- Universal, mostly free medical care for all citizens: No

**Involvement of community sectors in supporting CM treatment** (Q51)

- Hospitals/medical centers: Moderately Involved
- Mental health agencies: Minimal Involved
- Businesses/factories: None
- Schools: Minimal Involved
- Public social service agencies: Moderately Involved
- Community-based NGOs: Minimal Involved
- Religious institutions: Moderately Involved
- Voluntary civic organizations: Minimal Involved
- Courts/law enforcement: Minimal Involved
- Universities: None

Hospitals are moderately involved because treatment is only provided in case child is hospitalized. If CM is seen/registered at the emergency room, hospitals get involved in follow up if child is hospitalized.

**Funding for CM prevention** (Q52)

- Government: Minimal
- Non-government: Minimal

**Funding for CM treatment** (Q53)

- Government: Minimal
- Non-government: Minimal

**Extent that the UN CRC improved policies and programs concerning CM** (Q57, Q58)

Ratification of two optional protocols, establishment of ‘Buro Rights of the Child’, nation wide collection of data, increased small studies, development of policies, capacity strengthening of service providers

**Major developments to address CM** (Q73)

- Improved data collection, including first nationwide comprehensive study (quantitative and qualitative) on violence against children in schools and in the home
- Approval of the two optional protocols of CRC by parliament (child pornography and child sexual exploitation)
- Increase of education and awareness raising campaigns on violence against children, f.e. by Child helpline, NGO’s

**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

- **Extent that there are laws concerning CSE** (Q54): Greatly
- **Extent of programs combating CSE** (Q57): Somewhat
- **Extent that agencies collaborate to stop CSE** (Q58): Somewhat
- **Extent of policies for reporting CSE to public agency or NGO** (Q59): Somewhat
- **Country keeps official records on CSE** (Q60): Yes
- **Commercial sex work (or prostitution) is legal** (Q61): No
- **Extent to which victims of CSE receive mental health care** (Q63): Don’t know

**Extent to which citizens who engage in CSE within the country are prosecuted** (Q64): Don’t know

**Extent to which citizens who engage in CSE abroad are prosecuted** (Q65): Don’t know

**Extent to which foreigners who engage in CSE within the country are prosecuted** (Q66): Don’t know

**Extent to which children who are exploited sexually are arrested** (Q67): Don’t know

**Arrests in the past year for engaging in sex trafficking of children** (Q68): Yes

**Arrests in the past year for possession or production of child pornography** (Q69): Yes
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

- **Center for People’s Development**
  
  Mafongostraat 20
  Paramaribo, Paramaribo
  Suriname

  Email: jterborgcpd@gmail.com
  Resources Provided: Research reports on child protection/violence against children
Sweden

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp
- Any form of institution official or private

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

---

**LAWS AND POLICIES REGARDING CM**

- **Law mandating suspected CM be reported (Q22)**
  - Yes
  - Before 1990

- **Year law established (Q23)**
  - Before 1990

- **This law applies to (Q24)**
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional (psychological) maltreatment
  - Exposure to IPV

- **National laws/policies regarding CM (Q43)**
  - Yes
  - Before 1980

- **Government agency to respond to CM (Q41)**
  - Social services

- **Elements in laws/policies (Q45)**
  - - Extent they are enforced (Q47)
  - - Adequacy of government resources (Q48)

- **Mandated periodic training for professionals who may encounter maltreated children**
  - Enforcement: Inconsistent
  - Support: Somewhat inadequate

- **Mandated reporting of suspected CM for specific groups of professionals or individuals**
  - Yes
  - Inconsistent
  - Don't know

- **Mandated reporting of suspected CM for all adults**
  - Yes
  - Never or almost never enforced
  - Don't know
## Country Profiles: Sweden

### Provisions that allow for voluntary reporting of suspected CM by any professional or individual
- Yes
- Enforcement: Inconsistent
- Support: Don’t know

### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement that an investigation be a coordinated intersectoral response
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Requirement that the child(ren)’s and family’s needs be assessed
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Provisions for removing the alleged perpetrator from the home
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Specific criminal penalties for maltreating a child
- Yes
- Enforcement: Widely enforced
- Support: Don’t know

### Requirement that all victims receive some form of service or intervention
- Yes
- Enforcement: Inconsistent
- Support: Adequate

### Requirement that all perpetrators receive some form of service or intervention
- Yes
- Enforcement: Inconsistent
- Support: Very inadequate

### Requirement of the development of specific prevention services
- No
- Enforcement: Inconsistent
- Support: Don’t know

### Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- Yes
- Enforcement: Widely enforced
- Support: Adequate

### Penalties for professionals who fail to report CM
- Yes
- Enforcement: Never or almost never enforced
- Support: Don’t know

### Provision of immunity from liability when reports are made in good faith
- No
- Enforcement: Never or almost never enforced
- Support: Don’t know

### Provision of a specific budget for preventing CM
- Yes
- Enforcement: Never or almost never enforced
- Support: Very inadequate

### Clear definition of child neglect
- No

### Clear definition of child physical abuse
- Yes

### Clear definition of child sexual abuse
- Yes

### Clear definition of child emotional/psychological abuse
- No

### Clear definition of exposure to IPV
- Yes

### Sectors included in required intersectorial response
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q13)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration system in place (Q17)</td>
<td>&gt; 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q18)</td>
<td></td>
</tr>
<tr>
<td>• Physical abuse</td>
<td></td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>• Neglect</td>
<td></td>
</tr>
<tr>
<td>• Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Exposure to intimate partner violence (IPV)</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q19)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>No Change</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>N/A</td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td>No Change</td>
</tr>
<tr>
<td>Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20)</td>
<td>No</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q25)</td>
<td>not sure</td>
</tr>
</tbody>
</table>

| % of reported cases involving (Q26) | |
| Physical abuse | 0-15% |
| Sexual abuse | 0-15% |
| Neglect | 61-75% |
| Emotional (psychological) maltreatment | 0-15% |
| Street children | 0-15% |
| Abandoned children | 0-15% |
| Exposure to IPV | 0-15% |
| % of reported cases investigated (Q27) | 76-90% |
| % of investigated cases substantiated (Q28) | 16-30% |
| % of substantiated cases in which (Q29) | |
| Result in the perpetrator being removed from the home? | 0-15% |
| Lead to prosecution of the alleged perpetrator? | 0-15% |
| Result in the child being removed from the home? | 0-15% |
| Of children removed from home, how many live in (Q30) | |
| Kinship care (with a family member)? | 0-15% |
| Foster care? | 76-90% |
| Orphanages? | 0-15% |
CHILD DEATHS

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q49) Decreased
Annual rate of deaths attributed to CM (Q38) < 1 in 100,000
Of these deaths, % involving (Q39)
- Physical abuse 61-75%
- Neglect 16-30%
- Sexual Abuse 0-15%

Child deaths

Emotional Abuse 0-15%
Intimate Partner Violence 0-15%
Autopsy required when child’s death (Q31)
- Is unexpected? Yes
- Has an unclear cause? Yes

Autopsy performed by (Q32)
- Forensic doctor

Autopsy must follow specific protocol (Q33)
- Yes

Country has child death review team(s) (Q34)
- No

SERVICES

Availability of services (Q49)
- Therapy for those who neglect a child Occasional
- Therapy for neglected children Moderate
- Therapy for those who physically abuse a child Moderate
- Therapy for physically abused children Moderate
- Therapy for those who sexually abuse a child Moderate
- Therapy for sexually abused children Moderate
- Case management support services to meet a family’s basic needs Occasional
- Home-based services to support parents and family Moderate
- Foster care with official foster parents Moderate
- Group homes for maltreated children Occasional
- Public shelters for maltreated children Moderate
- Public shelters for victims of domestic violence and their children Usually
- Institutional care for maltreated children No
- Financial and other material support Occasional
- Hospitalization for mental illness for adults Usually
- Hospitalization for mental illness for children Usually
- Substance abuse treatment for parents Usually
- Substance abuse treatment for children Usually
- Centers for parents to share experiences/concerns Occasional
- Universal home visits for all new parents Moderate
- Targeted home visits for new parents at-risk Moderate
- Free/highly subsidized child care Usually
- Universal health screening for children Usually
- Universal, mostly free medical care for children Usually
- Universal, mostly free medical care for all citizens Moderate

Involvement of community sectors in supporting CM prevention (Q50)
- Hospitals/medical centers Very Involved
- Mental health agencies Moderately Involved
- Businesses/factories Minimally Involved
- Schools Moderately Involved
- Public social service agencies Minimally Involved
- Community-based NGOs Very Involved
- Religious institutions Minimally Involved
- Voluntary civic organizations Moderately Involved
- Courts/law enforcement Minimally Involved
- Universities Moderately Involved

Involvement of community sectors in supporting CM treatment (Q51)
- Hospitals/medical centers Very Involved
- Mental health agencies Very Involved
- Businesses/factories None
- Schools Moderately Involved

Public social service agencies Moderately Involved
Community-based NGOs Minimally Involved
Religious institutions Minimally Involved
Voluntary civic organizations Very Involved
Universities Minimally Involved

Funding for CM prevention (Q52)
- Government Major
- Non-government Minimal

Funding for CM treatment (Q53)
- Government Major
- Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Nurse Family Partnership
- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Increasing individual responsibility for child protection
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Advocacy for children’s rights
- Improving the basic living conditions of families (e.g., housing, access to clean water).
- Substance abuse services
- Services for victims of domestic violence

Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of commitment or support for children’s rights

Extent that the UN CRC improved policies and programs concerning CM (Q57) Somewhat

Major developments to address CM (Q72)
- Increased government interest in polyvictimisation
- Increased funding for research
**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

<table>
<thead>
<tr>
<th>Question</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q56)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q57)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q58)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q59)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official records on CSE (Q60)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q61)</td>
<td>No</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **Barnombudsmannen / Child Ombudsman**
  - Box 22106
  - Norr Mälarstrand 6
  - 104 22 Stockholm
  - Sweden
  - Telephone: 08-692 29 50
  - Website: www.barnombudsmannen.se
  - Resources Provided: The main task is to ensure the Swedish government follows the articles in the UNCRC

- **Stiftelsen Allmänna Barnhuset**
  - Mailing address:
    - Box 241 49
    - 104 51 Stockholm
    - Sweden
  - Physical address:
    - Linnégatan 89 C
    - 115 23 Stockholm
    - Sweden
  - Telephone: 08-679 60 78
  - Fax: 08-611 38 41

- **Rädda Barnen / Save the Children**
  - Mailing address:
    - 107 88 Stockholm
    - Sweden
  - Physical Address:
    - Landsvägen 39
    - Sundbyberg
    - Sweden
  - Telephone: 08-698 90 00
  - Email: kundservice@rb.se
  - Website: raddabarnen.se
  - Resources Provided: Internationally renowned child rights organization heading child protection with International Save the Children, co-operates closely with the Swedish government
Switzerland+

**679** Gross domestic product (US$ billions)

**8,402** Total population (thousands)

– Population below int’l poverty line of US$1.90 per day

**83** Life expectancy at birth (years)

**4** Under 5 mortality rate (per 1,000 births)

– | – Youth (15-24 years) literacy rate (male | female)

### BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

**Social conditions and behaviors** *(Q10)*

- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** *(Q11)*

- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution

**Detention facility**

**Religious institution**

**Sporting organization**

**Work place**

**Law enforcement facility**

**Refugee camp**

**Parent or caregiver behaviors** *(Q12)*

- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

### LAWS AND POLICIES REGARDING CM

**Law mandating suspected CM be reported** *(Q22)*

Yes

Year law established *(Q23)*

After 2005

**This law applies to** *(Q24)*

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

**Exposure to IPV**

Responses refer to national law (cantalonal laws have been installed much earlier)

**National laws/policies regarding CM** *(Q43)*

No

**Government agency to respond to CM** *(Q41)*

Yes

**Investigation conducted by** *(Q42)*

Child and Adult Protection Authority (interdisciplinary)

### OFFICIAL DOCUMENTATION OF CM

**Government maintains count of suspected CM** *(Q13)*

No

### CHILD DEATHS

**Government maintains count of deaths due to CM** *(Q37)*

Yes

**Annual rate of deaths attributed to CM** *(Q38)*

< 1 in 100,000

Over the past 10 years, the number of deaths due to CM has *(Q40)*

Decreased
SERVICES

Availability of services (Q49)

Therapy for those who neglect a child: Occasional
Therapy for neglected children: Occasional
Therapy for those who physically abuse a child: Occasional
Therapy for physically abused children: Occasional
Therapy for those who sexually abuse a child: Moderate
Therapy for sexually abused children: Usually
Case management support services to meet a family’s basic needs: Usually
Home-based services to support parents and family: Usually
Foster care with official foster parents: Usually
Group homes for maltreated children: Usually
Public shelters for maltreated children: Usually
Public shelters for victims of domestic violence and their children: Usually
Institutional care for maltreated children: Usually
Financial and other material support: Usually
Hospitalization for mental illness for adults: Usually
Hospitalization for mental illness for children: Usually
Substance abuse treatment for parents: Usually
Substance abuse treatment for children: Usually
Centers for parents to share experiences/concerns: Moderate
Universal home visits for all new parents: Usually
Targeted home visits for new parents at-risk: Usually
Free/highly subsidized child care: Occasional
Universal health screening for children: Usually
Universal, mostly free medical care for children: Usually
Universal, mostly free medical care for all citizens: Usually

Voluntary civic organizations: Very Involved
Courts/law enforcement: Minimally Involved
Universities: Minimally Involved

Involvement of community sectors in supporting CM treatment (Q51)

Hospitals/medical centers: Very Involved
Mental health agencies: Moderately Involved
Businesses/factories: None
Schools: None
Public social service agencies: Very Involved
Community-based NGOs: Very Involved
Religious institutions: Minimally Involved
Voluntary civic organizations: Very Involved
Courts/law enforcement: Minimally Involved
Universities: Minimally Involved

Funding for CM prevention (Q52)

Government: Major
Non-government: Major

Funding for CM treatment (Q53)

Government: Major
Non-government: Major

Major barriers to preventing CM (Q55)

• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports of CM
• Lack of trained professionals
• Strong sense of family privacy and parental rights to raise children as they choose
• Lack of commitment or support for children’s rights
• Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70)

Somewhat

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Country keeps official records on CSE (Q60) No
Commercial sex work (or prostitution) is legal (Q81) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Defence for Children International
1, Rue de Varembé
P.O. Box 88
CH-1211
Geneva 20
Switzerland
Telephone: +41 (0)22 734 05 58
Fax: +41 22 740 11 45
Email: info@defenceforchildren.org
Website: http://www.defenceforchildren.org/
Resources Provided: Defence for Children International fosters awareness about, and solidarity around, children’s rights situations, issues and initiatives throughout the world. It seeks, promotes and implements the most effective means of securing the protection of children’s rights in concrete situations, from both a preventative and curative standpoint.

Foundation ASPI
via Povrò 16
6932 Breganzona (Massagno)
Switzerland
Telephone: 091 943 57 47
Email: info@aspi.ch
Website: www.aspi.ch
Resources Provided: Information about primary prevention of CM
International Labour Organization (ILO)
4 route des Morillons
CH-1211, Genève 22
Switzerland
Telephone: +41 (0) 22 799 6111
Fax: +41 (0) 22 798 8685
Email: ilo@ilo.org
Website: http://www.ilo.org

Resources Provided: As the only tripartite U.N. agency, since 1919 the ILO brings together governments, employers and workers representatives of 186 member states, to set labour standards, develop policies and devise programmes promoting decent work for all women and men.

International Programme on the Elimination of Child Labour (IPEC)
International Labour Office
4 route des Morillons
CH-1211, Geneva 22
Switzerland
Telephone: +4 (0) 22 799 6111
Fax: +41 (0) 22 798 8685
Email: ilo@ilo.org
Website: http://www.ilo.org/ipec/lang--en/

Resources Provided: A UN specialized agency that seeks the promotion of social justice and internationally recognized human and labour rights. IPEC’s aim is to work towards the progressive elimination of child labour by strengthening national capacities to address child labour problems, and by creating a worldwide movement to combat it.

KOKES – Conference for Child and Adult Protection
General Secretariat
PO Box 2945
6002 Lucerne
Switzerland
Telephone: 041 367 48 57
Fax: 041 367 48 49
Email: info@kokes.ch
Website: www.kokes.ch

Resources Provided: Statistics on child protection orders, national and cantonal legislations on child protection, list of agencies

Stiftung Kinder und Gewalt
Secretariat
PO Box 58
8193 Eglisau
Switzerland
Telephone: 041 367 48 57
Fax: 041 367 48 49
Email: info@kinderundgewalt.ch
Website: www.kinderundgewalt.ch

Resources Provided: Campaigns for the public and professionals, informational material for professionals, especially Shaken Baby Syndrome.

Terre des Hommes International Federation
31 chemin Frank Thomas
CH-1223 Cologny/Geneva
Switzerland
Telephone: +41 22 736 33 72
Fax: +41 22 736 15 10
Email: info@terredeshommes.org
Website: www.terredeshommes.org

Resources Provided: The mission of the Terre des Hommes organizations is to work for the rights of the child and to promote equitable development without racial, religious, cultural or gender-based discrimination. To this end, they support development and humanitarian aid projects designed to improve the living conditions of disadvantaged children, their families and their communities.

World Health Organization (WHO)
Avenue Appia 20
1202 Geneva
Switzerland
Telephone: +41 22 791 21 11
Fax: +41 22 791 31 11
Email: info@who.int
Website: www.who.int

Resources Provided: The World Health Organization is the United Nations specialized agency for health. WHO’s objective is the attainment by all peoples of the highest possible level of health.
Taiwan, ROC

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an open hand
• Hitting a child on the head or face with an open hand
• Hitting a child anywhere else on the body with an open hand
• Locking a child in a small space, such as a closet
• Making a child stand or kneel in one place for more than 5 minutes

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Female circumcision/female genital mutilation
• Forcing a child to beg
• Abuse by another child
• Child serving as soldier
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage
• Torture for political reasons

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place
• Law enforcement facility
• Refugee camp

Parent or caregiver behaviors (Q12)
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Failure to seek medical care for child based on religious beliefs
• Failure to seek medical care for any reason
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Child experiencing intimate partner (or domestic) violence
• Child exposed to parent's substance use

Laws and policies regarding CM

Law mandating suspected CM be reported (Q22) Yes
Year law established (Q23) 1990 – 2000
This law applies to (Q24)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional (psychological) maltreatment
• Exposure to IPV
• Abandonment
• Improper discipline

National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) 1990-2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42) Social services

Elements in laws/policies (Q45)
• Extent they are enforced (Q47) Yes
• Adequacy of government resources (Q48) Inconsistent

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Somewhat inadequate
Support:

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Don't know

Mandated reporting of suspected CM for all adults
Enforcement: Not applicable
Support: Don't know
<table>
<thead>
<tr>
<th>Provision</th>
<th>Yes/No</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Don't know</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Adequate</td>
</tr>
<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
<td>No</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child's safety</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>No</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Don't know</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement of the development of specific prevention services</td>
<td>Yes</td>
<td>Inconsistent</td>
<td>Don't know</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child's interests</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Adequate</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>Yes</td>
<td>Never or almost never enforced</td>
<td>Don't know</td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td>Yes</td>
<td>Widely enforced</td>
<td>Don't know</td>
</tr>
<tr>
<td>Provisions for a specific budget for preventing CM</td>
<td>No</td>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Clear definition of child neglect</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services for families with child at risk</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q17)</td>
<td>&gt; 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q18)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>16-30%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>16-30%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0-15%</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>0-15%</td>
</tr>
<tr>
<td>Street children</td>
<td>Don't know</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0-15%</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>0-15%</td>
</tr>
<tr>
<td>% of reported cases investigated (Q27)</td>
<td>61-75%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q28)</td>
<td>16-30%</td>
</tr>
<tr>
<td>% of substantiated cases in which (Q29)</td>
<td></td>
</tr>
<tr>
<td>Result in the perpetrator being removed from the home?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td>Don't know</td>
</tr>
<tr>
<td>Result in the child being removed from the home?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Of children removed from home, how many live in</td>
<td></td>
</tr>
<tr>
<td>Kinship care (with a family member)?</td>
<td>0-15%</td>
</tr>
<tr>
<td>Foster care?</td>
<td>31-45%</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>46-60%</td>
</tr>
</tbody>
</table>

**Child Deaths**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q37)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q40)</td>
<td>Increased</td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>1-2 in 100,000</td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td>Physical abuse</td>
</tr>
<tr>
<td></td>
<td>Neglect</td>
</tr>
<tr>
<td></td>
<td>Sexual Abuse</td>
</tr>
<tr>
<td></td>
<td>Emotional Abuse</td>
</tr>
<tr>
<td></td>
<td>Intimate Partner Violence</td>
</tr>
</tbody>
</table>
Autopsy required when child’s death (Q31)

Is unexpected? Yes
Has an unclear cause? Yes
Autopsy performed by (Q32) Forensic doctor

Autopsy must follow specific protocol (Q33) Yes
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) Yes
Scope of team(s) (Q36) National

Availability of services (Q49)

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Occasional</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Moderate</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Occasional</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Occasional</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>No</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q56)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>None</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q51)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
</tbody>
</table>

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q58) Greatly
Extent of programs combating CSE (Q57) Greatly
Extent that agencies collaborate to stop CSE (Q58) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59) Greatly
Country keeps official records on CSE (Q60) Yes
Commercial sex work (or prostitution) is legal (Q61) No
Extent to which victims of CSE receive mental health care (Q62) Sometimes
Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Most of the time
<table>
<thead>
<tr>
<th>Question</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

- **Department of Protection Services, Ministry of Health and Welfare**
  - No. 488, Sec. 6, Zhongxiao E. Rd.
  - Nangang Dist., Taipei City 115
  - Taiwan (R.O.C.)
  - Telephone: (+886)2-8590-6666
  - Fax: (+886)2-8590-6000
  - Resources Provided: Official CM statistics, services, policies
Thailand*

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Forms of acceptable punishment** (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child anywhere else on the body with an open hand

**Circumstances of the above are considered CM** (Q9)
- If the action leaves a bruise
- If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g. a babysitter or teacher)
- If the action is done in the presence of non-family members

**Social conditions and behaviors** (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within** (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors** (Q12)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

**LAWS AND POLICIES REGARDING CM**

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported</th>
<th>Yes</th>
<th>Law mandating suspected CM be reported (Q21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law established (Q22)</td>
<td>After 2005</td>
<td>Year law established (Q22)</td>
</tr>
<tr>
<td>This law applies to (Q23)</td>
<td></td>
<td>This law applies to (Q23)</td>
</tr>
</tbody>
</table>

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to Intimate Partner Violence (IPV)

**OFFICIAL DOCUMENTATION OF CM**

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q13)</th>
<th>Yes</th>
<th>Government maintains count of suspected CM (Q13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official labels for types of CM (Q17)</td>
<td></td>
<td>Official labels for types of CM (Q17)</td>
</tr>
</tbody>
</table>

- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to IPV

<table>
<thead>
<tr>
<th>Change in no. of cases over past 4 years (Q18)</th>
<th>More Cases</th>
<th>Change in no. of cases over past 4 years (Q18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td>Physical abuse</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
<td>Sexual abuse</td>
</tr>
</tbody>
</table>

---

Gross domestic product (US$ billions): 455
Total population (thousands): 68,864
Life expectancy at birth (years): 75
Under 5 mortality rate (per 1,000 births): 12
Population below int’l poverty line of US$1.90 per day: 0%
Youth (15-24 years) literacy rate (male | female): 98% | 98%

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Neglect
More Cases
Exposure to IPV

Emotional (psychological) maltreatment
No change
No change

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

▸ ECPAT International (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes)

ECPAT International Secretariat
328/1 Phaya Thai Road
Ratchathewi Bangkok 10400
Thailand

Email: info@ecpat.org
Telephone: +66 (0)2 215 3388
Fax: +66 (0)2 215 8272

Website: www.ecpat.net

Resources Provided: ECPAT represents a network of organisations and individuals working together to eliminate the commercial sexual exploitation of children. It seeks to encourage the world community to ensure that children everywhere enjoy their fundamental rights free from all forms of commercial sexual exploitation.

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Togo*

5 Gross domestic product (US$ billions)
7,606 Total population (thousands)
54% Population below int'l poverty line of US$1.90 per day
60 Life expectancy at birth (years)
76 Under 5 mortality rate (per 1,000 births)
90% | 78% Youth (15-24 years) literacy rate (male | female)

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Putting something spicy, bitter or salty in the child’s mouth
- Burning the child
- Shaking the child
- Making the child stand or kneel in one place for more than 5 minutes

Circumstances of the above are considered CM (Q9)
- If the child is < 2 years old
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)
- If the action is done in the presence of non-family members

Social conditions and behaviors (Q10)
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12

- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
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Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- Psychiatric institution
- Detention facility
- Religious institution
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Child exposed to parent’s illicit drug use

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q21) Yes
Year law established (Q22) 2001 – 2005
This law applies to (Q23)
- Physical abuse
- Sexual abuse

National laws/policies regarding CM (Q42) Yes
Laws/policies first established (Q43) After 2000
Government agency to respond to CM (Q40) Yes
Investigation conducted by (Q41)
- Social Services

- Law enforcement

Elements in laws/policies (Q44)
- Extent they are enforced (Q45)
- Adequacy of government resources (Q47)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Don’t know
Support: Somewhat inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Don’t know
Support: Somewhat inadequate

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### Mandated Reporting of Suspected CM for All Adults

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td>Wide</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Provisions for Voluntary Reporting of Suspected CM by Professionals or Individuals

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions for voluntary reporting of suspected CM by professionals or individuals</td>
<td>Wide</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Requirement that Reports Be Investigated Within a Specific Time Period (e.g., 24 hours)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Wide</td>
<td>Somewhat inadequate</td>
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</tbody>
</table>

### Requirement That the Investigation Be a Coordinated Intersectorial Response

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that the investigation be a coordinated intersectorial response</td>
<td>Wide</td>
<td>Somewhat inadequate</td>
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</tbody>
</table>

### Requirement That the Child(ren)’s and Family’s Needs Be Assessed

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Provisions for Removing Child from Parents/Caretakers to Ensure Child’s Safety

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions for removing child from parents/caretakers to ensure child’s safety</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Provisions for Removing Alleged Perpetrator from the Home

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions for removing alleged perpetrator from the home</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Criminal Penalties for Abusing a Child

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal penalties for abusing a child</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Requirement That All Victims Receive a Service or Intervention

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that all victims receive a service or intervention</td>
<td>Wide</td>
<td>Adequate</td>
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</tbody>
</table>

### Requirement to Develop Prevention Services

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement to develop prevention services</td>
<td>Wide</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Requirement That a Separate Attorney or Advocate Represents the Child’s Interests

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that a separate attorney or advocate represents the child’s interests</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Clear Definition of Child Neglect

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear definition of child neglect</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Clear Definition of Child Physical Abuse

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear definition of child physical abuse</td>
<td>Wide</td>
<td>Adequate</td>
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</tbody>
</table>

### Clear Definition of Child Sexual Abuse

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear definition of child sexual abuse</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Clear Definition of Child Emotional/Psychological Abuse

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear definition of child emotional/psychological abuse</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Sectors Included in Required Intersectorial Response

- Child Protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court-appointed advocate)

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Official Documentation</th>
<th>Yes/No</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM</td>
<td>Yes</td>
<td>16-30%</td>
</tr>
<tr>
<td>Duration system in place</td>
<td>5 to 10 years</td>
<td></td>
</tr>
<tr>
<td>Official labels for types of CM</td>
<td>• Physical abuse 16-30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Sexual abuse 0-15%</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years</td>
<td>Physical abuse Fewer Cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse Fewer Cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Neglect No change</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotional (psychological) maltreatment Fewer Cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exposure to IPV Don’t know</td>
<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving</td>
<td>Physical abuse 16-30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse 16-30%</td>
<td></td>
</tr>
<tr>
<td>% of reported cases investigated</td>
<td>31-45%</td>
<td></td>
</tr>
<tr>
<td>% of investigated cases substantiated</td>
<td>46-60%</td>
<td></td>
</tr>
<tr>
<td>% of substantiated cases in which</td>
<td>Child removed 61-75%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perpetrator removed 16-30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alleged perpetrator prosecuted 46-60%</td>
<td></td>
</tr>
<tr>
<td>% of children placed outside of home due to CM</td>
<td>46-60%</td>
<td></td>
</tr>
<tr>
<td>Of children removed from home, how many live in</td>
<td>Kinship care (with family) 16-30%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foster care 46-60%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Orphanages 16-30%</td>
<td></td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Child Deaths</th>
<th>Yes/No</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has</td>
<td>Decreased</td>
<td></td>
</tr>
<tr>
<td>Country has child death review team(s)</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
## SERVICES

### Availability of services (Q48)

<table>
<thead>
<tr>
<th>Service</th>
<th>Non</th>
<th>Occasional</th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Very involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who sexually abuse children</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case management services</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public shelters for IPV victims and their children</td>
<td>Occasional</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hospitalization for mental illness - adults</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness - children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment - parents</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment - children</td>
<td>Occasional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>No</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Free child care</td>
<td>No</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Universal health screening - children</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Universal free medical care - children</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universal free medical care - all citizens</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM prevention (Q49)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Minimal</th>
<th>Moderate</th>
<th>None</th>
<th>Very involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Businesses</td>
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<td></td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social services agencies</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Courts/law enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td></td>
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</tbody>
</table>

### Involvement of community sectors in supporting CM treatment (Q50)

<table>
<thead>
<tr>
<th>Service</th>
<th>Minimal</th>
<th>Moderate</th>
<th>None</th>
<th>Very involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<td></td>
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<td></td>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses</td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social services agencies</td>
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<td></td>
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<tr>
<td>Community-based NGO’s</td>
<td></td>
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<tr>
<td>Religious institutions</td>
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</tbody>
</table>

### Funding for CM prevention (Q51)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Government</th>
<th>Non-government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
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### Funding for CM treatment (Q52)

<table>
<thead>
<tr>
<th>Funding</th>
<th>Government</th>
<th>Non-government</th>
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</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
<td>Mental health agencies</td>
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<td>Businesses</td>
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<tr>
<td>Schools</td>
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<td></td>
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<tr>
<td>Public social services agencies</td>
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<td></td>
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<tr>
<td>Community-based NGO’s</td>
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<td></td>
</tr>
<tr>
<td>Religious institutions</td>
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<td></td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
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<td></td>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses</td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social services agencies</td>
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<td></td>
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<tr>
<td>Community-based NGO’s</td>
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<td></td>
</tr>
<tr>
<td>Religious institutions</td>
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<td></td>
</tr>
</tbody>
</table>

### Strategies used and thought to be effective in preventing CM (Q53)

- Home-based services for at risk parents
- Media campaigns
- Prosecution of offenders
- Improving or increasing local services
- Professional training
- Advocacy for children’s rights
- Improving families’ basic living conditions
- Services for victims of domestic violence

### Major barriers to preventing CM (Q54)

- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Inadequate health or social services
- Political or religious conflict, instability
- Lack of health services
- Lack of substance abuse treatment

### Extent that the UN CRC improved policies and programs concerning CM (Q56)

<table>
<thead>
<tr>
<th>Extent</th>
<th>Government</th>
<th>Non-government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Businesses</td>
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<td></td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social services agencies</td>
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<td></td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious institutions</td>
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</tr>
</tbody>
</table>

### Major developments to address CM (Q57)

- La contribution significative des médias—renforcement des capacités des membres du réseau de lutte contre l’exploitation sexuelle des enfants
- Le rapport pays et les rapport alternatives des ONG au comité des droits de l’enfant au gouvernement

## CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

### Extent that there are laws concerning CSE (Q46)

- Greatly

### Extent of programs combating CSE (Q46)

- Somewhat

### Extent that agencies collaborate to stop CSE (Q47)

- Somewhat

### Extent of policies for reporting CSE to public agency or NGO (Q48)

- Greatly

### Country keeps official data on CSE (Q49)

- Yes

### Commercial sex work (or prostitution) is legal (Q46)

- No

### Extent to which citizens who engage in CSE receive mental health care (Q47)

- Rarely

### Extent to which citizens who engage in CSE abroad are prosecuted (Q48)

- Sometimes

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q49)

- Sometimes

### Extent to which victims of CSE are prosecuted abroad (Q49)

- Rarely

### Extent to which victims of CSE receive mental health care (Q50)

- Rarely

### Extent to which citizens who engage in CSE abroad are prosecuted (Q51)

- Sometimes

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q52)

- Sometimes

### Extent to which victims of CSE receive mental health care (Q53)

- Rarely

### Extent to which victims of CSE receive mental health care (Q54)

- Rarely
Arrests in the past year for engaging in sex trafficking of children (Q67) Yes

Arrests in the past year for possession or production of child pornography (Q68) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Plan International Togo

175 Avenue des Kondona
P.O. Box: 01 BP 3485 Lome 1
Lome
Togo

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Email: togo.co@plan-international.org
Website: www.plan-international.org

Resources Provided: Recherche et financement

United Nations International Children’s Emergency Fund (UNICEF)

Mailing address:
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Lome
Togo

Physical address:
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Tokoin Novissi
Lome
Togo

Telephone: (228) 22.23.15.00
Fax: (228) 22.21.89.49
Email: lome@unicef.org
Website: https://www.unicef.org/infobycountry/togo.html

Resources Provided: Recherche, film documentaire
Turkey*

**Forms of acceptable punishment** (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Locking the child in a confined space, such as a closet
- Making the child stand or kneel in one place for more than 5 minutes

**Circumstances of the above are considered CM** (Q9)
- If the child is < 2 years old
- If the action leaves a bruise
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g., a babysitter or teacher)
- If the action is done in the presence of non-family members

**Social conditions and behaviors** (Q10)
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Child labor – under age 12

**Abuse or neglect of a child within a** (Q11)
- Slavery
- Internet solicitation for sex
- Torture, for political reasons

**Parent or caregiver behaviors** (Q12)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

**Laws and Policies regarding CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q21)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Year law established (Q22)</td>
<td>2001 – 2005</td>
<td></td>
</tr>
</tbody>
</table>
| This law applies to (Q23) |  | Physical abuse
|  |  | Sexual abuse
|  |  | Neglect
|  |  | Exposure to Intimate Partner Violence (IPV)
| National laws/policies regarding CM (Q42) | Yes | |
| Laws/policies first established (Q43) | After 2000 | |
| Government agency to respond to CM (Q49) | Yes | |
| Investigation conducted by (Q41) |  | Social Services
|  |  | Law enforcement
|  |  | Court system
| Elements in laws/policies (Q44) |  | Extent they are enforced (Q46)
|  |  | Adequacy of government resources (Q47)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>Inconsistent</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Somewhat inadequate</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for voluntary reporting of suspected CM by professionals or individuals</td>
<td>Never or almost never</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Very inadequate</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>Inconsistent</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Somewhat inadequate</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td>Wide</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Adequate</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for removing child from parents/caretakers to ensure child’s safety</td>
<td>Wide</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Adequate</td>
<td></td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Provisions for removing alleged perpetrator from the home
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

### Criminal penalties for abusing a child
- **Enforcement:** Wide
- **Support:** Adequate

### Requires a separate attorney or advocate represents the child’s interests
- **Enforcement:** Wide
- **Support:** Adequate

### Penalties for professionals who fail to report CM
- **Enforcement:** Inconsistent
- **Support:** Somewhat inadequate

### Clear definition of child sexual abuse
- **Enforcement:** Wide
- **Support:** Adequate

### Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court-appointed advocate)
- Education (teachers)

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13</td>
<td>Yes</td>
<td>Government maintains count of suspected CM</td>
</tr>
<tr>
<td>Q16</td>
<td>&gt; 10 years</td>
<td>Duration system in place</td>
</tr>
<tr>
<td>Q17</td>
<td>Yes</td>
<td>Official labels for types of CM</td>
</tr>
<tr>
<td>Q18</td>
<td>Don’t know</td>
<td>Change in no. of cases over past 4 years</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Don’t know</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q24</td>
<td>100</td>
<td>Incidence rate of reported CM per 1000 children per year</td>
</tr>
<tr>
<td>Q25</td>
<td>Don’t know</td>
<td>% of reported cases involving</td>
</tr>
<tr>
<td>Q26</td>
<td>Don’t know</td>
<td>% of reported cases investigated</td>
</tr>
</tbody>
</table>

### Official labels for types of CM (Q17)
- Physical abuse
- Sexual abuse
- Neglect

### Change in no. of cases over past 4 years (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

### Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q36</td>
<td>Yes</td>
<td>Government maintains count of deaths due to CM</td>
</tr>
<tr>
<td>Q31</td>
<td>Yes</td>
<td>Autopsy required when child's death</td>
</tr>
</tbody>
</table>

### Country has child death review team(s) (Q33)
- Is unexpected
- Has an unclear cause

### Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes/No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal health screening - children</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Universal free medical care - children</td>
<td>Usually</td>
<td></td>
</tr>
<tr>
<td>Universal free medical care - all citizens</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM prevention (Q49)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Very involved</td>
<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM treatment (Q50)</td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>Mental health agencies</td>
<td>Very involved</td>
<td></td>
</tr>
<tr>
<td>Businesses</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>Minimal</td>
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<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Moderate</td>
<td></td>
</tr>
</tbody>
</table>
Religious institutions
Voluntary civic organizations
Courts/law enforcement
Universities

Funding for CM treatment (Q52)
Government
Non-government

Strategies used and thought to be effective in preventing CM (Q53)
• Professional training
• University programs for students
• Advocacy for children’s rights
• Improving families’ basic living conditions
• Mental health services
• Services for victims of domestic violence

Major barriers to preventing CM (Q54)
• Limited resources for improving the government’s response to CM
• Lack of specific laws related to CM
• Lack of system to investigate reports

Religious institutions
Voluntary civic organizations
Courts/law enforcement
Universities

Extensive that the UN CRC improved policies and programs concerning CM (Q69) Somewhat

Major developments to address CM (Q72)
• Change in the criminal act for Sexual abuse in children
• Development of centers that take care of sexually abused children
• In-service training of professionals dealing with abused children

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Commercial sex work (or prostitution) is legal (Q60) Yes
Age at which it’s legal to be a sex worker (Q61) 18

Extent that there are laws concerning CSE (Q55) Greatly

Extent of programs combating CSE (Q56) Somewhat

Extent that agencies collaborate to stop CSE (Q57) Not really

Extent of policies for reporting CSE to public agency or NGO (Q58) Greatly

Country keeps official data on CSE (Q59) Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Humanist Bureau
Evliya Çelebi Mah. Meşrutiyet Cad. No:90, Bilsar Binası Şişhane, Beyoğlu, Istanbul Turkey
Telephone: +90 212 366 02 56
Fax: +90 212 334 06 72
Email: info@humanistbureau.org
Website: www.humanistbureau.org
Resources Provided: Data on children in Turkey

International Children’s Center
Bilkent University, Central Campus Library Building, 06800 Bilkent / Ankara Turkey
Telephone: +90 312 290 23 66
Fax: +90 312 266 46 78
Email: icc@icc.org.tr
Website: www.icc.org.tr
Resources Provided: Data on children in Turkey

Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN)
Oyak sitesi 7. blok No. 7 Cankaya, Ankara 6610 Turkey
Telephone: 90 312 4398947
Fax: 90 312 4413352
Email: fsahin@gazi.edu.tr
ISPCAN Country Partner
With more than 200 members, TSPCAN is committed to the prevention of child abuse and neglect within the framework of human and child rights law and practice. TSPCAN’s mission is to raise public awareness and to build capacities of professionals and concerned volunteers working for the prevention of child abuse and neglect.
**Uganda**

<table>
<thead>
<tr>
<th><strong>26</strong> Gross domestic product (US$ billions)</th>
<th><strong>60</strong> Life expectancy at birth (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>41,488</strong> Total population (thousands)</td>
<td><strong>53</strong> Under 5 mortality rate (per 1,000 births)</td>
</tr>
<tr>
<td><strong>35%</strong> Population below int’l poverty line of US$1.90 per day</td>
<td>**86%</td>
</tr>
</tbody>
</table>

**BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT**

**Forms of acceptable punishment** (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)
- Hitting a child on the head or face with an open hand
- Hitting a child anywhere else on the body with an open hand
- Shaking the child
- Making the child stand or kneel in one place for more than 5 minutes

**Circumstances of the above are considered CM** (Q9)
- If the action causes an injury (e.g., bleeding, a burn, a bone fracture)

**Social conditions and behaviors** (Q10)
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a** (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Detention facility
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors** (Q12)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Child exposed to parent’s illicit drug use

**LAWS AND POLICIES REGARDING CM**

| Requirement that the investigation be a coordinated intersectorial response |
| --- | --- |
| Enforcement: | Inconsistent |
| Support: | Very inadequate |

| Provisions for removing child from parents/caretakers to ensure child’s safety |
| --- | --- |
| Enforcement: | Never or almost never |
| Support: | Very inadequate |

| Provisions for removing alleged perpetrator from the home |
| --- | --- |
| Enforcement: | Never or almost never |
| Support: | Very inadequate |

| Criminal penalties for abusing a child |
| --- | --- |
| Enforcement: | Inconsistent |
| Support: | Very inadequate |

| Requirement that all victims receive a service or intervention |
| --- | --- |
| Enforcement: | Inconsistent |
| Support: | Very inadequate |
## Country Profiles: Uganda

### Requirement that all perpetrators receive a service or intervention
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Clear definition of child sexual abuse
- **Enforcement:** Wide
- **Support:** Very inadequate

### Requires a separate attorney or advocate represents the child’s interests
- **Enforcement:** Wide
- **Support:** Very inadequate

### Clear definition of child neglect
- **Enforcement:** Wide
- **Support:** Very inadequate

### OFFICIAL DOCUMENTATION OF CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q13)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Duration system in place (Q16)</td>
<td>&gt; 10 years</td>
<td></td>
</tr>
<tr>
<td>Official labels for types of CM (Q17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Change in no. of cases over past 4 years (Q18)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
<td></td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1000 children per year (Q24)</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>% of reported cases involving (Q25)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHILD DEATHS

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q36)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q37)</td>
<td>Increased</td>
<td></td>
</tr>
<tr>
<td>Annual rate of deaths attributed to CM (Q38)</td>
<td>&gt; 4 in 100,000</td>
<td></td>
</tr>
<tr>
<td>Of these deaths, % involving (Q39)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SERVICES

<table>
<thead>
<tr>
<th>Program</th>
<th>Availability</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Public shelters for IPV victims and their children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness - adults</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness - children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment - parents</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment - children</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Free child care</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Universal health screening - children</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Universal free medical care - children</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Universal free medical care - all citizens</td>
<td>Occasional</td>
<td></td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM prevention (Q49)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Businesses</td>
<td>Minimal</td>
<td></td>
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<tr>
<td>Schools</td>
<td>Moderate</td>
<td></td>
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<tr>
<td>Public social services agencies</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Very involved</td>
<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Volunteer civic organizations</td>
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<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM treatment (Q50)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>Minimal</td>
<td></td>
</tr>
</tbody>
</table>
Public social services agencies: None
Community-based NGO’s: Very involved
Religious institutions: Moderate
Voluntary civic organizations: Minimal
Courts/law enforcement: Moderate
Universities: None

**Funding for CM prevention** (Q51)
- Government: Moderate
- Non-government: None

**Funding for CM treatment** (Q52)
- Government: Moderate
- Non-government: Major

**Strategies used and thought to be effective in preventing CM** (Q53)
- Media campaigns
- Increasing individual responsibility for child protection
- Advocacy for children’s rights
- Improving families’ basic living conditions
- Substance abuse services
- Services for victims of domestic violence

**Major barriers to preventing CM** (Q54)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Public resistance to prevention efforts

**Extent that the UN CRC improved policies and programs concerning CM** (Q69)
- Significantly

**Major developments to address CM** (Q72)
- The development of new policies and strategies to address child abuse and neglect such as the national strategy on teenage pregnancies and child marriages; the national strategic program plan of interventions for orphans and other vulnerable children, the alternative care framework, among others.
- Increased USAID funding support to child protection systems strengthening - a number of multi-million dollar programs from USAID and USDOL to address child abuse and neglect (Better Outcomes for Children and Youth; SCORE; SUNRISE; AYEDI; etc), and as well as support from foundations such as Oak Foundation, etc.
- Establishment of the National Child Protection Working Group under the Ministry of Labor, Gender and Social Development

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**CHILD SEXUAL EXPLOITATION (CSE)**

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

**Extent that there are laws concerning CSE** (Q55)
- Greatly

**Extent of programs combating CSE** (Q56)
- Somewhat

**Extent that agencies collaborate to stop CSE** (Q57)
- Not really

**Extent of policies for reporting CSE to public agency or NGO** (Q58)
- Greatly

**Country keeps official data on CSE** (Q59)
- Yes

**Commercial sex work (or prostitution) is legal** (Q60)
- No

**Extent to which victims of CSE receive mental health care** (Q62)
- Rarely

**Extent to which citizens who engage in CSE within the country are prosecuted** (Q63)
- Sometimes

**Extent to which citizens who engage in CSE abroad are prosecuted** (Q64)
- Sometimes

**Extent to which foreigners who engage in CSE within the country are prosecuted** (Q65)
- Sometimes

**Extent to which children who are exploited sexually are arrested** (Q66)
- Most of the time

**Arrests in the past year for engaging in sex trafficking of children** (Q67)
- Yes

**Arrests in the past year for possession or production of child pornography** (Q68)
- Yes

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**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

**ANPPCAN Uganda**
Plot 1, Kira Road
P.O. Box 24640
Kampala
Uganda
Telephone: +256 414 254 550 / 0392 754 550 / 754 552
Fax: +256 414 344 648
Email: anppcan@anppcanug.org, anppcan@anppcan.org
Website: www.anppcanug.org, www.anppcan.org
Resources Provided: Research reports, training modules, newsletters

**Makerere University SWSA Department**
P.O. Box 7062
Kampala
Uganda
Telephone: - 0414-542803
Email: e.walakira@ss.mak.ac.ug
Website: www.mak.ac.ug
Resources Provided: Research and training materials
United Arab Emirates*

**Behaviors and Conditions Generally viewed as Child Maltreatment**

**Forms of acceptable punishment (Q8)**
- Hitting a child on the buttocks with an open hand

**Circumstances of the above are considered CM (Q9)**
- If the child is < 2 years old
- If the action leaves a bruise
- If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g. a babysitter or teacher)

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
-Prostituting a child
-Infanticide
-Female circumcision/female genital mutilation
-Forcing a child to beg
-Abuse by another child
-Child serving as soldier
-Child labor – under age 12
-Slavery
-Internet solicitation for sex
-Child marriage
-Torture, for political reasons
-Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
-School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

**Parent or caregiver behaviors (Q12)**
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q21) | No |
| This law applies to (Q23) | |
| Physical abuse | |
| Sexual abuse | |
| Neglect | |
| Emotional (psychological) maltreatment | |

| National laws/policies regarding CM (Q42) | No |
| Government agency to respond to CM (Q40) | Yes |
| Investigation conducted by (Q41) | |
| Social Services | |
| Law enforcement | |
OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes

Official labels for types of CM (Q17)
  • Physical abuse
  • Sexual abuse
  • Neglect
  • Emotional (psychological) maltreatment

SERVICES

Availability of services (Q44)

<table>
<thead>
<tr>
<th>Service</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Public shelters for IPV victims and their children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Usually</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>No</td>
</tr>
<tr>
<td>Free child care</td>
<td>No</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q49)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Minimal</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>None</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment (Q50)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>None</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Very involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

Strategies used and thought to be effective in preventing CM (Q53)

<table>
<thead>
<tr>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improving or increasing local services</td>
</tr>
<tr>
<td>• Professional training</td>
</tr>
</tbody>
</table>

Major barriers to preventing CM (Q54)

<table>
<thead>
<tr>
<th>Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lack of specific laws related to CM</td>
</tr>
<tr>
<td>• Lack of system to investigate reports</td>
</tr>
<tr>
<td>• Lack of trained professionals</td>
</tr>
<tr>
<td>• Public resistance to prevention efforts</td>
</tr>
<tr>
<td>• Decline in informal support for parents</td>
</tr>
<tr>
<td>• Strong sense of family privacy and parental rights to raise children as they choose</td>
</tr>
<tr>
<td>• Support for the use of corporal punishment</td>
</tr>
</tbody>
</table>

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Commercial sex work (or prostitution) is legal (Q60) No

Extent to which citizens who engage in CSE within the country are prosecuted (Q63) Most of the time

Extent to which foreigners who engage in CSE within the country are prosecuted (Q65) Most of the time

Extent to which children who are exploited sexually are arrested (Q66) Most of the time

Arrests in the past year for possession or production of child pornography (Q68) Yes

Extent to which citizens who engage in CSE abroad are prosecuted (Q64) Most of the time

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Dubai Foundation for Women and Children
P.O.Box 97727
Dubai, United Arab Emirates
Telephone: 04-6060300
Email: info@dfwac.ae
Website: http://www.dfwac.ae/

ISPCAN Country Partner
The Dubai Foundation for Women and Children works to address domestic violence, human trafficking and child abuse in the UAE. They provide a holistic range of services to shed light on issues that are often hidden and taboo in Emirati culture.
United Kingdom

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Forms of acceptable punishment (Q9)**
- Hitting a child on the buttocks with an open hand

**Social conditions and behaviors (Q10)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

**Abuse or neglect of a child within a (Q11)**
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp
- Family home
- Health care facility

**Parent or caregiver behaviors (Q12)**
- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use

**Laws and Policies Regarding CM**

- Law mandating suspected CM be reported (Q22) No
- This law applies to (Q24) FGM must be reported
- National laws/policies regarding CM (Q43) Yes
- Laws/policies first established (Q44) Before 1980
- Government agency to respond to CM (Q41) Yes
- Investigation conducted by (Q42)
  - Social services
  - Law enforcement
- Elements in laws/policies (Q45)
  - Extent they are enforced (Q47)
  - Adequacy of government resources (Q48)

- Mandated periodic training for professionals who may encounter maltreated children No
  - Enforcement: Not applicable
  - Support: Not applicable

- Mandated reporting of suspected CM for specific groups of professionals or individuals No
  - Enforcement: Don’t know
  - Support: Don’t know

- Mandated reporting of suspected CM for all adults No
  - Enforcement: Not applicable
  - Support: Don’t know

- Provisions that allow for voluntary reporting of suspected CM by any professional or individual Yes
  - Enforcement: Widely enforced
  - Support: Don’t know

**Country Profiles**

**United Kingdom**

**Gross domestic product (US$ billions)** 2,622

**Total population (thousands)** 65,789

- Population below int’l poverty line of US$1.90 per day

- Under 5 mortality rate (per 1,000 births)

- Life expectancy at birth (years)

- Youth (15-24 years) literacy rate (male | female)
Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes
Enforcement: Widely enforced
Support: Adequate

Requirement that an investigation be a coordinated intersectoral response Yes
Enforcement: Widely enforced
Support: Adequate

Requirement that the child(ren)'s and family's needs be assessed Yes
Enforcement: Widely enforced
Support: Adequate

Provisions for removing child from his or her parents/ caretakers to ensure the child’s safety Yes
Enforcement: Widely enforced
Support: Adequate

Provisions for removing the alleged perpetrator from the home Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Specific criminal penalties for maltreating a child Yes
Enforcement: Widely enforced
Support: Don’t know

Requirement that all victims receive some form of service or intervention Yes
Enforcement: Inconsistent
Support: Adequate

Requirement that all perpetrators receive some form of service or intervention No
Enforcement: Not applicable
Support: Somewhat inadequate

Requirement of the development of specific prevention services Yes
Enforcement: Inconsistent
Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests No
Enforcement: Widely enforced
Support: Adequate

Penalties for professionals who fail to report CM No
Enforcement: Not applicable
Support: Don’t know

Provision of immunity from liability when reports are made in good faith No
Enforcement: Not applicable
Support: Don’t know

Provision of a specific budget for preventing CM Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Clear definition of child neglect Yes
Clear definition of child physical abuse Yes
Clear definition of child sexual abuse Yes
Clear definition of child emotional/psychological abuse Yes
Clear definition of exposure to IPV Yes

Local area arrangements to co-ordinate multi-agency working in child protection

Sectors included in required intersectoral response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Education (teachers)

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM (Q13) Yes
Duration system in place (Q17) > 10 years

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment
- Exposure to intimate partner violence (IPV)

Change in no. of cases over past 4 years (Q19)

<table>
<thead>
<tr>
<th>Category</th>
<th>Fewer Cases</th>
<th>More Cases</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20) No

% of reported cases involving (Q26)

Government maintains count of deaths due to CM (Q37) Yes
Over the past 10 years, the number of deaths due to CM has (Q40) Decreased

Annual rate of deaths attributed to CM (Q38) < 1 in 100,000

Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? 16-30%
- Foster care? 76-90%
- Orphanages? 0-15%

CHILD DEATHS
### Services

**Availability of services (Q48)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse a child</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Case management support services to meet a family's basic needs</td>
<td>Usually</td>
</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>Moderate</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public shelters for victims of domestic violence and their children</td>
<td>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>Moderate</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>Moderate</td>
</tr>
<tr>
<td>Free/highly subsidized child care</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal health screening for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal, mostly free medical care for all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM prevention (Q50)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM treatment (Q51)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Businesses/factories</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very Involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimally Involved</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderately Involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimally Involved</td>
</tr>
</tbody>
</table>

**Funding for CM prevention (Q52)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Level of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

**Funding for CM treatment (Q53)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Level of Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

**Strategies used and thought to be effective in preventing CM (Q54)**

- Home-based services and support for parents at risk
- Media campaigns to raise public awareness
- Risk assessment methods
- Prosecution of child abuse offenders
- Universal home visitation for new parents
- Improving/increasing local services
- A system of universal health care and access to preventive medical care
- Professional training
- Improving the basic living conditions of families (e.g., housing, access to clean water)
- Mental health services
- Substance abuse services
- Services for victims of domestic violence
- Child death review teams

**Major barriers to preventing CM (Q55)**

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)**

- Significantly

Written in national legislation and child protection policies

**Major developments to address CM (Q73)**

- Increased awareness raising in respect of specific forms of maltreatment, such as CSE and FGM
- Impact of financial austerity has led to the scaling back of services except for those in greatest need
- Local arrangements for co-ordinating inter-agency policy and practice have been recently reviewed, and the benefits of new arrangements are still to be seen
CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q66) 
Greatly

Extent of programs combating CSE (Q57) 
Greatly

Extent that agencies collaborate to stop CSE (Q58) 
Greatly

Extent of policies for reporting CSE to public agency or NGO (Q59) 
Greatly

Country keeps official records on CSE (Q60) 
Yes

Commercial sex work (or prostitution) is legal (Q61) 
Yes

Age at which it’s legal to be a sex worker (Q62) 
18

Extent to which victims of CSE receive mental health care (Q63) 
Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q64) 
Sometimes

Extent to which citizens who engage in CSE abroad are prosecuted (Q65) 
Sometimes

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) 
Sometimes

Extent to which children who are exploited sexually are arrested (Q67) 
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q68) 
Yes

Arrests in the past year for possession or production of child pornography (Q69) 
Yes

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)
17 Priory Street
York YO1 6ET
United Kingdom
Telephone: +44 (0)1904 613605 / 0904 621133
Fax: 0904 642239
Email: baspcan@baspcan.org.uk
Website: www.baspcan.org.uk

ISPACN Country Partner

BASPCAN aims to prevent physical, emotional and sexual abuse and neglect of children by promoting the physical, emotional, and social well being of children. We aim to promote rights of children as citizens, through multi-disciplinary collaboration, education, campaigning and other appropriate activities, within our powers and resources.

Child Rights International Network (CRIN)
Suite 152
88 Lower Marsh
London SE1 7AB
United Kingdom
Telephone: 44 20 7401 2257
Email: contact@crin.org, info@crin.org
Website: www.crin.org

Resources Provided: CRIN is a global network that disseminates information about the Convention on the Rights of the Child and child rights amongst non-governmental organizations (NGOs), United Nations agencies, inter-governmental organization (IGOs), educational institutions, and other child rights experts.

Child Soldiers International
The Grayston Centre
Ground Floor
28 Charles Square
London N1 6HT
United Kingdom
Telephone: +44 (0) 20 7324 4690

Fax: +44 (0) 20 7324 4656
Email: info@child-soldiers.org
Website: www.child-soldiers.org

Resources Provided: The Coalition to Stop the Use of Child Soldiers (CSC) unites national, regional and international organizations and networks in Africa, Asia, Europe, Latin America and the Middle East. It is the leading network for monitoring and reporting on the use of child soldiers worldwide.

Department of Education for England
Ministerial and Public Communications Division
Department for Education
Piccadilly Gate
Store Street
Manchester
M1 2WD
United Kingdom
Telephone: 0370 000 2288
Fax: 0161 600 1332
Website: https://www.gov.uk/education/safeguarding-child-protection

Resources Provided: Statistics, policies and research in relation to child protection in England

The Global Initiative to End All Corporal Punishment of Children
c/o Association for the Protection of All Children (APPROACH) Ltd
The Foundry
17 Oval Way
London SE11 5RR
United Kingdom
Telephone: 02077130569
Email: info@endcorporalpunishment.org
Website: www.endcorporalpunishment.org

Resources Provided: The Global Initiative to End All Corporal Punishment of Children aims to ensure that the recommendations of the Committee on the Rights of the Child and other human rights bodies are accepted and that governments move speedily to implement legal reform and public education programs.

Weston House  
42 Curtain Road  
London EC2A 3NH  
United Kingdom  
Telephone: 0808 800 5000  
Website: https://www.nspcc.org.uk/

Resources Provided: NSPCC is the leading UK child protection charity. They provide a range of therapeutic and intervention services, training and consultancy services, a 24-hour helpline for adults concerned about a child, and Childline, a 24-hour helpline for children at risk.

**Plan International Headquarters**

Dukes Court, Block A  
Duke Street, Woking  
Surrey, GU21 5BH  
United Kingdom  
Telephone: (+44) 1483 755 155  
Fax: (+44)1483 756 505  
Website: https://plan-international.org/

Resources Provided: Plan International is relentless in driving change in children's lives by building powerful partnerships and alliances in and across communities, and from the local to the regional and global level.

**Save the Children United Kingdom**

1 St John's Lane  
London, EC1M 4AR  
United Kingdom  
Telephone: +44 20 7012 6400  
Email: info@savethechildren.org  
Website: https://www.savethechildren.org.uk/

Resources Provided: Through Save the Children, member organizations work together in 120 countries, campaigning for better outcomes for children and delivering programmes to support children.

**World Vision International (WVI)**

Executive Office  
1 Roundwood Ave. Stockley Park Uxbridge  
Middlesex UB11 1FG  
United Kingdom  
Telephone: 1 888 511 6548  
Email: info@wvi.org, worvis@wvi.org  
Website: www.wvi.org

Resources Provided: World Vision International is a Christian relief and development organization working for the well being of all people, especially children. Through emergency relief, education, health care, economic development and promotion of justice, World Vision helps communities help themselves.
United States of America

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility

**Parent or caregiver behaviors**

- Physical discipline with bruising
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment

**Laws and Policies Regarding CM**

| Law mandating suspected CM be reported (Q22) | Yes |
| Year law established (Q23) | Before 1990 |
| This law applies to (Q24) | Physical abuse, Sexual abuse, Neglect, Emotional (psychological) maltreatment |
| National laws/policies regarding CM (Q43) | Yes |
| Laws/policies first established (Q44) | Before 1980 |
| Government agency to respond to CM (Q41) | Yes |
| Investigation conducted by (Q42) | Social services, Law enforcement |
| Elements in laws/policies (Q45) | |
| Mandated periodic training for professionals who may encounter maltreated children | No |
| Enforcement: | Not applicable |
| Support: | Not applicable |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | Yes |
| Enforcement: | Never or almost never enforced |
| Support: | Don't know |
| Mandated reporting of suspected CM for all adults | No |
| Enforcement: | Not applicable |
| Support: | Don't know |
| Provisions that allow for voluntary reporting of suspected CM by any professional or individual | Yes |
| Enforcement: | Never or almost never enforced |
| Support: | Don't know |
Requirement that reports be investigated within a specific time period (e.g., 24 hours) Yes Enforcement: Widely enforced Support: Adequate

Requirement that an investigation be a coordinated intersectoral response Yes Enforcement: Inconsistent Support: Somewhat inadequate

Requirement that the child(ren)’s and family’s needs be assessed Yes Enforcement: Inconsistent Support: Somewhat inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child’s safety Yes Enforcement: Widely enforced Support: Adequate

Provisions for removing the alleged perpetrator from the home Yes Enforcement: Inconsistent Support: Adequate

Specific criminal penalties for maltreating a child Yes Enforcement: Inconsistent Support: Don’t know

Requirement that all victims receive some form of service or intervention No Enforcement: Not applicable Support: Not applicable

Requirement that all perpetrators receive some form of service or intervention No Enforcement: Not applicable Support: Not applicable

Requirement of the development of specific prevention services No Enforcement: Don’t know Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests No Enforcement: Not applicable Support: Not applicable

Penalties for professionals who fail to report CM Yes Enforcement: Never or almost never enforced Support: Don’t know

Provision of immunity from liability when reports are made in good faith Yes Enforcement: Widely enforced Support: Don’t know

Clear definition of child neglect Yes Clear definition of child physical abuse Yes Clear definition of child sexual abuse Yes Clear definition of child emotional/psychological abuse No Clear definition of exposure to IPV No

Sectors included in required intersectorial response (Q46)
- Child protection
- Law enforcement (police)

Government maintains count of suspected CM (Q13) Yes Duration system in place (Q17) > 10 years Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional (psychological) maltreatment

Change in no. of cases over past 4 years (Q19)
Physical abuse No Change Sexual abuse No Change Neglect No Change Emotional (psychological) maltreatment N/A Exposure to intimate partner violence (IPV) N/A Subgroups (e.g. refugees, Aboriginals) excluded from reporting system (Q20 & Q21) Yes Native Americans

Incidence rate of reported CM per 1000 children per year (Q25) 90

% of reported cases involving (Q26)
Physical abuse 16-30%
Sexual abuse 0-15%
Neglect 61-75%
Emotional (psychological) maltreatment 0-15%
Street children 0-15%
Abandoned children 0-15%
Exposure to IPV 0-15%

% of reported cases investigated (Q27) 46-60%
% of investigated cases substantiated (Q28) 16-30%
% of substantiated cases in which (Q29)
Result in the perpetrator being removed from the home? 0-15%
Lead to prosecution of the alleged perpetrator? Don’t know
Result in the child being removed from the home? 16-30%

Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? 16-30%
- Foster care? 46-60%
- Orphanages? 0-15%

Government maintains count of deaths due to CM (Q37) Yes Over the past 10 years, the number of deaths due to CM has (Q46) Remained about the same

Annual rate of deaths attributed to CM (Q38) 1-2 in 100,000

Of these deaths, % involving (Q39)
Physical abuse 16-30%
Neglect 61-75%
Sexual Abuse 0-15%
Emotional Abuse 0-15%
Intimate Partner Violence 0-15%

Autopsy required when child’s death (Q31)
Is unexpected? Yes
Has an unclear cause? Yes

Autopsy performed by (Q32) Medical examiner
Autopsy must follow specific protocol (Q33) Yes
Country has child death review team(s) (Q34) Yes
Team(s) supported by legislation (Q35) No
Scope of team(s) (Q36) Local

SERVICES

### Availability of services (Q44)

- Therapy for those who neglect a child: Moderate
- Therapy for neglected children: Moderate
- Therapy for those who physically abuse a child: Moderate
- Therapy for physically abused children: Usually
- Therapy for those who sexually abuse a child: Occasional
- Therapy for sexually abused children: Usually
- Case management support services to meet a family’s basic needs: Moderate
- Home-based services to support parents and family: Moderate
- Foster care with official foster parents: Occasionally
- Group homes for maltreated children: Occasional
- Public shelters for maltreated children: Occasional
- Public shelters for victims of domestic violence and their children: Moderate
- Institutional care for maltreated children: Occasional
- Financial and other material support: Occasional
- Homeless outreach services: Occasional
- Hospitalization for mental illness for adults: Moderate
- Hospitalization for mental illness for children: Moderate
- Substance abuse treatment for parents: Occasional
- Substance abuse treatment for children: Occasional
- Centers for parents to share experiences/concerns: Occasional
- Targeted home visits for new parents at-risk: Occasional
- Free/highly subsidized child care: No
- Universal health screening for children: Usually
- Universal, mostly free medical care for children: No
- Universal, mostly free medical care for all citizens: No

### Involvement of community sectors in supporting CM prevention (Q50)

- Hospitals/medical centers: Minimally Involved
- Mental health agencies: Minimally Involved
- Businesses/factories: None
- Schools: None
- Public social service agencies: Minimally Involved
- Community-based NGOs: Minimally Involved
- Religious institutions: Minimally Involved
- Couris/voluntary organizations: Minimally Involved
- Courts/law enforcement: None
- Universities: None

### Involvement of community sectors in supporting CM treatment (Q51)

- Hospitals/medical centers: Very Involved
- Businesses/factories: None
- Schools: Minimally Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Moderately Involved

### Strategies used and thought to be effective in preventing CM (Q54)

- Nurse Family Partnership
- Home-based services and support for parents at risk
- Prosecution of child abuse offenders
- Improving/increasing local services
- Professional training
- Advocacy for children’s rights
- Mental health services
- Substance abuse services
- Services for victims of domestic violence

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

### Extent that the UN CRC improved policies and programs concerning CM (Q57)

- Not at all

### Major developments to address CM (Q58)

- Increased use of “Alternative Response” to less severe reports; this approach focuses on identifying and serving families’ needs rather than establishing fault.
- Increasing recognition of need to help families of children placed out of home with kin.

### CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

- Extent that there are laws concerning CSE (Q56) Somewhat
- Extent of programs combating CSE (Q57) Not really
- Extent that agencies collaborate to stop CSE (Q58) Don’t know
Extent of policies for reporting CSE to public agency or NGO (Q59)  
Somewhat

Country keeps official records on CSE (Q60)  
No

Commercial sex work (or prostitution) is legal (Q61)  
No

Extent to which victims of CSE receive mental health care (Q63)  
Sometimes

Extent to which citizens who engage in CSE in the country are prosecuted (Q64)  
Sometimes

Extent to which citizens who engage in CSE abroad are prosecuted (Q65)  
Rarely

Extent to which foreigners who engage in CSE in the country are prosecuted (Q66)  
Don’t know

Extent to which children who are exploited sexually are arrested (Q67)  
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q68)  
Yes

Arrests in the past year for possession or production of child pornography (Q69)  
Yes

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**

► American Professional Society on the Abuse of Children (APSAC)

1706 East Broad St.
Columbus, OH 43203
USA

Telephone: 614-827-1321, Toll Free: 877-402-7722
Fax: 630.359.4274

Email: apsac@apsac.org
Website: www.apsac.org

**ISPCAN Country Partner**

APSAC seeks to improve the quality of practice provided by professionals who work in child abuse and neglect by providing professional education that promotes effective, culturally sensitive, & interdisciplinary approaches to identification, intervention, treatment, & prevention of child abuse and neglect, & promoting research & practice guidelines to inform all forms of professional practice in child maltreatment.

► Ashoka

Ashoka Global Headquarters
1700 North Moore Street
Suite 2000 (20th Floor)
Arlington, VA 22209
USA

Telephone: 703-527-8300
Fax: 703-527-8333
Email: info@ashoka.org

Website: https://www.ashoka.org

Ashoka is the largest network of social entrepreneurs worldwide, with nearly 3,000 Ashoka Fellows in 70 countries putting their system changing ideas into practice on a global scale. Founded by Bill Drayton in 1980, Ashoka has provided start-up financing, professional support services, and connections to a global network across the business and social sectors, and a platform for people dedicated to changing the world. Ashoka launched the field of social entrepreneurship and has activated multi-sector partners across the world who increasingly look to entrepreneurial talent and new ideas to solve social problems.

► Centers for Disease Control and Prevention (CDC)

Public Inquiries/MASO, Mailstop F07
1600 Clifton Road
Atlanta, GA 30329-4027
USA

Telephone: 1 800 232 4636, TTY: 888-232-6348

Email: cdcinfo@cdc.gov
Website: www.cdc.gov

Resources Provided: The CDC works with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

► Child Welfare Information Gateway

Children’s Bureau/ACYF
330 C Street S.W.
Washington, DC 20201
USA

Telephone: 1.800.394.3366
Email: info@childwelfare.gov
Website: https://www.childwelfare.gov/

Resources Provided: General and specific information regarding child maltreatment and protection in the USA

► Human Rights Watch - Children’s Rights

350 Fifth Avenue, 34th floor
New York, NY 10118-3299
USA

Telephone: +1 212 290 4700
Fax: +1 212 736 1300
Website: www.hrw.org

Resources Provided: Human Rights Watch established the Children’s Rights Division in 1994 to monitor human rights abuses against children around the world and to campaign to end them. They challenge abuses carried out or tolerated by governments and, when appropriate, by armed opposition groups.

► International Pediatric Association (IPA)

418 Webster Forest Drive
Webster Groves, MO 63119
USA

Telephone: 84 7434 7507
Email: adminoffice@ipa-world.org, membersupport@ipa-world.org
Website: http://ipa-world.org

Resources Provided: IPA believes that pediatricians, working with other partners, will be leaders in promoting physical, mental, and social health for all children, and in realizing the highest standards of health for newborns, children, and adolescents in all countries of the world.
 Resources Provided: ISPCAN is a multidisciplinary professional society whose mission is to support professionals and individuals around the world working to prevent child abuse and neglect. It brings together a worldwide cross-section of committed professionals to work towards the prevention and treatment of child abuse, neglect and exploitation globally.

United Nations Development Programme (UNDP)

One United Nations Plaza
New York, NY 10017
USA

Website: http://www.undp.org

Resources Provided: UNDP works in some 170 countries and territories, helping to achieve the eradication of poverty, and the reduction of inequalities and exclusion. It helps countries to develop policies, leadership skills, partnering abilities, institutional capabilities and build resilience in order to sustain development results.

United Nations International Children’s Emergency Fund (UNICEF)

UNICEF House Headquarters
3 United Nations Plaza
New York, New York 10017
USA

Telephone: 1 212 326 7000
Fax: 1 212 887 7465 / 7454
Website: www.unicef.org

Viet Nam

224 Gross domestic product (US$ billions)
94,569 Total population (thousands)
3% Population below int’l poverty line of US$1.90 per day
76 Life expectancy at birth (years)
22 Under 5 mortality rate (per 1,000 births)
97% | 97% Youth (15-24 years) literacy rate (male | female)

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

Forms of acceptable punishment (Q9)
• Hitting a child on the buttocks with an object (e.g., shoe, belt)
• Hitting a child on the head or face with an object (e.g., shoe, belt)
• Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
• Putting something spicy, bitter, or salty in a child’s mouth
• Burning a child deliberately

Social conditions and behaviors (Q10)
• Physical beating of a child by any adult
• Child living on the street
• Prostituting a child
• Infanticide
• Forcing a child to beg
• Abuse by another child
• Child labor – under age 12
• Slavery
• Internet solicitation for sex
• Child marriage

Abuse or neglect of a child within a (Q11)
• Foster care, group home or orphanage
• Day care center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization
• Work place

Parent or caregiver behaviors (Q12)
• Physical discipline with bruising
• Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
• Sexual abuse (e.g., incest, sexual touching)
• Exposing child to pornography
• Commercial sexual exploitation
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Child experiencing intimate partner (or domestic) violence

LAWS AND POLICIES REGARDING CM

Law mandating suspected CM be reported (Q22)
National laws/policies regarding CM (Q43)
Laws/policies first established (Q44)
Government agency to respond to CM (Q41)
Investigation conducted by (Q42)
Elements in laws/policies (Q45)
- Extent they are enforced (Q47)
- Adequacy of government resources (Q48)

Mandated periodic training for professionals who may encounter maltreated children

Mandated reporting of suspected CM for specific groups of professionals or individuals

Law mandating suspected CM be reported (Q22) No
National laws/policies regarding CM (Q43) Yes
Laws/policies first established (Q44) After 2000
Government agency to respond to CM (Q41) Yes
Investigation conducted by (Q42) Law enforcement
Elements in laws/policies (Q45)
- Extent they are enforced (Q47) No
- Adequacy of government resources (Q48) Very inadequate

Mandated periodic training for professionals who may encounter maltreated children

Mandated reporting of suspected CM for specific groups of professionals or individuals

Mandated reporting of suspected CM for all adults
Enforcement: Never or almost never enforced
Support: Don’t know
Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Enforcement: Inconsistent
Support: Don’t know
Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Enforcement: Never or almost never enforced
Support: Not applicable
Requirement that an investigation be a coordinated intersectoral response
Enforcement: Inconsistent
Support: Very inadequate
Requirement that the child(ren)’s and family’s needs be assessed
Enforcement: Inconsistent
Support: Very inadequate
Provisions for removing child from his or her parents/caretakers to ensure the child’s safety
- Yes
  - Enforcement: Inconsistent
  - Support: Very inadequate

Provisions for removing the alleged perpetrator from the home
- Don’t know
  - Enforcement: Not applicable
  - Support: Very inadequate

Specific criminal penalties for maltreating a child
- Yes
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Requirement that all victims receive some form of service or intervention
- Don’t know
  - Enforcement: Never or almost never enforced
  - Support: Very inadequate

Requirement that all perpetrators receive some form of service or intervention
- No
  - Enforcement: Never or almost never enforced
  - Support: Not applicable

Requirement of the development of specific prevention services
- No
  - Enforcement: Inconsistent
  - Support: Don’t know

Requirement that a separate attorney or advocate be assigned to represent the child’s interests
- Yes
  - Enforcement: Inconsistent
  - Support: Very inadequate

Penalties for professionals who fail to report CM
- No
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Provision of immunity from liability when reports are made in good faith
- No
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Provision of a specific budget for preventing CM
- No
  - Enforcement: Never or almost never enforced
  - Support: Very inadequate

Clear definition of child neglect
- No
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Clear definition of child physical abuse
- No
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Clear definition of child sexual abuse
- Yes
  - Enforcement: Never or almost never enforced
  - Support: Very inadequate

Clear definition of child emotional/psychological abuse
- No
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Clear definition of exposure to IPV
- Don’t know
  - Enforcement: Never or almost never enforced
  - Support: Don’t know

Sectors included in required intersectoral response
- Child protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)

OFFICIAL DOCUMENTATION OF CM

Government maintains count of suspected CM
- No
  (Q13)

Incidence rate of reported CM per 1000 children per year
- i do not know as there is no official data about this.
  (Q25)

% of reported cases investigated
- 0-15%
  (Q27)

% of investigated cases substantiated
- 0-15%
  (Q28)

% of substantiated cases in which
- 0-15%
  Result in the perpetrator being removed from the home?
  (Q29)

Lead to prosecution of the alleged perpetrator?
- 0-15%
  (Q30)

Result in the child being removed from the home?
- 0-15%
  (Q31)

Of children removed from home, how many live in
- Don’t know
  (Q32)

Kinship care (with a family member)?
- Don’t know

Foster care?
- Don’t know

Orphanages?
- Don’t know

CHILD DEATHS

Government maintains count of deaths due to CM
- No
  (Q37)

Over the past 10 years, the number of deaths due to CM has
- Don’t know
  (Q40)

Annual rate of deaths attributed to CM
- Don’t know
  (Q38)

Of these deaths, % involving
- Don’t know
  (Q39)

Autopsy required when child’s death
- No
  (Q31)

Is unexpected?
- No
  (Q32)

Has an unclear cause?
- Yes
  (Q33)

Autopsy performed by
- Forensic doctor
  (Q34)

Autopsy must follow specific protocol
- Yes
  (Q35)

Country has child death review team(s)
- No
  (Q36)

Team(s) supported by legislation
- Yes
  (Q37)

Scope of team(s)
- Regional
  (Q38)
COUNTRY PROFILES
VIET NAM

SERVICES

Availability of services (Q49)
- Therapy for those who neglect a child: No
- Therapy for neglected children: No
- Therapy for those who physically abuse a child: No
- Therapy for those who sexually abuse a child: No
- Therapy for sexually abused children: Occasional
- Case management support services to meet a family’s basic needs: Occasional
- Home-based services to support parents and family: Occasional
- Foster care with official foster parents: No
- Group homes for maltreated children: No
- Public shelters for maltreated children: No
- Public shelters for victims of domestic violence and their children: Occasional
- Institutional care for maltreated children: No
- Financial and other material support: Occasional
- Hospitalization for mental illness for adults: Occasional
- Hospitalization for mental illness for children: Occasional
- Substance abuse treatment for parents: Occasional
- Substance abuse treatment for children: Occasional
- Centers for parents to share experiences/concerns: Occasional
- Universal home visits for all new parents: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: No
- Universal health screening for children: No
- Universal, mostly free medical care for children: No
- Universal, mostly free medical care for all citizens: No

Funding for CM prevention (Q52)
- Government: Minimal
- Non-government: Minimal

Funding for CM treatment (Q53)
- Government: Minimal
- Non-government: Minimal

Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Strong sense of family privacy and parental rights to raise children as they choose
- General support for the use of corporal punishment/physical discipline of children
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

Extent that the UN CRC improved policies and programs concerning CM (Q70 & Q71)
- Significantly

The children law which is based on the UNCRC has been approved in 2017.

Major developments to address CM (Q72)
- There are 3 positive major development in Vietnam in the past 3 years:
  - Child protection from abuse and child participation have been mentioned first time ever in the Vietnam Constitution.
  - Children law has been approved in 2017. This new law has been revised from the Child care, protection and education law. This new law has a specific chapter for child protection and mentioned about child protection system approach.
  - Child Helpline has received 3 digit number (before was 8 digit).

CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

Extent that there are laws concerning CSE (Q56) Somewhat

Extent of programs combating CSE (Q57) Somewhat

Extent that agencies collaborate to stop CSE (Q58) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q59) Somewhat

Country keeps official records on CSE (Q60) Yes

Commercial sex work (or prostitution) is legal (Q61) No

Extent to which victims of CSE receive mental health care (Q63) Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q64) Sometimes

Extent to which citizens who engage in CSE abroad are prosecuted (Q65) Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q66) Most of the time

Extent to which children who are exploited sexually are arrested (Q67) Rarely

Arrests in the past year for engaging in sex trafficking of children (Q68) Yes

Arrests in the past year for possession or production of child pornography (Q69) Yes
AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Ministry of Labour – Invalids And Social Affairs (MOLISA)
12 Ngo Quyen Str
Hoan Kiem District
Ha Noi
Viet Nam
Telephone: (04) 62703613- (04)62730615
Fax: (04) 62703609
Email: banbientap@molisa.gov.vn
Website: http://www.molisa.gov.vn/en/Pages/Home.aspx
Resources Provided: Data on children in general and specific issues relating to child protection and care, data on children’s issues through Child Helpline data, policies and programs on child protection and care

United Nations International Children’s Emergency Fund (UNICEF)
Green One UN House
304 Kim Ma
Ba Dinh District
Hanoi
Viet Nam
Telephone: 84 4 38500100
Fax: 84 4 37265520
Email: hanoi.registry@unicef.org
Resources Provided: Research, studies on child protection
Wales, United Kingdom*

**Behaviors and Conditions Generally Viewed as Child Maltreatment**

**Social conditions and behaviors (Q10)**
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Child marriage
- Torture, for political reason

**Parent or caregiver behaviors (Q12)**
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child exposed to intimate partner (or domestic) violence

**Laws and Policies Regarding CM**

**Law mandating suspected CM be reported (Q21)**
- No

**National laws/policies regarding CM (Q42)**
- Yes

**Laws/policies first established (Q43)**
- 1980-1989

**Government agency to respond to CM (Q40)**
- Yes

**Investigation conducted by (Q41)**
- Social Services

**Elements in laws/policies (Q44)**
- Provisions for voluntary reporting of suspected CM by professionals or individuals
- Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- Requirement that the investigation be a coordinated intersectorial response
- Requirement that the child(ren)’s and family’s needs be assessed

**Sectors included in required intersectorial response (Q45)**
- Child Protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)
- Education (teachers)
- All professionals

**Official Documentation of CM**

**Government maintains count of suspected CM (Q13)**
- Yes

**Duration system in place (Q16)**
- > 10 years

**Official labels for types of CM (Q17)**
- Physical abuse
- Sexual abuse

**Stats for country of United Kingdom as a whole**

- 2,622 Gross domestic product (US$ billions)
- 65,789 Total population (thousands)
- Population below int’l poverty line of US$1.90 per day
- 82 Life expectancy at birth (years)
- 4 Under 5 mortality rate (per 1,000 births)
- 82 Life expectancy at birth (years)
- Youth (15-24 years) literacy rate (male | female)

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*Wales, United Kingdom* 
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• Neglect
• Emotional (psychological) maltreatment
• Exposure IPV

Change in no. of cases over past 4 years (Q18)

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>More Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>More Cases</td>
</tr>
<tr>
<td>Neglect</td>
<td>More Cases</td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td>More Cases</td>
</tr>
</tbody>
</table>

CHILD DEATHS

Government maintains count of deaths due to CM (Q36)  Yes
Over the past 10 years, the number of deaths due to CM has (Q37)  Decreased
Country has child death review team(s) (Q33)  Yes
Team(s) supported by legislation (Q34)  Yes
Scope of team(s) (Q35)  Local

SERVICES

Availability of services (Q48)

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderate</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderate</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>Occasional</td>
</tr>
<tr>
<td>Free child care</td>
<td>Occasional</td>
</tr>
<tr>
<td>Universal health screening - children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal free medical care - children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal free medical care - all citizens</td>
<td>Usually</td>
</tr>
</tbody>
</table>

Funding for CM prevention (Q51)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Funding for CM treatment (Q52)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM prevention (Q49)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Businesses</td>
<td>Minimal</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimal</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Community-based NGO’s</td>
<td>Very involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
</tr>
<tr>
<td>Volunteeric organizations</td>
<td>Minimal</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimal</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM

Children in Wales

Head office:
25 Windsor Place
Cardiff
CF10 3BZ
United Kingdom
Telephone: (029) 2034 2434
Fax: (029) 2034 3134

North Wales Office:
Room 101,
The Management Centre,
Bangor University,
College Road
Bangor
LL57 2DG
United Kingdom

Telephone: (01286) 677570
Website: www.childreninwales.org.uk


Weston House
42 Curtain Road
London EC2A 3NH
United Kingdom
Telephone: 0808 800 5000
Email: help@nspcc.org.uk
Website: https://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/

Resources Provided: NSPCC is the leading UK child protection charity. In NI we provide a range of therapeutic and intervention services, training and consultancy services, a 24-hour helpline for adults concerned about a child, and Childline, a 24-hour helpline for children at risk.
Zambia

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility

Laws and Policies Regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q22)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law established (Q23)</td>
<td>2001 – 2005</td>
</tr>
<tr>
<td>This law applies to (Q24)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q43)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q44)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q41)</td>
<td>Yes</td>
</tr>
<tr>
<td>Investigation conducted by (Q42)</td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td></td>
</tr>
<tr>
<td>Law enforcement</td>
<td></td>
</tr>
</tbody>
</table>

26 Gross domestic product (US$ billions)
16,591 Total population (thousands)
64% Population below int'l poverty line of US$1.90 per day
62 Life expectancy at birth (years)
63 Under 5 mortality rate (per 1,000 births)
91% | 87% Youth (15-24 years) literacy rate (male | female)

BEHAVIORS AND CONDITIONS GENERALLY VIEWED AS CHILD MALTREATMENT

- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use
Provisions that allow for voluntary reporting of suspected CM by any professional or individual
Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that reports be investigated within a specific time period (e.g., 24 hours)
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that an investigation be a coordinated intersectoral response
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that the child(ren)'s and family's needs be assessed
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing child from his or her parents/caretakers to ensure the child's safety
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Provisions for removing the alleged perpetrator from the home
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Specific criminal penalties for maltreating a child
Yes
Enforcement: Inconsistent
Support: Don't know

Requirement that all victims receive some form of service or intervention
Yes
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that all perpetrators receive some form of service or intervention
Don't know
Enforcement: Don't know
Support: Somewhat inadequate

Requirement of the development of specific prevention services
Yes
Enforcement: Don't know
Support: Don't know

Requirement that a separate attorney or advocate be assigned to represent the child's interests
Don't know
Enforcement: Don't know
Support: Somewhat inadequate

Penalties for professionals who fail to report CM
Yes
Enforcement: Inconsistent
Support: Don't know

Provision of immunity from liability when reports are made in good faith
Don't know
Enforcement: Don't know
Support: Don't know

Provision of a specific budget for preventing CM
Don't know
Enforcement: Don't know
Support: Somewhat inadequate

Clear definition of child neglect
Yes

Clear definition of child physical abuse
Yes

Clear definition of child sexual abuse
Yes

Clear definition of child emotional/psychological abuse
Yes

Clear definition of exposure to IPV
Yes

Sectors included in required intersectorial response (Q46)
- Child protection
- Law enforcement (police)
- Health (e.g., forensic doctor or pediatrician)
- Legal (e.g., prosecutor or court appointed advocate)
- Education (teachers)

Government maintains count of suspected CM (Q13) Yes

Duration system in place (Q17) Don't know

Official labels for types of CM (Q18)
- Physical abuse
- Sexual abuse
- Neglect

% of reported cases investigated (Q27) 46-60%

% of investigated cases substantiated (Q28) 31-45%

% of substantiated cases in which Result in the perpetrator being removed from the home? 0-15%
Lead to prosecution of the alleged perpetrator? 16-30%
Result in the child being removed from the home? 0-15%

Of children removed from home, how many live in (Q30)
- Kinship care (with a family member)? Don't know
- Foster care? 0-15%
- Orphanages? 0-15%

% of investigated cases substantiated (Q28) 31-45%

% of substantiated cases in which Result in the perpetrator being removed from the home? 0-15%

ChilD Deaths

Government maintains count of deaths due to CM (Q37) Don't know

Over the past 10 years, the number of deaths due to CM has (Q40) Increased
**COUNTRY PROFILES**  
**ZAMBIA**

**Annual rate of deaths attributed to CM (Q38)**: > 4 in 100,000

**Of these deaths, % involving (Q39)**:
- Physical abuse: 76-90%
- Neglect: Don’t know
- Sexual Abuse: 61-75%
- Emotional Abuse: Don’t know
- Intimate Partner Violence: Don’t know

**Autopsy required when child’s death (Q31)**
- Is unexpected? Yes
- Has an unclear cause? Yes

**Autopsy performed by (Q32)**: Coroner

**Autopsy must follow specific protocol (Q33)**: Don’t know

**Country has child death review team(s) (Q34)**: No

### SERVICES

**Availability of services (Q49)**
- Therapy for those who neglect a child: Occasional
- Therapy for neglected children: Moderate
- Therapy for those who physically abuse a child: Occasional
- Therapy for physically abused children: Usually
- Therapy for those who sexually abuse a child: No
- Therapy for sexually abused children: Usually
- Case management support services to meet a family’s basic needs: Occasional
- Home-based services to support parents and family: Occasional
- Foster care with official foster parents: Occasional
- Group homes for maltreated children: No
- Public shelters for maltreated children: Occasional
- Public shelters for victims of domestic violence and their children: Occasional
- Institutional care for maltreated children: Moderate
- Financial and other material support: Occasional
- Hospitalization for mental illness for adults: Moderate
- Hospitalization for mental illness for children: Moderate
- Substance abuse treatment for parents: Moderate
- Substance abuse treatment for children: Moderate
- Centers for parents to share experiences/concerns: No
- Targeted home visits for new parents at-risk: No
- Free/highly subsidized child care: No
- Universal health screening for children: Moderate
- Universal, mostly free medical care for children: Usually
- Universal, mostly free medical care for all citizens: Moderate

**Involvement of community sectors in supporting CM prevention (Q56)**
- Schools: Very Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Very Involved
- Religious institutions: Very Involved
- Voluntary civic organizations: Very Involved
- Courts/law enforcement: Very Involved
- Universities: Don’t Know

**Involvement of community sectors in supporting CM treatment (Q51)**
- Hospitals/medical centers: Very Involved
- Mental health agencies: Don’t Know
- Schools: Very Involved
- Public social service agencies: Very Involved
- Community-based NGOs: Very Involved
- Religious institutions: Very Involved

### CHILD SEXUAL EXPLOITATION (CSE)

CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.

**Extent that there are laws concerning CSE (Q56)**: Greatly

**Extent of programs combating CSE (Q57)**: Greatly

**Extent that agencies collaborate to stop CSE (Q58)**: Greatly

**Extent of policies for reporting CSE to public agency or NGO (Q59)**: Greatly

**Country keeps official records on CSE (Q60)**: Yes

**Commercial sex work (or prostitution) is legal (Q61)**: No

**Voluntary civic organizations: Very Involved**

**Courts/law enforcement: Very Involved**

**Universities: Don’t Know**

**Funding for CM prevention (Q52)**
- Government: NA
- Non-government: Major

**Funding for CM treatment (Q53)**
- Government: NA
- Non-government: Major

**Strategies used and thought to be effective in preventing CM (Q54)**
- Media campaigns to raise public awareness
- Increasing individual responsibility for child protection
- Professional training
- Advocacy for children’s rights

**Major barriers to preventing CM (Q55)**
- Limited resources for improving the government’s response to CM
- Lack of specific laws related to CM
- Lack of system to investigate reports of CM
- Lack of trained professionals
- Public resistance to supporting prevention efforts
- Extreme poverty
- Decline in family life and informal support systems for parents
- Country’s dependency on foreign investment to sustain its local economy
- Strong sense of family privacy and parental rights to raise children as they choose
- Lack of commitment or support for children’s rights
- Overwhelming number of children living on their own
- Generally inadequate and poorly developed systems of basic health care or social services
- Political or religious conflict and instability
- Lack of access to mental health services
- Lack of substance abuse treatment
- Lack of laws allowing sharing of information among professionals

**Extent that the UN CRC improved policies and programs concerning CM (Q70)**: Significantly

**Major developments to address CM (Q73)**
- Developing of child protection policy and implementation
- Formation of childline 116 toll free line to respond to child abuse related concerns
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q63)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q64)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q65)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q66)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q67)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q68)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q69)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Zimbabwe*

Forms of acceptable punishment (Q8)
- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (shoe, belt, other)

Circumstances of the above are considered CM (Q9)
- If the child is < 2 years old
- If the action leaves a bruise
- If the action causes an injury (e.g. bleeding, a burn, a bone fracture)
- If the action is by someone other than a parent (e.g. a babysitter or teacher)
- If the action is done in the presence of non-family members

Social conditions and behaviors (Q10)
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture, for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

Abuse or neglect of a child within a (Q11)
- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Parent or caregiver behaviors (Q12)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to intimate partner (or domestic) violence
- Child exposed to parent’s illicit drug use

Laws and Policies Regarding CM

Law mandating suspected CM be reported (Q21) Yes
Year law established (Q22) 2001 – 2005
This law applies to (Q23)
- Physical abuse
- Sexual abuse
- Neglect
National laws/policies regarding CM (Q42) Yes
Laws/policies first established (Q43) After 2000
Government agency to respond to CM (Q48) Yes
Investigation conducted by (Q41)
- Social Services

Elements in laws/policies (Q44)
- Extent they are enforced (Q46)
- Adequacy of government resources (Q47)

Mandated periodic training for professionals who may encounter maltreated children
Enforcement: Inconsistent
Support: Very inadequate

Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Very inadequate
### Mandated reporting of suspected CM for all adults
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Provisions for voluntary reporting of suspected CM by professionals or individuals
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Requirement that reports be investigated within a specific time period (e.g., 24 hours)
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Requirement that the child(ren)’s and family’s needs be assessed
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Provisions for removing child from parents/caretakers to ensure child’s safety
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Criminal penalties for abusing a child
- **Enforcement:** Never or almost never
- **Support:** Very inadequate

### Requirement that all victims receive a service or intervention
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Requirement that all perpetrators receive a service or intervention
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Requires development of prevention services
- **Enforcement:** Inconsistent
- **Support:** Very inadequate

### Requires a separate attorney or advocate represents the child’s interests
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

### Clear definition of child neglect
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

### Clear definition of child physical abuse
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

### Clear definition of child sexual abuse
- **Enforcement:** Wide
- **Support:** Somewhat inadequate

### Sectors included in required intersectorial response (Q45)
- Child Protection
- Law enforcement (police)
- Health (e.g. forensic doctor or pediatrician)
- Legal (e.g. prosecutor or court appointed advocate)
- Education (teachers)
- Local community members who may know the child

### Government maintains count of suspected CM (Q13)
- **Yes**

### Official labels for types of CM (Q17)
- Physical abuse
- Sexual abuse
- Neglect

### Change in no. of cases over past 4 years (Q18)
- **Physical abuse:** Fewer Cases
- **Sexual abuse:** More Cases
- **Neglect:** No change
- Emotional (psychological) maltreatment: Don’t know
- Exposure to IPV: Don’t know

### Incidence rate of reported CM per 1000 children per year (Q24)
- **400**

### % of reported cases involving (Q25)
- **Physical abuse:** 0-15%
- **Sexual abuse:** 31-45%

### % of reported cases investigated (Q26)
- **46-60%**

### % of investigated cases substantiated (Q27)
- **31-45%**

### % of substantiated cases in which (Q28)
- Child removed: 0-15%
- Perpetrator removed: 16-30%
- Alleged perpetrator prosecuted: 31-45%

### % of children placed outside of home due to CM (Q29)
- **31-45%**

### Of children removed from home, how many live in (Q30)
- Kinship care (with family): 76-90%
- Foster care: 16-30%
- Orphanages: 76-90%

### Autopsy required when child’s death (Q31)
- **Is unexpected**
- **Has an unclear cause**

### Autopsy must follow specific protocol (Q32)
- **Yes**

### Country has child death review team(s) (Q33)
- **No**

### Services

#### Availability of services (Q48)
- Programs for those who neglect children: No
- Programs for neglected children: Usually

#### Therapy for physically abused children: Occasional
- Therapy for those who sexually abuse children: Occasional
- Therapy for sexually abused children: Occasional
- Case management services: Usually
Home-based services/family support | Occasional | Courts/law enforcement | Very involved  
Foster care with official foster parents | Occasional | Universities | None  
Group homes for maltreated children | Occasional |  
Public shelters for maltreated children | Usually |  
Public shelters for IPV victims and their children | Usually |  
Institutional care for maltreated children | Occasional |  
Financial and other material support | Occasional |  
Hospitalization for mental illness - adults | No |  
Hospitalization for mental illness - children | No |  
Substance abuse treatment - parents | Occasional |  
Substance abuse treatment - children | Occasional |  
Centers for parents to share experiences/concerns | Occasional |  
Universal home visits for all new parents | No |  
Home visits for new, at-risk parents | No |  
Free child care | No |  
Universal health screening - children | Occasional |  
Universal free medical care - children | No |  
Universal free medical care - all citizens | No |  

**Involvement of community sectors in supporting CM prevention** (Q49)  
Hospitals/medical centers | Minimal  
Mental health agencies | Moderate  
Businesses | None  
Schools | Moderate  
Public social services agencies | Very involved  
Community-based NGO’s | Very involved  
Religious institutions | Very involved  
Voluntary civic organizations | Very involved  
Courts/law enforcement | Very involved  
Universities | Moderate  

**Involvement of community sectors in supporting CM treatment** (Q50)  
Hospitals/medical centers | Very involved  
Mental health agencies | Moderate  
Businesses | None  
Schools | Moderate  
Public social services agencies | Very involved  
Community-based NGO’s | Very involved  
Religious institutions | Very involved  
Voluntary civic organizations | Very involved  

**Child Sexual Exploitation (CSE)**  
CSE is defined as the recruitment, harboring, transportation, provision, or obtaining of a person under 18 for the purpose of a commercial sex act by force, fraud, or coercion.  

**Extent of policies for reporting CSE to public agency or NGO** (Q56) | Somewhat  
**Commercial sex work (or prostitution) is legal** (Q57) | No  
**Extent to which victims of CSE receive mental health care** (Q58) | Rarely  
**Arrests in the past year for possession or production of child pornography** (Q59) | Yes  

**Strategies used and thought to be effective in preventing CM** (Q53)  
- Prosecution of offenders  
- Advocacy for children’s rights  

**Major barriers to preventing CM** (Q54)  
- Limited resources for improving the government’s response to CM  
- Lack of specific laws related to CM  
- Lack of system to investigate reports  
- Lack of trained professionals  
- Public resistance to prevention efforts  
- Extreme poverty  
- Decline in informal support for parents  
- Country’s dependency on foreign investment for its economy  
- Strong sense of family privacy and parental rights to raise children as they choose  
- Support for the use of corporal punishment  
- Lack of support for children’s rights  
- Overwhelming no. of children living alone  
- Inadequate health or social services  
- Political or religious conflict, instability  
- Lack of health services  
- Lack of substance abuse treatment  

**Involvement of community sectors in supporting CM prevention** (Q49)  
Hospitals/medical centers | Minimal  
Mental health agencies | Moderate  
Businesses | None  
Schools | Moderate  
Public social services agencies | Very involved  
Community-based NGO’s | Very involved  
Religious institutions | Very involved  
Voluntary civic organizations | Very involved  
Courts/law enforcement | Very involved  
Universities | Moderate  

**Involvement of community sectors in supporting CM treatment** (Q50)  
Hospitals/medical centers | Very involved  
Mental health agencies | Moderate  
Businesses | None  
Schools | Moderate  
Public social services agencies | Very involved  
Community-based NGO’s | Very involved  
Religious institutions | Very involved  
Voluntary civic organizations | Very involved  

**Extent that the UN CRC improved policies and programs concerning CM** (Q55) | Somewhat  
**Major developments to address CM** (Q56) |  
- Involvement of health institutions to spread the word against child abuse  
- The banning of corporal punishment in schools  
- The training of social service professionals  

**AGENCIES AND ORGANIZATIONS FOR MORE INFORMATION ON CM**  
- **SOS Children’s Villages**  
  W.O. 5/77 Mon Repos Building Newlands  
  Harare Box HG 766 Highlands  
  Harare  
  Zimbabwe  
  Telephone: +263 4 746451-3  
  Fax: +263 4 746454  
  Email: soszim@sos-zimbabwe.org, sos-zim@harare.iafrica.com  
  Resources Provided: Raise orphaned & abandoned children
SECTION THREE

APPENDICES
## List of Surveyed Countries by Income Level

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* indicates low-income countries.
## APPENDIX A  LIST OF SURVEYED COUNTRIES BY INCOME LEVEL

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*Profile included from *World Perspectives on Child Abuse* 2016, 12th Edition.*
# APPENDIX B

## Aspects of National CM Policies and Programs

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**EUROPE**

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Notes:

1. Existence of national laws or policies implemented at the state/provincial/territorial level regarding CM. $\checkmark$ = yes, $\times$ = no, blank = unknown.
2. Year laws or policies first established.
3. Existence of an identified government agency (or agencies) at the national, state, or local levels mandated to respond to cases of CM. $\checkmark$ = yes, $\times$ = no, blank = unknown.
4. Existence of a government agency that maintains an "official" record or count of all reported CM cases. $\checkmark$ = yes, $\times$ = no, blank = unknown.
5. Existence of subgroups systematically excluded from this reporting system. $\checkmark$ = yes, $\times$ = no, blank = unknown.
6. Existence of a law mandating reporting of suspected CM. $\checkmark$ = yes, $\times$ = no, blank = unknown.
7. Year law first took effect.
8. Existence of child death (or fatality) review teams. $\checkmark$ = yes, $\times$ = no, blank = unknown.
9. Existence of legislative backing for child death review teams. $\checkmark$ = yes, $\times$ = no, blank = unknown.
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### UNICEF 2017 Child Protection Data

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<th>Child labour (%)&lt;sup&gt;+&lt;/sup&gt; 2010–2016&lt;sup&gt;*&lt;/sup&gt;</th>
<th>Child marriage (%)&lt;sup&gt;+&lt;/sup&gt; 2010–2016&lt;sup&gt;*&lt;/sup&gt;</th>
<th>Birth registration (%)&lt;sup&gt;++&lt;/sup&gt; 2010–2016&lt;sup&gt;*&lt;/sup&gt;</th>
<th>Female genital mutilation/cutting (%)&lt;sup&gt;+&lt;/sup&gt; 2004–2016&lt;sup&gt;*&lt;/sup&gt;</th>
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¹ Support for the practice: (men) = support among men; (women) = support among women. ² Birth registration prevalence and attitudes: (total) = data for total population; (male) = data for male; (female) = data for female.
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For a complete list of countries and areas in the regions, subregions and country categories, visit data.unicef.org/regionalclassifications.

It is not advisable to compare data from consecutive editions of The State of the World’s Children.

### NOTES

- Data not available.
- Estimates of 100% were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered. Source: United Nations, Department of Economic and Social Affairs, Statistics Division, Population and Vital Statistics Report, Series A Vol. LXV, New York, 2013.
- Data refer to years or periods other than those specified in the column heading. Such data are not included in the calculation of regional and global averages.
- Data differ from the standard definition or refer to only part of a country. If they fall within the noted reference period, such data are included in the calculation of regional and global averages.
- A more detailed explanation of the methodology and the changes in calculating these estimates can be found in the General Note on the Data within The State of the World’s Children 2017: Children in a Digital World (page 146).
- Changes in the definition of birth registration were made from the second and third rounds of MICS (MICS2 and MICS3) to the fourth round (MICS4). In order to allow for comparability with later rounds, data from MICS2 and MICS3 on birth registration were recalculated according to the MICS4 indicator definition. Therefore, the recalculated data presented here may differ from estimates included in MICS2 and MICS3 national reports.
- Data refer to the most recent year available during the period specified in the column heading.
- Excludes China.
DEFINITIONS OF THE INDICATORS

Child labour – Percentage of children 5–17 years old involved in child labour at the moment of the survey. A child is considered to be involved in child labour under the following conditions: (a) children 5–11 years old who, during the reference week, did at least one hour of economic activity or at least 28 hours of household chores, (b) children 12–14 years old who, during the reference week, did at least 14 hours of economic activity or at least 28 hours of household chores, (c) children 15–17 years old who, during the reference week, did at least 43 hours of economic activity or household chores, and (d) children aged 5–17 years old in hazardous working conditions.

Child marriage – Percentage of women 20–24 years old who were first married or in union before they were 15 years old and percentage of women 20–24 years old who were first married or in union before they were 18 years old.

Birth registration – Percentage of children under age 5 who were registered at the moment of the survey. The numerator of this indicator includes children reported to have a birth certificate, regardless of whether or not it was seen by the interviewer, and those without a birth certificate whose mother or caregiver says the birth has been registered.

Female genital mutilation/cutting (FGM/C) – (a) Women: percentage of women 15–49 years old who have undergone FGM/C; (b) girls: percentage of girls 0–14 years old who have undergone FGM/C (as reported by their mothers); (c) support for the practice: percentage of women 15–49 years old who have heard about FGM/C and think the practice should continue.

Justification of wife-beating – Percentage of women and men 15–49 years old who consider a husband justified in hitting or beating his wife for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

Violent discipline – Percentage of children 1–14 years old who experience any violent discipline (psychological aggression and/or physical punishment).

MAIN DATA SOURCES

Child labour – Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys.

Child marriage – DHS, MICS and other national surveys.

Birth registration – DHS, MICS, other national surveys, censuses and vital registration systems.

Female genital mutilation/cutting – DHS, MICS and other national surveys.

Justification of wife-beating – DHS, MICS and other national surveys.

Violent discipline – DHS, MICS and other national surveys.
Respondents and Contributors*

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**ARMENIA**

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APPENDIX D
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**2016 Respondents and Contributors
International and National Resources

**AFRICA**

**ALGERIA**

- Ministry of Education
  - Website: http://www.education.gov.dz/fr/
  - Resources Provided: News and reports about the educational sector only

- Réseau Algérien pour la défense des droits de l’enfants (NADA) / The Algerian Network for the Defense of the Rights of the Child
  - 102 Didouche Mourad Street
  - Alger 16000
  - Algeria
  - Telephone: +213 23 49 12 02
  - Website: https://fr-fr.facebook.com/Reseau-NADA-Actions-Sociales-et-Solidaires-723158761042020/
  - Resources Provided: Defending children’s rights

- United Nations International Children’s Emergency Fund (UNICEF)
  - Mailing address:
    - BP No 420 Alger RP
    - Algiers 16000
    - Algeria
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    - 25 Rue Mohamed Khoudi
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    - Algiers
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  - Telephone: 213 21 92 72 98 / 92 57 51
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  - Website: http://www.unicef.org/algeria/
  - Resources Provided: Reports and statistics

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  - Resources Provided: Trainings, assistance, symposium, conferences, briefings, awareness, etc.

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- The African Child Policy Forum (ACPF)
  - Africa Avenue (Bole Rd)
  - Next to Alem Building #2
  - P.O. Box 1179
  - Addis Ababa
  - Ethiopia
  - Telephone: +251 116 628192 / 96 / 97 / 99
  - Fax: +251 116 628200
  - Email: info@africanchildforum.org
  - Website: http://www.africanchildforum.org
  - Resources Provided: ACPF aims to specifically contribute to improved knowledge on children in Africa; monitor and report progress; identify policy options; provide a platform for dialogue; collaborate with governments, intergovernmental organisations and civil society in the development and implementation of effective pro-child policies and programmes; and also promote a common voice for children in and out of Africa.
GHANA

► Ministry of Children and Gender Protection
Accra 233
Ghana
Resources Provided: Government subventions (budgets or support)

► Plan International Ghana
No. 10 Yiyiwa Street Abeleenke
Accra
Ghana
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Website: www.plan-international.org
Resources Provided: Programmes, training, partnerships, research and publications

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Mobile: +254 738410690
Email: info@anppcan.org, regional@anppcan.org
Website: http://www.anppcan.org
Resources Provided: ANPPCAN is a Pan-African network that promotes child rights and child protection in Africa. Its mission is to create and enhance partnerships and other opportunities for the prevention and protection of children from all forms of maltreatment, thus ensuring the realization of children’s rights.

► Child Welfare Society
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Resources Provided: Investigation, prevention

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Resources Provided: Research, learning and advocacy

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Resources Provided: Psychosocial support

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Fax: +265 1 770 826
Email: info@gender.gov.mw
Website: http://www.gender.gov.mw/
Resources Provided: Public policies and reports

► United Nations International Children’s Emergency Fund (UNICEF)
P.O. Box 4713
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Mozambique
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Fax: +258 21 491 679
Email: maputo@unicef.org
Website: http://www.unicef.org.mz/en/
Resources Provided: Reports and publications

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► Committee for the Defence of Human Rights (CDHR)
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Telephone: 08135568156, 08161521348
Email: info@cdhrnigeria.org, cdhmrigeria2015@yahoo.com,
        cdhmrigeria2015@gmail.com, cdhrogun@gmail.com
Website: http://cdhmrigeria.org/en/
Resources Provided: Human rights advocacy, defense and protection

► Ministry of Women Affairs and Social Development
Abuja FCT 234
Nigeria
Resources Provided: Data of few reported cases of child abuse, neglect and exploitation in Nigeria
Afric A (continued)

National Agency for Rehabilitation of Trafficking in Persons and Other Related Matters (NAPTIP)
Abuja FCT 234
Nigeria
Resources Provided: Law enforcement and Administration Act in prohibition of child trafficking in Nigeria.

National Planning Commission
Abuja FCT 234
Nigeria
Resources Provided: List of organizations that work for children's rights in Nigeria at the national level

Rwanda

Isange One Stop Center at Kacyiru Hospital (formerly known as Kacyiru Police Hospital)
Kacyiru
Kigali
Rwanda
Resources Provided: Prosecution, investigation and protection of all forms of abuse

National Commission for Children
3rd Floor, Sunrise House
Kigali
Rwanda
Telephone: (+250) 788754590
Email: info@ncc.gov.rw
Website: http://www.ncc.gov.rw/
Resources Provided: Almost all information regarding state of the child in Rwanda: protection, prevention and support

Sierra Leone
No resources reported

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224 Hoosen Haffejee Street
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Email: admindata@pmbcchildwelfare.co.za, director@pmbcchildwelfare.co.za
Website: http://www.pmbchildwelfare.co.za/
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Childline National Office
Mailing address:
P O Box 51418
Musgrave, 4062
South Africa
Physical address:
24 Stephen Dlamini Road
Musgrave, Durban, 4000
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Telephone: (+27)-(0)31-201 2059
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Website: www.childlinesa.org.za

ISPCAN Regional Resource Center
ISPCAN Regional Resource Centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.

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Resources Provided: Child protection services

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Email: svri@mrc.ac.za
Website: http://www.svri.org
Resources Provided: In 2003, recognizing the need for more research on sexual violence, especially in resource poor settings, the Global Forum...
for Health Research established the SVRI. The World Health Organization (WHO) initially hosted the SVRI before moving to the Medical Research Council, South Africa in 2006. The SVRI is a global research initiative that aims to promote good quality research in the area of sexual violence, particularly in developing countries. We are building an experienced and committed network of researchers, policy makers, activists and donors to ensure that the many aspects of sexual violence are addressed from the perspective of different disciplines and cultures.

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Resources Provided: Recherche et financement


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Resources Provided: Recherche, film documentaire

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Resources Provided: Research and training materials

**ZAMBIA**

No resources reported

**ZIMBABWE**

**SOS Childrens' Villages**

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Fax: +263 4 746454  
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Resources Provided: Raise orphaned & abandoned children

**ASIA**

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No resources reported

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ASIA (CONTINUED)

ISPCAN Country Partner

ACA strives for the removal of all forms of child abuse and/or child neglect in Hong Kong, to establish, maintain and support a professional service for the assistance of abused or neglected children or parents having problems with their children and to promote the awareness of the general public in Hong Kong towards prevention of child abuse.

Family and Child Protective Services, Social Welfare Department
9/F, Wu Chung House
213 Queen’s Road East
Wanchai
Hong Kong
Telephone: (852) 2343 2255
Fax: (852) 2838 0114
Email: swdeng@swd.gov.hk
Website: www.swd.gov.hk
Resources Provided: Assist the families with the problems of child abuse, spouse battering and issues of custody disputes

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Email: info@kpai.go.id, humas@kpai.go.id
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Resources Provided: Data and policies of CM

IRAN

No resources reported

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ISPCAN Country Partner

JaSPCAN is a national multidisciplinary association of physicians, nurses, legal experts, social workers and other professionals dedicated to the prevention and treatment of child abuse and neglect by developing basic, practical and systematic research, promoting cooperation among public and private agencies, and raising public awareness.

ISPCAN Asia Regional Resource Center

ISPCAN Regional Resource Centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder teamwork, improve public awareness, and advance policy and legislation to protect the rights of the child.

Kerala Police Authority
Kochi, Kerala
India
Resources Provided: They only have a record of child abuse cases
JORDAN

Department of Family Protection
Public Security Directorate - Omaish
16 Rawnaq St. Amman
P.O. Box 935
Amman 11110
Jordan
Telephone: # 196 / 2610
Fax: 06-5799400 / 06-5799636
Email: psd@psd.gov.jo, familypd@accessme.psd.com.jo
Website: www.familyprotection.psd.gov.jo
Resources Provided: The headquarter of family protection, offer services, training, studies, research and cooperates with all organizations local, regional, and international

Jordan River Foundation

Mailing address:
P.O. Box 2943
Amman 11181
Jordan

Physical address:
Jordan River Foundation Headquarters
Masoud Ben Saad Street
Amman
Jordan
Queen Rania Family and Child Center
Saleh Hasan Al Hamlan Street
Amman
Jordan
Telephone: Headquarters: 065933211, Family & Child Center: 0649250966
Fax: 06593210
Email: info@jrf.org.jo
Website: www.jordanriver.jo
Resources Provided: Service, training, studies and research

KUWAIT

Kuwait Child’s Rights Society
P.O. Box 1202
Safat 13013
Kuwait
Email: kcrsgroup@gmail.com
Website: www.kuwaitchildrights.com
Resources Provided: Information for the public about child’s rights, positive parenting, and how to access child protection services.

Ministry of Health
Child Protection Office
P.O. Box 5
Safat 12009
Kuwait
Email: malkhawari@gmail.com
Website: kn cpp.com
Resources Provided: Human and financial resources, professional training in child protection field

LEBANON

Association de Foyer De L’enfant Libinais (AFEL)
Youssef Karam Str.
P.O.Box. 55-273
Sin el Fil – Lebanon
Telephone: +961 1 481690
Email: amal@afel.org.lb
Website: www.afel.org.lb
ISPCAN Country Partner
Founded in Lebanon in 1976, AFEL is a non-political organization that has helped enhance the lives of more than 5,000 abused and neglected children using a holistic approach that incorporates the family in the rehabilitation process and gives adults the means to become autonomous and responsible.

Himaya
St. Rita Building
Street 58, 1St Floor
Fanar
Lebanon
Telephone: (961) 1 395 315/ 6/ 7/ 8/ 9
Email: info@himaya.org
Website: www.himaya.org

Resources Provided: Reports, capacity building, prevention and intervention services

⇒ United Nations International Children’s Emergency Fund (UNICEF)
Clemenceau, Gefinor Center
Block E, 6th Floor
Beirut
Lebanon

Telephone: +961 1756101
Fax: +961 1 756109
Email: beirut@unicef.org
Website: https://www.unicef.org/lebanon/
Resources Provided: Reports

MACAU
No resources reported

MALAYSIA
No resources reported

MONGOLIA
⇒ National Authority for Children
Government Building-11
Baga Toiruu, Ulaanbaatar-48
Mongolia

Email: info@nac.gov.mn
Website: www.nac.gov.mn

Resources Provided: This is the government implementing agency in charge of children’s issues. This office can provide resources and information related to the government policies, implementation, and collaboration with other agencies in the field.

⇒ National Authority for Family, Child and Youth
State Building -11, Floor 3
Khoroo -8, Sukhbaatar District
Ulaanbaatar
Mongolia

Email: info@fcy.gov.mn
Website: http://www.fcy.gov.mn

Resources Provided: Hotline 108, coordination of different agencies concerning child protection and development, provision of training for professionals and supervision, monitoring of the implementation of laws and policies on family, children and youth issues, etc.

⇒ National Statistical Office of Mongolia
Government III Building
Baga Toiruu-44
Ulaanbaatar-11
Mongolia

Telephone: (976-11)-326414, Info: 1900-1212
Fax: (976-11)-324518

Nepal

⇒ Children and Women in Social Service and Human Rights
Buddhanagar, Ward No. 10
Kathmandu, Province 3, 16410
Nepal

Telephone: +977 01 4784545 / 4780446, Helpline: 1660-01-10000
Fax: +977 01 4781386
Email: info@cwish.org.np
Website: http://www.cwish.org.np/

Resources Provided: Building resilience of families with reintegrated and vulnerable children, reintegrating Nepalese child domestic workers living with employers, learning workshops, children’s right to parental care in Nepal, support to pregnant women.

⇒ Consortium of Organisations Working for Child Participation
Thapagaun NewBaneswor
Saraswoti Marg House No.: 290
Kathmandu
Nepal

Telephone: 977-01-4478154
Email: info@consortium.org.np, participation.consortium@gmail.com
Website: www.consortium.org.np

Resources Provided: A network of 61 organizations that offers various resources on child rights: child labor exploitation, child trafficking, child maltreatment, and child participatory activities.

⇒ National Alliance of Child Rights Organisations (NACRO)
Swotantra Marg, Ward No. 15
GPO Box 081
Kathmandu, Province # 3 16400
Nepal

Email: 2000nacro@gmail.com

Resources Provided: Child rights resources, child participation training manual, child labor resources, child rights research, NGOs development manual, child-related laws, etc.

⇒ South Asia Initiative to End Violence Against Children (SAIEVAC)
Regional Secretariat
GPO 5850, House No. 103
Kapan Marg, Maharajgunj – 3
Kathmandu
Nepal

Telephone: +977-1-4017558, 4376274
Fax: +977-1-4017558
Email: rinchen.chophel@saievac.org, info@saievac.org
Website: http://www.saievac.org
Resources Provided: SAIEVAC believes that violence includes all forms of physical or mental violence, injury and abuse, neglect and negligent treatment, maltreatment or exploitation, including sexual abuse. This definition covers exposure of children to violence in all settings including in their home, communities, schools, institutions, workplaces, and as well in development and emergency settings. Violence is also understood to occur not only between adults and children but also between children.

**PAKISTAN**

► Child Protection Bureau
Government of the Punjab
Lahore, Punjab
Pakistan

Resources Provided: Child protection services as sponsored by the Government of Punjab, Lahore

► Pakistan Council of Family Relations
112-A, St.14, Eden City Airport Road, Entrance DHA-8
Lahore Cantt. Lahore
Pakistan

Telephone: (+92) 042-37337382
Mobile: (+92) 0302 4884883 / 0333 4321989
Email: pcfr@familyrelation.org, gulzar818@gmail.com
Website: www.familyrelation.org

Resources Provided: Child rights awareness campaigns, protection from all types of exploitation including child labor, use of electronic and print media, seminars and networking, counseling for the needy children and families, advice for government and the public at large, etc.

**PALESTINE**

► Dar el Amal
Caregiver Institution

Resources Provided: information on child maltreatment and abuse

► The Ministry of Social Development
Ramallah
Palestine

Website: www.mosa.gov.ps

Resources Provided: Reporting mechanism by the child protection officer

► Palestine Central Bureau of Statistics
P.O. Box 1647
Ramallah - Palestine
Ramallah City
Ein Munjed Quarter
Tokyo St. opposite to UN premises and Ramallah Cultural Palace

Telephone: 00 (972/970) 2-298 2700, Toll free: 1800300300
Fax: 00 (972/970) 2-298 2710
Email: Khalid Abu-Khalid (Kakhalid@pcbs.gov.ps), diwan@pcbs.gov.ps

Website: http://www.pcbs.gov.ps

Resources Provided: Research and statistical data on child discipline

► United Nation Relief and Work Agency (UNRWA)
Jerusalem
Palestine

Email: Abu-Diab, Khawla (K.Abu-Diab@UNRWA.org)
Website: https://www.unrwa.org/

Resources Provided: In charge of Palestinians living in refugee camps in West Bank and Gaza Strip. They incorporated child abuse and neglect in the United Nation Palestinian refugee camps in West bank, and they moved to other Palestinian camps in the region.

**PHILIPPINES**

► Child Protection Network Foundation, Inc.
Mezzanine, Tropicana Apartment-Hotel
1630 Guerrero St., Malate 1004
Manila
Philippines

Telephone: (63-2) 4043954 / 525-5555 loc. 7008
Fax: (63-2) 4043955
Email: info@childprotectionnetwork.org
Website: www.childprotectionnetwork.org

Resources Provided: Publications, research, directory of services, training resources

**REPUBLIC OF KOREA**

► Ministry of Health and Welfare
7th floor, 13, Doum 4-ro
Sejong-si 30113
Republic of Korea

Website: http://www.mohw.go.kr/react/index.jsp

Resources Provided: Statistics on health and social welfare in Korea, introduction of Health and social welfare policies in Korea

► National Child Protection Agency
781-46 Yeoksam 2-dong
Nonhyeonro 66 Gil 19
Gangnam-gu
Seoul 06228
Republic of Korea

Telephone: 82-2-558-1391
Fax: 82-2-558-1339
Email: ncpa@gni.kr
Website: http://www.korea1391.go.kr/new

Resources Provided: The present condition and address of local child protection agencies, statistics on child abuse in Korea, introduction of Korean child protection system, education, training
Russia

Children’s Ombudsman
127006, Moscow, Uspensky Pereulok, 14, Building 1
Russia
Telephone: 8 (495) 957-05-85
Fax: 8 (495) 957-05-99
Email: info@ombudsman.mos.ru
Website: http://ombudsman.mos.ru/

Ministry of Education and Science of the Russian Federation
125993, Moscow
ul. Tverskaya, 11, GSP-3
Russia
Telephone: +7 (495) 539 55 19, +7 (495) 629 08 91
Email: info@mon.gov.ru
Website: http://mon.gov.ru

Ministry of National Guard – Health Affairs
P.O. Box 22490
King Abdulaziz Medical City
Riyadh 11426
Kingdom of Saudi Arabia
Telephone: +966-11-801111
Fax: +966-11-801100
Email: nfsp@ngha.med.sa
Website: http://www.ngha.med.sa
Resources Provided: Training, awareness, research, child helpline, CPC teams, advocacy

National Family Safety Program (NFSP)
Dr. Maha Al Muneef, Executive Director
P.O. Box 2490
Riyadh 11524
Kingdom of Saudi Arabia
Email: mahamuneef@gmail.com
Telephone: 2520088 Ext 40102 40101
Fax: 2520088 ext 40103
Website: http://nfsp.org.sa/

ISPCAN Regional Partner
NFSP’s vision is to establish the foundation of an aware and safe community that protects and defends individuals’ rights and helps the victims of domestic violence. The mission of the NFSP is, “To decrease the incidence of child abuse and neglect as well as domestic violence in Kingdom of Saudi Arabia through awareness, training and advocacy, and the creation of programs to care for the victims of the violence”.

Saudi Arabia

Arab-SPCAN
Health Affairs, Ministry of National Guard
P.O. Box: 22490, Riyadh 11426
Mail code: 3202
Saudi Arabia
Telephone: +966 11 8040125
Fax: +966 11 8040144
Saudi Arabia’s Child Helpline: 116111
Email: Training_NFSP@NGHA.MED.SA
Website: http://www.arabscpan-rc.com/index.php/ar/

ISPCAN Regional Resource Center
ISPCAN Regional Resource Centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.

Child Care Association
P.O. Box 54829
Dar Al Uloom University
Al-Falah District
Riyadh 11524
Kingdom of Saudi Arabia
Telephone: +96614949067
Email: info@childcare.org.sa
Website: www.childcare.org.sa
Resources Provided: Parenting programs

Ministry of Labor and Social Development
P.O. Box 11157
3654 Omar Ibn Al Khattab Road
Al Malaz
Riyadh 12844 8184
Saudi Arabia
Telephone: +966 11 477 8888
Email: info@mlsd.gov.sa
Website: www.mlsd.gov.sa
Resources Provided: Social Protection Center, domestic violence hotline

Singapore

Big Love Child Protection Specialist Centre
7A Lorong 8 Toa Payoh
Agape Village #02-05/06
Singapore 319264
Email: contact@biglove.org.sg
Website: http://www.biglove.org.sg/
Resources Provided: Information and resources on child protection
**APPENDIX E  INTERNATIONAL AND NATIONAL RESOURCES**

### ASIA (CONTINUED)

**Heart@ Fei Yue**

20 Lengkok Bahru #03-02
Playground Block
Singapore 159053

*Resources Provided:*

They provide home-based services and support to families and children who are at-risk of harm or severe neglect. They offer support by:

- Working with families to set meaningful and achievable goals
- Creating a safe environment for parent and child through developing appropriate safety plans
- Empowering parents/caregivers with practical parenting strategies and skills
- Counseling to help strengthen the relationship between parent and child
- Guiding parents/caregivers and children to understand feedback from the relevant psychological tests and assessments
- Linking families to other community resources

**Ministry of Social and Family Development – Child Protective Services**

512A Thomson Rd
#01-01 to #01-09, SLF Podium
MSF Building
Singapore 298137

*Telephone:* 1-800-777-0000
*Fax:* 63548140
*Email:* MSF_CPSintake@msf.gov.sg
*Website:* https://www.msf.gov.sg/

*Resources Provided:*

The Ministry of Social and Family Development (MSF) is the lead agency for protecting children and young persons (CYPs) from abuse and neglect in Singapore. MSF works closely with other government and non-government agencies to form the Child Protection System to safeguard the interests and welfare of CYPs in Singapore.

The Child Protective Service (CPS) in MSF undertakes the statutory role in investigating and intervening in cases of CYPs who have been harmed or who are at high risk of future harm.

**Singapore Children’s Society – Research and Outreach Centre**

9 Bishan Place, Junction 8
#05-02 Singapore 579837

*Telephone:* 6358 0911
*Fax:* 6358 0936
*Email:* info@childrensociety.org.sg
*Website:* www.childrensociety.org.sg

**ISPCAN Country Partner**

Singapore Children’s Society is committed to protect the physical, emotional and mental well being of children, particularly the disadvantaged and those at risk, through child abuse and neglect prevention efforts, social services and a children’s home.

### SRI LANKA

**National Child Protection Authority**

No. 330, Thalawathugoda Road
Madiweila, Sri Jayawadrenapura
Sri Lanka

*Telephone:* +94 11 2 778 911 – 4
*Email:* chairperson@childprotection.gov.lk, ncpa@childprotection.gov.lk
*Web:* www.childprotection.gov.lk

*Resources Provided:*

Information, laws and progress

**United Nations International Children's Emergency Fund (UNICEF)**

*Email address:*

P.O. Box 143
Colombo
Sri Lanka

*Physical address:*

3/1 Rajakeeya Mawatha
Colombo 00700
Sri Lanka

*Telephone:* 94 11 2677550
*Email:* colombo@unicef.org
*Website:* https://www.unicef.org/srilanka/overview.html

*Resources Provided:*

Overview of child protection and its progress and problems

### TAIWAN

**Department of Protection Services, Ministry of Health and Welfare**

No. 488, Sec. 6, Zhongxiao E. Rd.
Nangang Dist., Taipei City 115
Taiwan (R.O.C.)

*Telephone:* (+886)2-8590-6666
*Fax:* (+886)2-8590-6000

*Resources Provided:*

Official CM statistics, services, policies

### THAILAND

**ECPAT International (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes)**

ECPAT International Secretariat
328/1 Phaya Thai Road
Ratchathewi Bangkok 10400
Thailand

*Email:* info@ecpat.org
*Telephone:* +66 (0)2 215 3388
*Fax:* +66 (0)2 215 8272
*Website:* www.ecpat.net
Resources Provided: ECPAT represents a network of organisations and individuals working together to eliminate the commercial sexual exploitation of children. It seeks to encourage the world community to ensure that children everywhere enjoy their fundamental rights free from all forms of commercial sexual exploitation.

TURKEY

Humanist Bureau
Eviya Çelebi Mah. Meşrutiyet Cad. No:90, Bilsar Binası
Şişhane, Beyoğlu, İstanbul
Turkey
Telephone: +90 212 366 02 56
Fax: +90 212 334 06 72
Email: info@humanistbureau.org
Website: www.humanistbureau.org

Resources Provided: Data on children in Turkey

International Children’s Center
Bilkent University, Central Campus
Library Building, 06800 Bilkent / Ankara
Turkey
Telephone: +90 312 290 23 66
Fax: +90 312 266 46 78
Email: icc@icc.org.tr
Website: www.icc.org.tr

Resources Provided: Data on children in Turkey

Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN)
Oyak sitesi 7. blok No. 7
Cankaya, Ankara 6610
Turkey
Telephone: 90 312 4398947
Fax: 90 312 4413352
Email: fsahin@gazi.edu.tr

ISPCAN Country Partner

With more than 200 members, TSPCAN is committed to the prevention of child abuse and neglect within the framework of human and child rights law and practice. TSPCAN’s mission is to raise public awareness and to build capacities of professionals and concerned volunteers working for the prevention of child abuse and neglect.

UNITED ARAB EMIRATES

Dubai Foundation for Women and Children
P.O. Box 97727
Dubai, United Arab Emirates
Telephone: 04-6060300
Email: info@dfwac.ae
Website: http://www.dfwac.ae/

ISPCAN Country Partner

The Dubai Foundation for Women and Children works to address domestic violence, human trafficking and child abuse in the UAE. They provide a holistic range of services to shed light on issues that are often hidden and taboo in Emirati culture.

VIET NAM

Ministry of Labour – Invalids And Social Affairs (Molisa)
12 Ngo Quyen Str
Hoan Kiem District
Ha Noi
Viet Nam
Telephone: (04) 62703613- (04)62730615
Fax: (04) 62703609
Email: banbientap@molisa.gov.vn
Website: http://www.molisa.gov.vn/en/Pages/Home.aspx

Resources Provided: Data on children in general and specific issues relating to child protection and care, data on children’s issues through Child Helpline data, policies and programs on child protection and care

United Nations International Children’s Emergency Fund (UNICEF)
Green One UN House
304 Kim Ma
Ba Dinh District
Hanoi
Viet Nam
Telephone: 84 4 38500100
Fax: 84 4 37265520
Email: hanoi.registry@unicef.org

Resources Provided: Research, studies on child protection
ALBANIA

- Albanian National Child Helpline (ALO 116)
  Rr. Rreshit Collaku
  Tirana, Albania 1001
  Telephone: 116111 dhe 116000
  Email: info@alo116.al
  Website: www.alo116.al
  Resources Provided: Phone and online counseling for children and families, referral services, school visits, etc.

- Children’s Human Rights Centre of Albania (CRCA)
  Kutia Postare 1738
  Tirana
  Albania
  Telephone: +355 422 65741
  Email: info@crca.al
  Website: www.crca.al
  Resources Provided: Free legal services, family visits, training for professionals, research and information, community services, etc.

ARMENIA

- FAR Children’s Support Center Foundation
  Khorenatsi Street 22
  Yerevan
  Armenia 375010
  Telephone: +374 (60) 52-66-60
  Fax: +374 (10) 58-98-17
  Email: far@farusa.org
  Website: http://farusa.org/child-protection/children-center/
  Resources Provided:
  - The Crisis Intervention Services for 3- to 18-year old at-risk children by the provision of short-term shelter and intensive treatment and stabilization.
  - The primary goal of this service is to provide a safe environment for victims or witnesses of violence, abuse, sexual assault, as well as abandoned and neglected children.
  - Using many psycho-social treatments, including group and individual counseling and therapy, the children become stabilized within a certain period of time and are ready to return to their biological families or are placed in appropriate care institutions. Our goal is to empower children and their families by ensuring the availability of resources, accurate information on existing services and emotional assistance.
  - The crisis intervention service is available 24 hours a day, 7 days a week. It provides immediate safety to at-risk children by offering counseling, care, and protections, as well as long-term assistance in helping children prioritize their goals and work towards restoring their lives.
  - This service places significant focus on supporting and building relationships between parents and children. The staff of the crisis intervention service consists of trained professionals, including psychologists, social workers, social pedagogues, doctors, nurses, etc. All of them are dedicated to the at-risk child’s treatment and wellbeing.

- Ministry of Labor and Social Safety of RA, Department for Family and Child Protection
  Republic Square
  Government House 1
  0010 Yerevan
  Republic of Armenia
  Website: www.gov.am
  Resources Provided: It is the main agency for child protection issues.

- United Nations International Children’s Emergency Fund (UNICEF)
  Petros Adamyan St., 14 Building
  0010 Yerevan
  Armenia
  Telephone: +374-10 52 35 46 / 58 01 74 / 56 94 97 (ext. 101)
  Email: harakelyan@unicef.org
  Website:  www.unicef.org/armenia/
  Resources Provided: In Armenia, UNICEF is assisting the Government to address the gaps in the fulfillment of rights of all children, with a focus on the vulnerable and excluded. Our areas of work include young child and adolescent health and development, basic education, and child protection, with an emphasis on institutional support, social policy analysis, and communication for development that brings about a change in values, attitudes and perceptions, and creates an environment conducive for the realization of children’s rights.

AUSTRIA

- Institut für Ethik und Recht in der Medizin / Institute for Ethics and Law in Medicine
  Spitalgasse 2-4, Hof 2.8
  University Campus (Altes AKH)
  A-1090 Vienna
  Austria
  Telephone: +43 (0) 1 4277 22201
  Fax: +43 (0) 1 4277 9222
  E-Mail: ierge@univie.ac.at, katharina.leitner@univie.ac.at
  Website: http://www.ierm.at/
  Resources Provided: University Institut for medical ethics as well as medical law at the University of Vienna in collaboration with the Medical University of Vienna
AsiA (continued)

United Nations Office on Drugs and Crime (UNODC)
Vienna International Centre
P.O. Box 500
Wagramer Strasse 5
A 1400 Vienna
Austria
Telephone: + (43) (1) 26060
Fax: + (43) (1) 263-3389
Email: unodc@unodc.org
Website: https://www.unodc.org
Resources Provided: UNODC is a global leader in the fight against illicit drugs and international crime. Established in 1997 through a merger between the United Nations Drug Control Programme and the Centre for International Crime Prevention, UNODC operates in all regions of the world through an extensive network of field offices. UNODC is mandated to assist Member States in their struggle against illicit drugs, crime and terrorism.

Universitätsklinik für Kinder- und Jugendheilkunde / University Clinic for Pediatrics and Adolescent Medicine
Medical University of Vienna
Department of Paediatrics and Obstetrics
Währinger Gürtel 18-20
1090 Vienna
Austria
Telephone: +43 (0) 1 40400 - 32320
Fax: +43 (0) 1 40400 - 32380
Email: eva.theuer@meduniwien.ac.at
Website: http://kinderklinik.meduniwien.ac.at/
Resources Provided: University Clinic for Paediatrics at Vienna’s General Hospital, Medical University of Vienna

Azerbaijan

Azerbaijan Child Helpline Service
Baku
Azerbaijan
Resources Provided: Helpline, counseling, referral

State Committee for Family Children and Women Problems
Baku
Azerbaijan
Resources Provided: Helpline, statistics

Belarus

Academy of Postgraduate Studies
Nekrasov Street 20
Minsk 220040
Belarus
Fax: (017) 285-78-68
Email: yanchuk@academy.edu.by, info@academy.edu.by
Website: www.academy.edu.by
Resources Provided: Curricular courses and training for psychologists, social pedagogues, and all educational professionals in prevention and response to child abuse and neglect.

Embassy Office of the Netherlands in Minsk, Belarus
Myasnikova Street, 70-320
Minsk 220030
Belarus
Telephone: (+375) (44) 731-00-16
Email: msk@minbuza.nl
Website: https://www.embassypages.com/missions/embassy8071/
Resources Provided: Financial support to projects protecting democracy, human rights, and rights of minorities in Belarus in frames of MATRA/Human Rights Fund of the Foreign Ministry of the Netherlands

INGO “Ponimanie”
Ul. Leschinsky, House 8
Building 5, Office 403-404
Minsk 220140
Belarus
Telephone/Fax: +375 17 369 4883 / 201 0764
Email: office@ponimanie.org
Website: www.ponimanie.org
ISPCAN Country Partner
INGO “Ponimanie” is nationwide/international NGO focused on child protection. They are dedicated to creating a world fit for children through the professional contributions and help for difficult situations. Children in residential institutions and shelters, abused and neglected children and children-at-risk, as well as their families and professionals working for such children are the target population.

U.S. Embassy in Belarus
U.S. Embassy Minsk
46 Starovienskaya St.
Minsk 220002
Belarus
Telephone: +375 17 210-12-83 / 217-7347 / 217-7348
Fax: +375 17 234-78-53
Email: PavlovskayaGB@state.gov
Website: https://by.usembassy.gov
Resources Provided: Professional exchange programs, small grants, bigger USAID grants, library, participation at the US and global report for NGOs, and other types of support civil society in Belarus. Their support is especially important.

Belgium

Kind en Gezin
Hallepoortlaan 27
Brussel 1060
Belgium
### BULGARIA

**State Agency for Child Protection**

2, Triaditza Str.
1051 Sofia
Bulgaria

Telephone: +359 2 933 90 10
Fax: +359 2 980 24 15
Email: sacp@sacp.government.bg
Website: www.sacp.government.bg

### CROATIA

**Ombudsperson for Children**

Teslina 10
10000 Zagreb
Croatia

Telephone: 01/4929 669, 01/4921 278
Fax: 01/4921 277
E-mail: info@dijete.hr
Website: www.dijete.hr

Resources Provided: Protection of children’s rights; Annual report about children’s rights in Croatia

**Parents’ Association Step by Step**

Ilica 73
10000 Zagreb
Croatia

Telephone/Fax: + 385-1-4855-578
Email: info@udrugaroditeljakpk.hr, marina@udrugaroditeljakpk.hr
Website: www.udrugaroditeljakpk.hr

Resources Provided: Prevention of violence program for children and youths, counseling for parents in need, advocacy, training, awareness activities

### DENMARK

**Danish Society for Prevention of Child Abuse and Neglect (DASPCAN)**

c/o Department of Pediatrics
County Hospital, DK-4700
Denmark

Telephone: 45 56514022
Fax: 45 56513771
Email: info@daspcan.dk, tos@regionsjaelland.dk
Website: www.daspcan.dk

**ISPCAN Country Partner**

DASPCAN works to increase and facilitate knowledge on children exposed to physical violence, sexual and psychological abuse and neglect, and to enhance cooperation among professionals in the field of child abuse and neglect.

**Red Barnet**

Rosenørns Allé 12
København V, 1634
Denmark

Telephone: 3536 5555
Email: redbarnet@redbarnet.dk
Website: redbarnet.dk

Resources Provided: Stopping distribution of child pornography, preventing and fighting mobbing at schools and child institutions, supporting children in poor families, fighting violence and sexual abuse of children, fighting child marriages and securing human rights of girls in Denmark, and helping children exposed to catastrophes abroad.

**Socialstyrelsen**

National Board of Health and Welfare
Edisonsvej 1
5000 Odense C
Denmark

Telephone: 72 42 37 00
Email: info@socialstyrelsen.dk
Website: socialstyrelsen.dk

Resources Provided: Implementing knowledge-based programs in local social services agencies, spreading knowledge of such programs, bridging between politicians and practitioners in social work, guiding local social agencies in difficult cases.

### ESTONIA

**Police and Border Guard Board**

Pärnu mnt. 139
Tallinn, Harju 15060
Estonia

Telephone: 612 3000
Fax: 612 3009
Email: ppa@politsei.ee
Website: www.politsei.ee

Resources Provided: Prevention materials in all forms of abuse, regional child protection teams working on investigations of child abuse

**Social Insurance Board**

Endla 8
15092 Tallinn
Estonia

Telephone: +372 612 1360
Email: info@sotsiaalkindlustusamet.ee
Website: www.sotsiaalkindlustusamet.ee

Resources Provided: Children’s House and regional child protection teams
**FINLAND**

- **Central Union for Child Welfare**  
  Armfeltintie 1  
  00150 Helsinki  
  Finland  
  Telephone: (09) 329 6011  
  Email: toimisto@lskl.fi  
  Website: https://www.lskl.fi/english/  
  Resources Provided: Exerts influence on legislation by issuing opinions and statements and on general attitudes by providing information and campaigning, improves the knowledge of professionals by organizing training and carrying out and commissioning surveys and studies as well as coordinates programs and projects.

- **Save the Children Finland**  
  Koskelantie 38  
  00610 Helsinki  
  Finland  
  Telephone: +358 10 843 5000  
  Email: info@savethechildren.fi, info@pelastakaalapset.fi  
  Website: https://www.pelastakaalapset.fi/en/contact-us/  
  Resources Provided: Work against online sexual abuse, expert in foster care and adoption, lobbies children’s rights

**FRANCE**

- **CépiDC**  
  La Force building door 58  
  CS30002  
  3rd floor  
  80, rue du General Leclerc  
  94276 the Kremlin-Bicêtre Cedex  
  France  
  Telephone: 33 (1) 49 59 19 29  
  Fax: 33 (1) 49 59 19 30  
  Email: Laurence Camelin, laurence.camelin@inserm.fr  
  Website: http://www.cepidc.inserm.fr/site4/  
  Resources Provided: This agency collects data on death certificates, which include death certificates for children. Periodic studies.

**GERMANY**

- **Deutsches Jugendinstitut DJI / German Youth Institute**  
  Nockherstr. 2  
  81541 Munich  
  Germany  
  Telephone: +49 89 62306-0  
  Fax: +49 89 62306-162  
  Website: www.dji.de  
  Resources Provided: German’s Research Institute on Family, Childhood, Child Welfare and Child Protection matters providing research findings and guidelines for practice.

- **German Society for Prevention of Child Abuse and Neglect (GESPCAN)**  
  Sternstrasse 9 - 11  
  40479 Düsseldorf  
  Germany  
  Telephone: 0211 4976 80 0  
  Fax: 0211 4976 80 20  
  Email: info@dgfpi.de  
  Website: www.dgfpi.de
ISPCAN Country Partner

GESPCAN is a multidisciplinary organization established as a forum where the exchange and discussion of various concepts and ideas of different professions is possible in order to enhance the ability to understand each other and to improve interdisciplinary cooperation and communication.

>Nationales Zentrum Frühe Hilfe / National Center for Early Prevention

Maarweg 149-161
50825 Cologne
Germany
Telephone: 0221 / 8992-456
Fax: 0221 / 8992-302
Email: redaktion@fruehehilfen.de
Website: www.fruehehilfen.de
Resources Provided: Multi-disciplinary material and knowledge about early prevention through all stakeholder groups

>Unabhängiger Beauftragter für Fragen des sexuellen Kindesmissbrauchs / Independent Commissioner for Child Sexual Abuse Issues

P.O. Box 110129
10831 Berlin
Germany
Fax: (030) 18555-4 1555
Website: https://beauftragter-missbrauch.de/startseite/
Resources Provided: All information concerning child sexual abuse

GREECE

>ELIZA-Society for the Prevention of Cruelty to Children

Ermou & Christopoulou 2
105 63 Athens
Greece
Telephone: +30 210 3231704
Fax: +30 210 3254144
E-mail: info@eliza.org.gr
Website: www.eliza.org.gr
Resources Provided: Promotion and protection of children rights, education of stakeholders for the prevention of child abuse

>Synigoros tou Politi / The Greek Ombudsman Independent Authority

17 Halkokondyli St.
104 32 Athens
Greece
Telephone: (+30) 213 1306 600
Fax: (+30) 213 1306 800. (+30) 210 7292 129
Email: rg.soroginys@ssepr, cr@synigoros.gr
Website: https://www.synigoros.gr/
Resources Provided: Child protection

ICELAND

>The Government Agency for Child Protection

Borgartúni 21
105 Reykjavík
Iceland
Telephone: 530 2600
Fax: 530 2601
Email: bvs@bvs.is
Website: www.bvs.is
Resources Provided: The primary role of the Government Agency for Child Protection is to coordinate and strengthen child protection work in Iceland.

>Nordic Association for Prevention of Child Abuse and Neglect (NASPCAN)

14 Nordari Ringvegur
Thorshavn 100
Faroe Islands
Iceland
Telephone: 354 455 6080
GSM: 354697 54 85
Fax: 354 455 6001
Email: Gunnar M. Sandholt, Chair, sandholt@skagafjordur.is
Website: http://www.nfbo.org/

ISPCAN Country Partner

Representing all Nordic countries (Denmark, Finland, Iceland, Norway and Sweden), NASPCAN’s mission is to improve the work being done to protect children from abuse and neglect by offering members and professionals working in the field, the opportunity to share experiences, to update knowledge as well as stimulate the exchange of knowledge and to network. NASPCAN organizes biannual conferences, national training events and publishes a newsletter 2 - 3 times per year.

IRELAND

>Department of Children and Youth Affairs

Block 1, Miesian Plaza
50-58 Baggot Street Lower
Dublin 2. D02 XW14
FREEPOST FS055
Ireland
Telephone: +353 1 647 3000
Email: contact@dcya.gov.ie
Website: www.dcy.ie
Resources Provided: The Department brings together a number of key areas of policy and provision for children, young people and families. It is tasked with driving forward a range of commitments outlined in the 2011 Programme for Government.

>St. Clare’s Unit, The Children’s University Hospital

Temple St
Dublin 1
Ireland
Telephone: +353 1 878 4200
Email: information@cuh.ie, keith.oreilly@cuh.ie
Website: www.cuh.ie
Resources Provided: Assessment and therapy service for children and families where sexual abuse is a concern

Tusla - Child and Family Agency
The Brunel Building
Heuston South Quarter
Saint John’s Road West
Dublin 8
D08 X01F
Ireland
Telephone: 01 7718500
Email: info@tusla.ie
Website: www.tusla.ie
Resources Provided: The Child and Family Agency is now the dedicated State agency responsible for improving wellbeing and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken.

Italy

CISMAI
Email: segreteria@cismai.org
Website: www.cismai.it
Resources Provided: National guidelines, conferences, training, supervision, research, scientific contributions

Italian Network of Agencies Against Child Abuse (CISMAI)
Bureau and Secretariat
Via del Mezzetta, 1 Interno
50135 Firenze
Italy
Telephone: 0039 055 6121306
Fax: 0039 055 6193818
Email: segreteria@cismai.org, presidenza@cismai.org, cismai@infinito.it
Website: www.cismai.org

ISPAN Country Partner
CISMAI is a free association founded by deed, preserved in the acts of the association, 20 February 1993 at Milan under the name “Coordination of centers and services for prevention and treatment of abuse harmful to juveniles,” which has operated continuously in the pursuit of social purpose.

Macedonia
No resources reported
Asia (Continued)

▶ Child Helpline International (CHI)

Pilotenstraat 20-22
1059 CJ Amsterdam
The Netherlands
Telephone: +31 20 528 9625
Email: info@childhelplineinternational.org
Website: http://www.childhelplineinternational.org

Resources Provided: CHI supports the creation and strengthening of national toll-free child helplines worldwide and uses child helpline data and knowledge to highlight gaps in child protection systems and advocate for the rights of children.

▶ NJI – Dutch Youth Institute

Mailing address:
Postbus 19221
3501 DE Utrecht
Netherlands

Physical address:
Catharijnesingel 47 (alongside Central Station)
3511 GC Utrecht
Netherlands
Telephone: + 31 30 230 63 44
Email: info@nji.nl, i.tenberge@nji.nl
Website: www.nji.nl

Resources Provided: Evidence-based intervention and prevention programs; Knowledge and data

NORWAY

▶ Directorate for Child and Family Affairs

Mailing address:
Postboks 2233
3103 Tønsberg
Norway

Physical address:
Stensberggata 27 (7etg.)
Oslo
Norway
Telephone: 986 128 433
Email: postmottak@bufetat.no
Website: https://www.bufdir.no/en/English_start_page/

Resources Provided: Information

▶ The Ombudsman for Children

Mailing address:
Postboks 8889
Youngstorget
0028 Oslo
Norway

Physical address:
Karl Johans gate 7
0154 Oslo
Norway
Telephone: 22 99 39 50
Email: post@barneombudet.no
Website: http://www.barneombudet.no/

Resources Provided: Information about services offered, practical help to children

▶ Save the Children Norway

Mailing address:
P.O. Box 6902
St Olvas Plass
0130 Oslo
Norway

Physical address:
Storgata 38
Oslo
Norway
Telephone: +47 22 990 900
Website: http://www.savethechildren.net/

Northern Ireland


Lanyon Building
Block 1, Unit 7
Jennymount Business Park
North Derby Street
York Road
Belfast
BT15 3HN
Northern Ireland
Telephone: 028 9035 1135
Email: help@nspcc.org.uk
Website: www.nspcc.org.uk

Resources Provided: NSPCC is the leading UK child protection charity. In NI we provide a range of therapeutic and intervention services, training and consultancy services, a 24-hour helpline for adults concerned about a child, and Childline, a 24-hour helpline for children at risk.
**Poland**

- **Empowering Children Foundation**
  
  ul. Mazowiecka 12/25  
  00-048 Warszawa  
  Poland  
  
  Telephone/Fax: +48 22 616 02 68  
  Email: biuro@fdds.pl  
  Website: http://fdds.pl/  
  
  Resources Provided:  
  The Empowering Children Foundation initiates and supports networks of organizations and institutions that provide support for abused children or work against child maltreatment. Developing coalitions, partnerships, and support or collaboration networks aimed at integrating efforts and facilitating the exchange of experiences and lobbying for an improved child protection system in Poland.  
  
  Education platform: https://www.edukacja.fdds.pl/

- **Ombudsman for Children’s Rights**

  ul. Przemyślowska 30/32  
  00-450 Warsaw  
  Poland  
  
  Telephone: (22) 583 66 00  
  Fax: (22) 583 66 96  
  Email: rpd@brpd.gov.pl  
  Website: https://brpd.gov.pl/  
  
  Resources Provided: It is the duty of the Ombudsman to annually inform the Sejm and the Senate about their actions and comments on the state of children’s rights in Poland. As this information is publicized, it is an excellent opportunity to start a nationwide discussion on the status of children’s rights in Poland.

**Romania**

- **National Authority for the Protection of the Rights of the Child and Adoption (NAPRCA)**

  Bulevardul G-ral Gheorghe Magheru nr. 7  
  Sector 1, Bucureşti  
  Cod poştal 010322  
  Romania  
  
  Telephone: 021-315.36.33, 021-315.36.30, 021-310.07.89, 021-310.07.90  
  Fax: 021-312.74.74  
  Email: office@anpfdc.ro  
  Website: www.copii.ro  
  

- **Salvati Copii Romania / Save the Children Romania**

  Intr. Ştefan Furtună nr. 3, sector 1  
  010899, Bucharest  
  Romania  
  
  Telephone: +40 21 316 61 76


  UNICEF 48A, Blvd. Primaverii  
  011975 Bucharest 1  
  Romania  
  
  Telephone: (40) (21) 201.7872 - 76 - Central  
  Fax: 317.52.55  
  Email: bucharest@unicef.org  
  Website: www.unicef.ro  
  
  Resources Provided:  
  Research reports, expertise, impact on government, resources for organizing pilot services

**Serbia**

- **Incest Trauma Center – Belgrade (ITC)**

  Ul. Stojana Protica 57  
  11000 Beograd  
  Republic of Serbia  
  
  Telephone: +381 11 386 27 69  
  Fax: +381 11 386 27 69  
  Email: itcentar@eunet.rs  
  Website: http://www.incesttraumacentar.org.rs/index.php/en/  
  
  ISPCAN Country Partner  
  
  ITC was founded in 1994 as a nongovernmental organization specializing in sexual assault. Its health and mental health professionals provide assistance to child and adult survivors of sexual violence across Serbia through its Crisis Intervention Center, Training Center, and Sexual Assault Prevention Center.

- **Ombudsman of the Republic of Serbia**

  Deligradska street 16  
  11000 Belgrade  
  Serbia  
  
  Telephone: 011/2068 100  
  Fax: 011/2068 182  
  Mobile: 064/8768 505  
  Email: zastitnik@zastitnik.rs, gordana.stevanovic@ombudsman.rs  
  Website: www.ombudsman.rs  
  
  Resources Provided: Influencing national legislation and legal protection for child survivors of abuse and neglect
Slovenia

**Human Rights Ombudsman**
Dunajska cesta 56 (4th floor)
1109 Ljubljana
Slovenia

Telephone: 01 475 00 50, Freephone: 080 15 30
Fax: 01 475 00 40
E-mail: info@varuh-rs.si
Website: http://www.varuh-rs.si/index.php?id=37&L=6

Resources Provided:
Information and child protection in following areas:
- Protection of children’s rights
- Contacts with parents
- Child support, child allowances, child’s property management
- Foster care and guardianship, institutional care
- Children with special needs
- Children of minorities and of the most threatened population groups
- Family violence against children
- Violence against children outside family
- Other

**Ministry for Interior, General Police Directorate**
Štefanova 2
1501 Ljubljana
Slovenia

Telephone: (01) 428 40 00
Fax: (01) 251 43 30
Email: gp.policija@policija.si
Website: www.policija.si

Resources Provided: Information on prevention, anonymous report form

**Ministry of Labour, Family, Social Affairs and Equal Opportunities**
Kotnikova 28
1000 Ljubljana
Slovenia

Telephone: +386 1 369 77 00
Fax: +386 1 369 78 32
Email: gp.mddsz@gov.si
Website: www.mddsz.gov.si

Resources Provided: Information and contacts

**Zveza Prijateljev Mladine Slovenije (ZPMS) / Association of Friends of Youth of Slovenia**
Miklošičeva 16
1000 Ljubljana
Slovenia

Telephone: 01 239 67 20
Email: info@zpms.si
Website: http://en.zpms.si/home/

Resources Provided:
The organization aims:
- to promote and implement the convention on the rights of the child
- to raise the quality of children, youth and family life
- to reduce social exclusion of children, youth and families
- to give opportunities to experience active spare time
- to motivate individuals and organizations to positive statements about children, youth and families
- to promote voluntary work
- to develop and support cooperation with non-governmental associations in Slovenia and abroad
- to help children and young people to create positive self-image
- to form positive attitudes and values to life

Spain

**Federation of Associations for Prevention of Child Mistreatment (FAPMI)**
C/. Delicias 8, entreplanta.
28045, Madrid
Spain

Telephone: (+34) 91 468 26 62
Fax: (+34) 91 527 76 26
Email: fapmi@fapmi.es
Website: www.fapmi.es

**ISPCAN Country Partner**
FAPMI was founded in 1990 as a National Federation of Associations related with the defense of children. Our Mission: beginning with the Convention of Child Rights of the United Nations, we work to promote good treatment of children and the prevention, detection, accusation and intervention of any situation of mistreatment that affects children, adolescents and their families.

**Fundació Vicki Bernadet**
Carrer del Taquígraf Martí 30-32
8028 Barcelona
Spain

Telephone: 933 189 769
Email: info@fbernadet.org
Website: http://www.fbernadet.org

Resources Provided: Prevention, intervention and treatment, counseling, and public awareness campaigns on child sexual abuse

**Madrid Institute for Children and Families (Instituto Madrileño del Menor y la Familia)**
c/ Gran Via, 14
28013 Madrid
Spain

Email: maltratoinfantil@madrid.org

Resources Provided: Protection services for children in Madrid region

**National Childhood Observatory (Observatorio Nacional de Infancia y Adolescencia)**
Paseo de la Castellana, 67-6º pl
28070 Madrid
Spain

Email: observatorioinfancia@msssi.es
Website: http://www.observatoriodelainfancia.msssi.gob.es/

Resources Provided: Agency of the Ministry of Health, Social Services and Equality responsible for childhood policies

**SWEDEN**

► Barnombudsmannen / Child Ombudsman

Box 22106
Norr Mälarstrand 6
104 22 Stockholm
Sweden

Telephone: 08-692 29 50
Website: www.barnombudsmannen.se

Resources Provided: The main task is to ensure the Swedish government follows the articles in the UNCRC

► Stiftelsen Allmänna Barnhuset

**Mailing address:**
Box 241 49
104 51 Stockholm
Sweden

**Physical address:**
Linnégatan 89 C
115 23 Stockholm
Sweden

Telephone: 08-679 60 78
Fax: 08-611 38 41
Email: info@allmannabarnhuset.se
Website: www.barnhuset.com

Resources Provided: Promoting children’s rights, co-operates closely with the Swedish government

► Rädda Barnen / Save the Children

**Mailing address:**
107 88 Stockholm
Sweden

**Physical Address:**
Landsvägen 39
Sundbyberg
Sweden

Telephone: 08-698 90 00
Email: kundservice@rb.se
Website: raddabarnen.se

Resources Provided: Internationally renowned child rights organization heading child protection with International Save the Children, co-operates closely with the Swedish government

**SWITZERLAND**

► Defence for Children International

1, Rue de Varembé
P.O. Box 88
CH-1211
Geneva 20
Switzerland

Telephone: +41 (0)22 734 05 58
Fax: +41 22 740 11 45
Email: info@defenceforchildren.org
Website: http://www.defenceforchildren.org/

Resources Provided: Defence for Children International fosters awareness about, and solidarity around, children’s rights situations, issues and initiatives throughout the world. It seeks, promotes and implements the most effective means of securing the protection of children’s rights in concrete situations, from both a preventative and curative standpoint.

► Foundation ASPI

via Povrò 16
6932 Breganzona (Massagno)
Switzerland

Telephone: 091 943 57 47
Email: info@aspi.ch
Website: www.aspi.ch

Resources Provided: Information about primary prevention of CM

► International Labour Organization (ILO)

4 route des Morillons
CH-1211, Genève 22
Switzerland

Telephone: +41 (0) 22 799 6111
Fax: +41 (0) 22 798 8685
Email: ilo@ilo.org
Website: http://www.ilo.org

Resources Provided: As the only tripartite U.N. agency, since 1919 the ILO brings together governments, employers and workers representatives of 186 member states, to set labour standards, develop policies and devise programmes promoting decent work for all women and men.

► International Programme on the Elimination of Child Labour (IPEC)

International Labour Office
4 route des Morillons
CH-1211, Geneva 22
Switzerland

Telephone: +4 (0) 22 799 6111
Fax: +4 (0) 22 798 8685
Email: ilo@ilo.org
Website: http://www.ilo.org/ipec/lang--en/

Resources Provided: A UN specialized agency that seeks the promotion of social justice and internationally recognized human and labour rights. IPEC’s aim is to work towards the progressive elimination of child labour by
stirngthening national capacities to address child labour problems, and by creating a worldwide movement to combat it.

▲ Kinderschutz Schweiz / Swiss Foundation for Child Protection
Schlösslistrasse 9a
3008 Bern
Switzerland
Telephone: +41 31 384 29 29
Fax: 0041 31 384 29 20
Email: info@kinderschutz.ch
Website: www.kinderschutz.ch
Resources Provided:
The goal of Kinderschutz Schweiz is to protect children against any form of violence, neglect and abuse and to support and protect children’s integrity and dignity, to implement and protect their rights and to promote their individual development and their social integration. To that end Kinderschutz Schweiz is active in the realm of politics and prevention. Campaigns for the public and professionals, informational material for professionals on all forms of CAN, including ASPI (Ticino, southern part of Switzerland)

▲ KOKES – Conference for Child and Adult Protection
General Secretariat
PO Box 2945
Werftestrasse 1
6002 Lucerne
Switzerland
Telephone: 041 367 48 57
Fax: 041 367 48 49
Email: info@kokes.ch
Website: www.kokes.ch
Resources Provided: Statistics on child protection orders, national and cantonal legislations on child protection, list of agencies

▲ Stiftung Kinder und Gewalt
Secretariat
PO Box 58
8193 Eglisau
Switzerland
Telephone: 043 422 50 82
Email: info@kinderundgewalt.ch
Website: www.kinderundgewalt.ch
Resources Provided: Campaigns for the public and professionals, informational material for professionals, especially Shaken Baby Syndrome.

▲ Terre des Hommes International Federation
31 chemin Frank Thomas
CH-1223 Cologny/Geneva
Switzerland
Telephone: +41 22 736 33 72
Fax: +41 22 736 15 10
Email: info@terredeshommes.org
Website: www.terredeshommes.org
Resources Provided: The mission of the Terre des Hommes organizations is to work for the rights of the child and to promote equitable development without racial, religious, cultural or gender-based discrimination. To this end, they support development and humanitarian aid projects designed to improve the living conditions of disadvantaged children, their families and their communities.

▲ World Health Organization (WHO)
Avenue Appia 20
1202 Geneva
Switzerland
Telephone: +41 22 791 21 11
Fax: 41 22 791 31 11
Email: info@who.int
Website: www.who.int
Resources Provided: The World Health Organization is the United Nations specialized agency for health. WHO’s objective is the attainment by all peoples of the highest possible level of health.

UNITED KINGDOM

▲ British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)
17 Priory Street
York YO1 6ET
United Kingdom
Telephone: +44 (0)1904 613605 / 0904 621133
Fax: 0904 642239
Email: baspcan@baspcan.org.uk
Website: www.baspcan.org.uk
ISPCAN Country Partner
BASPCAN aims to prevent physical, emotional and sexual abuse and neglect of children by promoting the physical, emotional, and social well being of children. We aim to promote rights of children as citizens, through multi-disciplinary collaboration, education, campaigning and other appropriate activities, within our powers and resources.

▲ Child Rights International Network (CRIN)
Suite 152
80 Lower Marsh
London SE1 7AB
United Kingdom
Telephone: 44 20 7401 2257
Email: contact@crin.org, info@crin.org
Website: www.crin.org
Resources Provided: CRIN is a global network that disseminates information about the Convention on the Rights of the Child and child rights amongst non-governmental organizations (NGOs), United Nations agencies, inter-governmental organization (IGOs), educational institutions, and other child rights experts.
Afric A (continued)

**Child Soldiers International**
The Grayston Centre
Ground Floor
28 Charles Square
London N1 6HT
United Kingdom
Telephone: +44 (0) 20 7324 4690
Fax: +44 (0) 20 7324 4656
Email: info@child-soldiers.org
Website: www.child-soldiers.org

Resources Provided: The Coalition to Stop the Use of Child Soldiers (CSC) unites national, regional and international organizations and networks in Africa, Asia, Europe, Latin America and the Middle East. It is the leading network for monitoring and reporting on the use of child soldiers worldwide.

**Department of Education for England**
Ministerial and Public Communications Division
Department for Education
Piccadilly Gate
Store Street
Manchester
M1 2WD
United Kingdom
Telephone: 0370 000 2288
Fax: 0161 600 1332
Website: https://www.gov.uk/education/safeguarding-child-protection


**The Global Initiative to End All Corporal Punishment of Children**
c/o Association for the Protection of All Children (APPROACH) Ltd
The Foundry
17 Oval Way
London SE11 5RR
United Kingdom
Telephone: 02077130569
Email: info@endcorporalpunishment.org
Website: www.endcorporalpunishment.org

Resources Provided: The Global Initiative to End All Corporal Punishment of Children aims to ensure that the recommendations of the Committee on the Rights of the Child and other human rights bodies are accepted and that governments move speedily to implement legal reform and public education programs.

Weston House
42 Curtain Road
London EC2A 3NH
United Kingdom
Telephone: 0808 800 5000
Website: https://www.nspcc.org.uk/

Resources Provided: NSPCC is the leading UK child protection charity. They provide a range of therapeutic and intervention services, training and consultancy services, a 24-hour helpline for adults concerned about a child, and Childline, a 24-hour helpline for children at risk.

**Plan International Headquarters**
Dukes Court, Block A
Duke Street, Woking
Surrey, GU21 5BH
United Kingdom
Telephone: (+44) 1483 755 155
Fax: (+44)1483 755 505
Website: https://plan-international.org/

Resources Provided: Plan International is relentless in driving change in children’s lives by building powerful partnerships and alliances in and across communities, and from the local to the regional and global level.

**Save the Children United Kingdom**
1 St John’s Lane
London, EC1M 4AR
United Kingdom
Telephone: +44 20 7012 6400
Email: info@savethechildren.org
Website: https://www.savethechildren.org.uk/

Resources Provided: Through Save the Children, member organizations work together in 120 countries, campaigning for better outcomes for children and delivering programmes to support children.

**World Vision International (WVI)**
Executive Office
1 Roundwood Ave, Stockley Park Uxbridge
Middlesex UB11 1FG
United Kingdom
Telephone: 1 888 511 6548
Email: info@wvi.org, worvis@wvi.org
Website: www.wvi.org

Resources Provided: World Vision International is a Christian relief and development organization working for the well being of all people, especially children. Through emergency relief, education, health care, economic development and promotion of justice, World Vision helps communities help themselves.

**Wales, United Kingdom**

**Children in Wales**

*Head office:*
25 Windsor Place
Cardiff
CF10 3BZ
United Kingdom
Telephone: (029) 2034 2434
Fax: (029) 2034 3134
North Wales Office:
Room 101
The Management Centre
Bangor University
College Road
Bangor
LL57 2DG
United Kingdom
Telephone: (01286) 677570
Website: www.childreninwales.org.uk

Weston House

42 Curtain Road
London EC2A 3NH
United Kingdom
Telephone: 0808 800 5000
Email: help@nspcc.org.uk
Website: https://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/

Resources Provided: NSPCC is the leading UK child protection charity. They provide a range of therapeutic and intervention services, training and consultancy services, a 24-hour helpline for adults concerned about a child, and Childline, a 24-hour helpline for children at risk.

North America

Canada

►Canadian International Development Agency (CIDA)
200 Promenade du Portage Gatineau
Quebec K1A 0G4
Canada
Telephone: 819-997-5006, 819 997 5456, Toll free: 1 800 230 6349
Fax: 819 953 6088
Email: info@acdi-cida.gc.ca
Website: http://www.international.gc.ca/

Resources Provided: The Canadian International Development Agency (CIDA) is Canada’s lead agency for development assistance. CIDA’s aim is to manage Canada’s support and resources effectively and accountably to achieve meaningful, sustainable results and engage in policy development in Canada and internationally, enabling Canada’s effort to realize its development objectives.

►Child Welfare League of Canada (CWLC)
492 Somerset St
Ottawa, K1R 5J8
Canada
Telephone: (613) 235-4412
Website: www.cwlc.ca

►International Institute for Child Rights and Development (IICRD)
1694 Cedar Hill X Road
Victoria, British Columbia V8P 2P7
Canada
Telephone: +1 (250) 891-2424, +1 250-590-4986
Email: info@iicrd.org
Website: www.iicrd.org

Resources Provided: IICRD is a unique hybrid organization: part non-governmental organization (NGO), part academic institution, located in Victoria, British Columbia (BC), focused on social innovation with and for children and youth. For the past 20 years, IICRD has been a bridge building organization working with a wide variety of partners in participatory, applied research, professional education, and community capacity building initiatives. Our programs and projects catalyze change, transformation, and healing for the most vulnerable young people in our society, in Canada and in over 30 countries around the world.

►Public Health Agency of Canada
785 Carling Avenue
Address Locator 6802B
Ottawa, Ontario K1A 0K9
Canada
Telephone: 613-960-0061
Fax: 613-960-0364
Email: lil.tonmyr@canada.ca
Website: www.gc.ca

Resources Provided: A national picture of child maltreatment from a public health perspective.

El Salvador

►Consejo Nacional de la Niñez y de la Adolescencia (CONNA) / National Council for Children and Adolescents
Colonia Costa Rica
Irazú and Final Avenida Calle Santa Marta, No. 2
San Salvador, El Salvador, CA
Telephone: (503) 2511-5400
Email: info@conna.gob.sv
Website: www.conna.gob.sv

Resources Provided: Maximum authority of the National System of Integral Protection and governing institution of the National Policy for Integral Child and Adolescent Protection

►Instituto Salvadoreño para el Desarrollo Integral de la Niñez y de la Adolescencia (ISNA) / Salvadoran Institute for the Integral Development of Children and Adolescents
P.O. Box Section 2690
Col. Costa Rica
Irazú Avenue and Final Santa Marta Street, No. 2
San Salvador, Republic of El Salvador, CA
Telephone: (503) 2213-4700
Email: oficialdeinformacion@isna.gob.sv
Website: www.isna.gob.sv
AFRICA (CONTINUED)

**GRENADA**

- **Child Protection Agency (CPA)**
  P.O. Box 3352
  Scott Street
  St. George’s
  Grenada
  Email: info@cpagrenada.org
  Telephone: +1 473-440-6980 / 435-0293 / 435-3396
  Resources Provided: Child Abuse Hotline at 677, Main agency for child protection, foster care and institutional care

- **Grenada National Coalition on the Rights of Children (GNCRC)**
  P.O. Box 3594
  N.D.F. Building
  Lucas Street
  St. George’s
  Grenada
  Telephone: (473) 435-0944
  Email: gncrc@spiceisle.com
  Website: http://gncrc.weebly.com/
  Resources Provided: Activities for protecting the rights of children in Grenada

**MEXICO**

- **Instituto Nacional de Estadística y Geografía (INEGI) / National Institute of Statistic and Geography**
  Headquarters of the Institute
  Avenida Héroe de Nacozari Sur 2301
  Fraccionamiento Jardines del Parque
  20276 Aguascalientes
  Mexico
  Telephone: 01 800 111 46 34, International: + (52) + (449) 910 53 00 Ext. 5301
  Email: atencion.usuarios@inegi.org.mx
  Website: www.inegi.org.mx
  Resources Provided: Statistics

- **Red por los Derechos de la Infancia en México (REDIM) / Network for Rights of Children in Mexico**
  Red por los Derechos de la Infancia en México
  Av. México Coyoacán No. 350 Col. General Anaya
  CP 03340 México, DF
  Mexico
  Telephone: 56 01 62 78 , 67 31 27 02
  Email: comunicacion@derechosinfancia.org.mx
  Website: http://www.derechosinfancia.org.mx/
  Resources Provided: Statistics and analysis

**UNITED STATES OF AMERICA**

- **American Professional Society on the Abuse of Children (APSAC)**
  1706 East Broad St.
  Columbus, OH 43203
  USA
  Telephone: 614-827-1321, Toll Free: 877-402-7722
  Fax: 630.359.4274
  Email: apsac@apsac.org
  Website: www.apsac.org
  ISPCAN Country Partner
  APSAC seeks to improve the quality of practice provided by professionals who work in child abuse and neglect by providing professional education that promotes effective, culturally sensitive, & interdisciplinary approaches to identification, intervention, treatment, & prevention of child abuse and neglect, & promoting research & practice guidelines to inform all forms of professional practice in child maltreatment.

- **Ashoka**
  Ashoka Global Headquarters
  1700 North Moore Street
  Suite 2000 (20th Floor)
  Arlington, VA 22209
  USA
  Telephone: 703-527-8300
  Fax: 703-527-8383
  Email: info@ashoka.org
  Website: https://www.ashoka.org
  Ashoka is the largest network of social entrepreneurs worldwide, with nearly 3,000 Ashoka Fellows in 70 countries putting their system changing ideas into practice on a global scale. Founded by Bill Drayton in 1980, Ashoka has provided start-up financing, professional support services, and connections to a global network across the business and social sectors, and a platform for people dedicated to changing the world. Ashoka launched the field of social entrepreneurship and has activated multi-sector partners across the world who increasingly look to entrepreneurial talent and new ideas to solve social problems.

- **Centers for Disease Control and Prevention (CDC)**
  Public Inquiries/MAST, Mailstop F07
  1600 Clifton Road
  Atlanta, GA 30329-4027
  USA
  Telephone: 1 800 232 4636, TTY: 888-232-6348
  Email: cdcinfo@cdc.gov
  Website: www.cdc.gov
  Resources Provided: The CDC works with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.
NORTH AMERICA (CONTINUED)

► Child Welfare Information Gateway
Children’s Bureau/ACYF
330 C Street S.W.
Washington, DC 20201
USA
Telephone: 1.800.394.3366
Email: info@childwelfare.gov
Website: https://www.childwelfare.gov/
Resources Provided: General and specific information regarding child maltreatment and protection in the USA

► Human Rights Watch - Children’s Rights
350 Fifth Avenue, 34th floor
New York, NY 10118-3299
USA
Telephone: +1 212 280 4700
Fax: +1 212 736 1300
Website: www.hrw.org
Resources Provided: Human Rights Watch established the Children’s Rights Division in 1994 to monitor human rights abuses against children around the world and to campaign to end them. They challenge abuses carried out or tolerated by governments and, when appropriate, by armed opposition groups.

► International Pediatric Association (IPA)
418 Webster Forest Drive
Webster Groves, MO 63119
USA
Telephone: 84 7434 7507
Email: adminoffice@ipa-world.org, membersupport@ipa-world.org
Website: http://ipa-world.org
Resources Provided: IPA believes that pediatricians, working with other partners, will be leaders in promoting physical, mental, and social health for all children, and in realizing the highest standards of health for newborns, children, and adolescents in all countries of the world.

► International Society for the Prevention of Child Abuse and Neglect (ISPCAN)
12200 E. Iliff Avenue, Suite 103
Aurora, CO 80014
USA
Telephone: (720) 449-6010
Fax: (720) 449-6012
Email: resources@ispcan.org, ispcan@ispcan.org
Website: www.ispcan.org
Resources Provided: ISPCAN is a multidisciplinary professional society whose mission is to support professionals and individuals around the world working to prevent child abuse and neglect. It brings together a worldwide cross-section of committed professionals to work towards the prevention and treatment of child abuse, neglect and exploitation globally.

► United Nations Development Programme (UNDP)
One United Nations Plaza
New York, NY 10017
USA
Website: http://www.undp.org
Resources Provided: UNDP works in some 170 countries and territories, helping to achieve the eradication of poverty, and the reduction of inequalities and exclusion. It helps countries to develop policies, leadership skills, partnering abilities, institutional capabilities and build resilience in order to sustain development results.

► United Nations International Children’s Emergency Fund (UNICEF)
UNICEF House Headquarters
3 United Nations Plaza
New York, New York 10017
USA
Telephone: 1 212 326 7000
Fax: 1 212 887 7465 / 7454
Website: www.unicef.org

OCEANIA

AUSTRALIA

► Australian Institute of Family Studies (AIFS)
Level 4, 40 City Road
Southbank Victoria 3006
Australia
Telephone: +61 3 9214 7888, Freecall from within Australia: 1800 352 275
Fax: +61 3 9214 7839
Website: https://aifs.gov.au/
Resources Provided: AIFS is the Australian Government’s key research body in the area of family wellbeing, including child abuse and neglect. They provide access to a range of expert research reports, bi-annual conference, publications related to prevention and evaluation projects, practitioner resources and alerts to the latest information in the child, family and community welfare sectors.
OCEANIA (CONTINUED)

▶ Australian Institute of Health & Welfare

Mailing address:
AIHW
GPO Box 570
Canberra ACT 2601
Australia

Physical address:
1 Thynne Street
Fern Hill Park
Bruce ACT 2617
Australia
Telephone: (02) 6244 1000, International +61 2 6244 1000
Fax: (02) 6244 1299
Website: www.aihw.gov.au

Resources Provided: Annual collation and publication of state generated statistics on child maltreatment.

▶ National Association for Prevention of Child Abuse and Neglect (NAPCAN)

Mailing address:
NAPCAN National Office
PO Box K241
Haymarket NSW 1240
Australia

Physical address:
NAPCAN National Office
9/162 Goulburn Street
Surry Hills NSW 2010
Australia
Telephone: 02 8073 3300
Fax: 02 9261 0020
Email: contact@napcan.org.au
Website: www.napcan.org.au

ISP CAN Country Partner

NAPCAN is committed to stopping child abuse by producing national campaigns and distributing free resources that promote positive and practical actions to stop child abuse. They work with federal, state government and non-government organisations to develop child protection legislation, policies & practices that are in the best interests of children.

Fiji

▶ Ministry of Health & Medical Services

Mailing address:
Ministry of Health Headquarters
Dinem House
88 Amy Street
Toorak
P.O. Box 2223
Government Buildings
Suva, Fiji

Telephone: (679) 300 6177
Email: rmataika@gmail.com

Resources Provided: Statistics, but a training package is also available on request.

▶ United Nations International Children's Emergency Fund (UNICEF)

Mailing address:
Private Mail Bag
Suva, Fiji

Physical address:
Third Floor
Fiji Development Bank Building
360 Victoria Parade
Suva, Fiji

Email: suva@unicef.org
Website: https://www.unicef.org/infobycountry/fiji.html

Resources Provided: Resources for the Pacific in regards to situation analysis and statistics.

NEW ZEALAND

▶ Office of the Children’s Commissioner

Mailing address:
P.O. Box 5610
Wellington 6145
New Zealand

Physical address:
Level 7, 110 Featherston St
Wellington
New Zealand

Please note, we are not open to the public.
Telephone: 04 471 1410
Email: children@occ.org.nz
Website: http://www.occ.org.nz/

Resources Provided: The OCC is an Independent Crown entity which advocates for the interests, rights and wellbeing of children and young people in law, policy and practice, and monitors the services provided under statutory child protection legislation. It is a useful source of independent data and commentary on the state of children and young people in New Zealand.

▶ Oranga Tamariki – Ministry for Children

Mailing address:
Private Bag 3004
Wellington
New Zealand

Physical address:
The Aurora Centre
56 The Terrace
Wellington, New Zealand 6011

Telephone: 04 916 3300, 0508 326 459
Email: enquiry@ot.govt.nz, contact@ot.govt.nz  
Website: https://www.orangatamariki.govt.nz/  
Resources Provided: This is the national child protection services agency that provides and funds extensive resources about child maltreatment and prevention in New Zealand

OCEANIA (CONTINUED)

South America

Argentina

▶ Asociación Argentina de Prevención del Maltrato Infantil-Juvenil (ASAPMI)  
Av. Las Heras 3361 9 piso depo  
43 Capital Federal  
Argentina  
Email: info@asapmi.org.ar  
Website: www.asapmi.org.ar  
ISPCAN Country Partner  
ASAPMI brings together child protection professionals and organizations to develop interdisciplinary connections in support of the Convention on the Rights of the Child. It facilitates an ethical framework and protects the quality of life of professionals in the field of child abuse prevention.

▶ Asociación de Profesionales Latinoamericanos de Lucha contra el Abuso de Poder  
Corrientes 4249  
Buenos Aires  
Argentina  
Email: pilarvendrell@gmail.com  
Resources Provided: They research different kinds of abuse, make public announcements about them, and encourage governments to protect victims.

▶ Centro Regional de Recursos para América Latina (CRRAL)  
Central Argentinean Patagonia  
Email: centrorecursosla@gmail.com  
Website: http://centroderecursos.com.ar  
ISPCAN Latin America Regional Resource Center  
ISPCAN regional resource centers train facilitators and help disseminate culturally relevant, region-specific resources, skills and knowledge in the region. Ultimately, the goal is to create centers that will pilot and refine effective approaches to prevent, identify and treat violence against and sexual exploitation of children, develop and strengthen multidisciplinary stakeholder team work, improve public awareness, and advance policy and legislation to protect the rights of the child.

Bolivia

▶ International Justice Mission  
La Paz, 2  
Bolivia  
Website: https://www.ijm.org/partner-offices/bolivia/  
Resources Provided: Patrocinio legal a casos de violencia sexual infantil

▶ SEPAMOS  
Calle SOTOMAYOR 673  
Calle 25 Nr 788 villa Tunari, El Alto  
La Paz, 2  
Bolivia  
Telephone: 2864281  
Email: sepamosbolivia@gmail.com  
Website: https://www.facebook.com/sepamos.prevencion.atencion/  
Resources Provided: Prevención primaria, secundaria y terciaria de violencia sexual contra niñas, niños y adolescentes. Escolarización para niñas, niños y adolescentes trabajadores.

Brazil

▶ Centro de Referência Especializado de Assistência Social (CREAS) / Specialized Reference Center for Social Assistance  
R. Tâmega, 222-326 - Geraldo Fleming  
Rio Branco - AC, 69918-890  
Brazil  
Telephone: +55 68 3223-6768  
Website: http://mds.gov.br/assuntos/assistencia-social/unidades-de-atendimento/creas  
Resources Provided: Social Work

▶ DATASUS  
Brasilia, DF  
Brazil  
Email: datasus@saude.gov.br  
Website: http://datasus.saude.gov.br/  
Resources Provided: Official data from the public health care system.

▶ FLACSO  
Headquarters  
SAIS Área 2-A, s/n, 1º andar, sala 120  
Brasilia, DF 70610-900  
Brazil  
Telephone: (+55 61) 3702-2530 / (+55 61) 3703-2540 / (+55 61) 2020-3390 / (+55 61) 2020-3330 / (+55 61) 2020-3316  
Email: flacso@flacso.org.br  
Website: http://flacso.org.br/?page_id=187  
Resources Provided: Organizes public databases regarding violence and notifications on all levels.
ASIA (CONTINUED)

Mapa da Violência
Brasília
Brazil
Telephone: 61 2020-3390 | 3703-2540
Email: Julio Jacobo Waiselfiz, j.jacobob@flacso.org.br
Website: http://www.mapadaviolencia.org.br/
Resources Provided: Series of studies about epidemiology of violence in Brazil

Ministério dos Direitos Humanos / Ministry of Human Rights
Esplanada dos Ministérios
Block A
Brasilia, DF
Brazil
Telephone: [55] (61) 2025 3318 / 2025-3225, Hotline: 100
Fax: [55] (61) 2025 9667
Email: spdca@sdh.gov.br
Website: http://www.mdh.gov.br
Resources Provided: The National Human Rights Ombudsman Department has the competence to receive, examine and forward denounces and complaints, to act in the resolution of social tensions and conflicts that involve human rights violations, and to guide and adopt measures for the treatment of cases of human rights violations. It is able to act on its own initiative and act directly or in articulation with other public bodies and organizations of society. The denunciations may be anonymous or, when requested by the denouncer, the confidentiality of the source of the information is guaranteed.
A free of charge helpline receives, examines and forwards complaints and resolves conflicts involving violations of human rights. It operates 24 hours a day, 7 days a week.
Call 100 to report child abuse and/or neglect (8 AM to 10 PM), or any time via the web (www.disque100.gov.br).

Ministerio de Desarrollo Social / Ministry of Social Development
Catedral 1575
Santiago
Chile
Telephone: +56226751400
Website: www.ministeriodesarrollosocial.gob.cl
Resources Provided: Inquest related to infancy

United Nations International Children’s Emergency Fund (UNICEF)
Mailing address:
Casilla 196, Correo 10
6760323 Las Condes
Santiago
Chile
Physical address:
Av Isidora Goyenecheas 3322
Santiago, Región Metropolitana, 7550089
Chile
Telephone: [56] (2) 2422.8800
Fax: 56-2-2422.8888
Email: infochile@unicef.org
Website: www.unicef.cl
Resources Provided: Education, research, legal protection

CHILE

ONG Paicabi – Corporación de Promoción y Apoyo a la Infancia / Center for the Promotion and Support of Children
11 Norte 967
Viña del Mar, Sta Region
Chile
Telephone: (56) (32) 2881777
Email: paicabi@paicabi.cl
Website: www.paicabi.cl
Resources Provided: Promoción, protección y defensa de la infancia en el marco de la Convención Internacional de los Derechos del Niño. Paicabi realiza intervenciones especializadas y acciones promocionales en el icmbito de los derechos de la infancia y adolescencia, especialmente respecto del maltrato, el abuso sexual, la exclusión social y la explotación sexual comercial que afecta a niños, niñas y jóvenes

Servicio Nacional de Menores (SENAME) / National Children’s Service
Huérfanos 587
Santiago Centro
Chile
Telephone: (02) 23984000
Website: www.sename.cl
Resources Provided: Organization that works with CM, children in treatment for child CM, children that are out of their home due to CM, statistics, intervention programs

Ministerio de Desarrollo Social / Ministry of Social Development
Catedral 1575
Santiago
Chile
Telephone: +56226751400
Website: www.ministeriodesarrollosocial.gob.cl
Resources Provided: Inquest related to infancy

United Nations International Children’s Emergency Fund (UNICEF)
Mailing address:
Casilla 196, Correo 10
6760323 Las Condes
Santiago
Chile
Physical address:
Av Isidora Goyenecheas 3322
Santiago, Región Metropolitana, 7550089
Chile
Telephone: [56] (2) 2422.8800
Fax: 56-2-2422.8888
Email: infochile@unicef.org
Website: www.unicef.cl
Resources Provided: Education, research, legal protection

COLOMBIA

Asociación Afecto - Contra El Maltrato Infantil (Afecto) / Association Affect - Against Child Abuse
Transversal 3 #55-07 Of. 201
Bogotá D.C.
Colombia
Telephone: +(571) 345 8775
Mobile: +(57) 312 479 3720
Email: afecto@afecto.org.co
Website: www.afecto.org.co/
ISPCAN Country Partner
AFECTO carries out projects of care, prevention of child maltreatment and sexual abuse, and promotion of good treatment by providing training to groups, mobilizing public opinion, generating and starting campaigns and studies with the purpose of reducing maltreatment and violence against boys and girls.
AFRICA (CONTINUED)

Instituto Colombiano de Bienestar Familiar (ICBF) / Colombian Family Welfare Institute
Avenida Cra. 68 No.64C-75
Bogotá
Colombia
Telephone: (+57 1) 437 76 30
Email: Karen.Abudinen@icbf.gov.co
Website: www.icbf.gov.co
Resources Provided: National support for children

SURiname

Center for People’s Development
Mafongostraat 20
Paramaribo, Paramaribo
Suriname
Email: jterborgcpd@gmail.com
Resources Provided: Research reports on child protection/violence against children
Thank you for taking the time to complete this survey by the International Society for Prevention of Child Abuse and Neglect. This is part of an international research project to improve our understanding of child maltreatment around the world and help guide efforts to prevent and respond to it. Your responses will be combined with those we receive from other professionals around the world and reported in World Perspectives on Child Abuse, 13th Edition. This document will be distributed to participants at the XXIInd International Congress on Child Abuse in Prague, Czech Republic, in September 2018 and will be available more broadly through ISPCAN's website and partner network.

In order to progress through this survey, please use the following navigation buttons:

Click "Next" to continue to the next page.
Click "Previous" to return to the previous page.

If you need to exit and return to the survey, it will save your responses automatically. You will just need to click the survey link and resume on the same device. You will still be able to edit previous responses as well.

If you have any questions about the survey, please contact us at resources@ispcan.org.

Sincerely,

Howard Dubowitz, MD, MS, FAAP
Editor, World Perspectives
Former ISPCAN Councilor

Bernard Gerbaka, MD
ISPCAN President
Please read carefully and choose an option before completing the survey.

1. You are being asked to volunteer as a respondent to this survey. Some questions ask about programs or policies in your country. Other questions ask for your perception about attitudes or conditions in your country. If you are unsure how to answer, please discuss with colleagues. We are aiming to get as accurate a picture as possible of how child protection functions in your county. If you are uncomfortable in answering a question, you may skip that question.

Your responses will be presented as representative of child protection in your country. It is possible that some officials or colleagues in your country may disagree with your responses, or think that you have not presented a fair and accurate description of conditions in your country. If this is a risk for you, you might not want to have your name listed in the report.

In order to include your name in the publication, we need your approval. Please check the appropriate response. If you check “YES,” we will list your name in the report. If you check “NO,” we will not list your name.

- YES, you may include my name as a participant in the survey for WORLD PERSPECTIVES ON CHILD ABUSE, 13th EDITION (2018).

- NO, you may not include my name as a participant in the survey for WORLD PERSPECTIVES ON CHILD ABUSE, 13th EDITION (2018).
2. Contact information

Name: 
Address 1: 
Address 2: 
City/Town: 
State/Province: 
ZIP/Postal Code: 
Country: 
Email Address: 

3. Professional Information

Title/Position: 
Organization: 

4. Please indicate your PRIMARY discipline

- Social Work/Social Welfare
- Psychology
- Education/Teacher
- Law (Lawyer/Judge/Prosecutor)
- Law Enforcement
- Physician (Pediatrics)
- Physician (Psychiatry)
- Physician (Other)
- Other Health Care (e.g., Nursing)
- Other (please specify)

5. What type of organization do you PRIMARILY work for?

- Governmental organization
- Non-governmental organization
- Community-based organization
- International organization
- Research institute
- University
- Other (please specify)
6. Please list the name(s) and contact information of anyone who helped complete this survey AND who has given written permission for their names to be included.

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7. Additional name and contact information

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Section 1: What Is Viewed as Child Abuse or Neglect?

9. Please note: The term "child maltreatment" refers to all forms of child abuse and neglect. "Child" is defined as a person under age 18.

In your country, which of the following are generally viewed as acceptable punishment for a child? (Check ALL that apply)

- Hitting a child on the buttocks with an open hand
- Hitting a child on the buttocks with an object (e.g., shoe, belt)
- Hitting a child on the head or face with an open hand
- Hitting a child on the head or face with a fist
- Hitting a child on the head or face with an object (e.g., shoe, belt)
- Hitting a child anywhere else on the body with an open hand
- Hitting a child anywhere else on the body with a fist
- Hitting a child anywhere else on the body with an object (e.g., shoe, belt)
- Putting something spicy, bitter, or salty in a child’s mouth
- Burning a child deliberately
- Shaking a child
- Locking a child in a small space, such as a closet
- Making a child stand or kneel in one place for more than 5 minutes
Section 1 Continued

Which of the following are generally viewed as child maltreatment (CM) in your country? (Check ALL that apply)

10. Social conditions and behaviors affecting children’s safety, health, or development

- [ ] Physical beating of a child by any adult
- [ ] Child living on the street
- [ ] Prostituting a child
- [ ] Infanticide
- [ ] Female circumcision/female genital mutilation
- [ ] Forcing a child to beg
- [ ] Abuse by another child
- [ ] Child serving as soldier
- [ ] Child labor – under age 12
- [ ] Slavery
- [ ] Internet solicitation for sex
- [ ] Child marriage
- [ ] Torture for political reasons
- [ ] Making a child responsible for an adult crime to lessen risk of prosecution

11. Abuse or neglect of a child in the following places

- [ ] Foster care, group home or orphanage
- [ ] Day care center
- [ ] School or educational training center
- [ ] Psychiatric institution
- [ ] Detention facility
- [ ] Religious institution
- [ ] Sporting organization
- [ ] Work place
- [ ] Law enforcement facility
- [ ] Refugee camp
- [ ] Other (please specify)
12. Involving a parent or caregiver toward a child

- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for child based on religious beliefs
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Child experiencing intimate partner (or domestic) violence
- Child exposed to parent’s substance use
- Other (please specify)
Section II: Official Documentation of Child Maltreatment (CM)

13. Does any government agency maintain an official record or count of all suspected CM reported to authorities?

- [ ] Yes
- [ ] No
14. Which agencies maintain such records? (Check ALL that apply)

☐ Social Services
☐ Law Enforcement
☐ Courts
☐ Other (please specify)

15. For the agencies selected in #15, at which level are records maintained? (Check ALL that apply)

☐ National
☐ Regional/State
☐ Local

16. If multiple agencies maintain official records of suspected CM, is it possible to interconnect these record-keeping systems?

☐ Yes
☐ No
☐ I don't know

17. How long has this system of counting all reported CM been in place?

☐ Less than 5 years
☐ 5 to 10 years
☐ More than 10 years
☐ Don't know
☐ Does not apply
18. For each type of CM and intimate partner (or domestic) violence listed below, please indicate if this label is used in your official system to classify reports.

<table>
<thead>
<tr>
<th>Type of CM/Intimate Partner Violence</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. For each type of CM, please indicate if the official records show any change over the past 4 years in the number of reports.

<table>
<thead>
<tr>
<th>Type of CM/Intimate Partner Violence</th>
<th>More Cases</th>
<th>Fewer Cases</th>
<th>No Change</th>
<th>Don't Know</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
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<tr>
<td>Neglect</td>
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</tr>
<tr>
<td>Exposure to intimate partner violence (IPV)</td>
<td></td>
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</tr>
</tbody>
</table>

20. Are there any subgroups of children (e.g., migrants, refugees, Roma, Aboriginals, immigrants) who are systematically excluded from this reporting system?

- Yes
- No
- Don't know

21. If YES, please describe the subgroup(s):

---

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22. Does your country or most states/provinces have a law mandating reporting of suspected CM?
- Yes
- No

23. If YES, when did this law first take effect?
- Before 1990
- 1990 – 2000
- 2001 – 2005
- After 2005

24. Does this law(s) apply to: (Check ALL that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
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<td>Neglect</td>
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<tr>
<td>Emotional (psychological) maltreatment</td>
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<tr>
<td>Exposure to IPV</td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### National Statistics

25. What is the rate of reported CM in your county per 1,000 children per year (e.g., 40 out of 1,000)? Include all those reported as possibly abused or neglected.

26. What percent of these involve each type of CM?

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>0-15%</th>
<th>16-30%</th>
<th>31-45%</th>
<th>46-60%</th>
<th>61-75%</th>
<th>76-90%</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Neglect</td>
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<td></td>
</tr>
<tr>
<td>Emotional (psychological) maltreatment</td>
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<tr>
<td>Street children</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Exposure to IPV</td>
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</tr>
</tbody>
</table>

27. Of all reports for suspected CM, what percent are investigated by social services?

28. Of all reports investigated, what percent are substantiated or considered “proven”?

29. Of all reports substantiated, what percent:

<table>
<thead>
<tr>
<th>Result in the perpetrator being removed from the home?</th>
<th>0-15%</th>
<th>16-30%</th>
<th>31-45%</th>
<th>46-60%</th>
<th>61-75%</th>
<th>76-90%</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead to prosecution of the alleged perpetrator?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Result in the child being removed from the home?</td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>
30. Of children removed from the home, how many live in:

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>0-15%</th>
<th>16-30%</th>
<th>31-45%</th>
<th>46-60%</th>
<th>61-75%</th>
<th>76-90%</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship care (with a family member)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Foster care?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Orphanages?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Child Fatalities

31. Is an autopsy required by law when a child’s death:

<table>
<thead>
<tr>
<th>Is unexpected?</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an unclear cause?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

32. If YES for either item in #31, who generally does the autopsy?

- Medical examiner
- Forensic doctor
- Coroner
- Hospital

33. If YES for either item in #31, is there a specific protocol that must be followed?

- Yes
- No
- Don’t know

34. In the event of a child’s death, does your country have child death (or fatality) review teams?

- Yes
- No

35. If YES, are these teams required by law?

- Yes
- No
- Don’t know

36. If YES, are these teams:

- National
- Regional
- Local
37. Does any government agency maintain an "official" annual count of deaths due to child abuse or neglect?
- Yes
- No
- Don't know

38. What is the annual rate of child deaths attributed to CM?
- Less than 1 in 100,000
- 1-2 in 100,000
- 3-4 in 100,000
- More than 4 in 100,000
- Don't know

39. Of these deaths, what percentage involve:

<table>
<thead>
<tr>
<th></th>
<th>0-15%</th>
<th>16-30%</th>
<th>31-45%</th>
<th>46-60%</th>
<th>61-75%</th>
<th>76-90%</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td></td>
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<tr>
<td>Emotional Abuse</td>
<td></td>
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<td></td>
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<tr>
<td>Intimate Partner Violence</td>
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</tr>
</tbody>
</table>

40. Over the past 10 years has the number of reported deaths due to CM:
- Increased
- Decreased
- Remained about the same
- Don't know
Section III: Responses to Child Maltreatment (CM)

41. Does your country have an identified government agency (or agencies) at the national, state, or local levels that is mandated to respond to reports of CM?

☐ Yes
☐ No

42. Is the primary investigation conducted by (check ALL that apply):

☐ Social services
☐ Law enforcement
☐ Court system
☐ Other (please specify)
Section IV: Laws and Policies Responding to Child Maltreatment

43. Does your country have national laws or policies implemented at the state/provincial/territorial level regarding CM (e.g., a child protection plan or formal procedures about how to respond to CM)?

- Yes
- No

44. When were these laws or policies first established?

- Before 1980
- 1980-1989
- 1990-2000
- After 2000
- Don’t know
45. Please indicate whether these elements are specified in laws or policies.

<table>
<thead>
<tr>
<th>Element</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td></td>
<td></td>
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<tr>
<td>Mandated reporting of suspected CM for all adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions that allow for voluntary reporting of suspected CM by any professional or individual</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td></td>
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<tr>
<td>Requirement that the investigation be a coordinated intersectoral response</td>
<td></td>
<td></td>
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<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child's safety</td>
<td></td>
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<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specific criminal penalties for maltreating a child</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement</td>
<td>Yes</td>
<td>No</td>
<td>Don't know</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td>------------</td>
</tr>
<tr>
<td>Requires the development of specific prevention services</td>
<td></td>
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<tr>
<td>Requires that a separate attorney or advocate be assigned to represent the child’s interests</td>
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</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of immunity from liability when reports are made in good faith</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a specific budget for preventing CM</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Clear definition of child neglect</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clear definition of child physical abuse</td>
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<td></td>
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<tr>
<td>Clear definition of child sexual abuse</td>
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<tr>
<td>Clear definition of child emotional/psychological abuse</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Clear definition of exposure to IPV</td>
<td></td>
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</tr>
</tbody>
</table>

Other key provisions (please specify)

46. If a coordinated intersectoral response is required by law, which sectors must be included in that response? Check ALL that apply.

- [x] Child protection
- [ ] Law enforcement (police)
- [ ] Health (e.g. forensic doctor or pediatrician)
- [ ] Legal (e.g. prosecutor or court appointed advocate)
- [ ] Education (teachers)
- [ ] Other (please specify)

47. To what extent are these laws or policies being enforced?
<table>
<thead>
<tr>
<th>Provision</th>
<th>Widely enforced</th>
<th>Inconsistently enforced</th>
<th>Never or almost never enforced</th>
<th>Don't know</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Requirement that the investigation be a coordinated intersectoral response</td>
<td></td>
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</tr>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
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</tr>
<tr>
<td>Provisions for removing child from his or her parents/caretakers to ensure the child's safety</td>
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<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
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<tr>
<td>Specific criminal penalties for maltreating a child</td>
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<td></td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
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<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
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<tr>
<td>Requirement that the development of specific prevention services</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Requirement</td>
<td>Widely enforced</td>
<td>Inconsistently enforced</td>
<td>Never or almost never enforced</td>
<td>Don't know</td>
<td>Not applicable</td>
</tr>
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</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child’s interests</td>
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<tr>
<td>Penalties for professionals who fail to report CM</td>
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<tr>
<td>Provision of immunity from liability when reports are made in good faith.</td>
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<tr>
<td>Provision of a specific budget for preventing CM</td>
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</tr>
</tbody>
</table>
48. How adequate are government resources for implementing these laws or policies?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Adequate</th>
<th>Somewhat inadequate</th>
<th>Very inadequate</th>
<th>Don't know</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated periodic training for professionals who may encounter maltreated children</td>
<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>Requirement that an investigation be a coordinated intersectoral response</td>
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<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
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<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
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<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child's interests</td>
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<tr>
<td>Provision of a specific budget for preventing CM</td>
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</tbody>
</table>
### Section V: Services

49. Most families involved in child abuse and neglect need services. Please indicate whether the service is available, and if yes, to what extent.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>No</th>
<th>Yes, occasionally available</th>
<th>Yes, moderately available</th>
<th>Yes, usually available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy for those who neglect a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for neglected children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td></td>
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<tr>
<td>Therapy for those who sexually abuse a child</td>
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<tr>
<td>Therapy for sexually abused children</td>
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<tr>
<td>Case management support services to meet a family’s basic needs</td>
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<tr>
<td>Home-based services to support parents and family</td>
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<tr>
<td>Foster care with official foster parents</td>
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<tr>
<td>Group homes for maltreated children</td>
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<tr>
<td>Public shelters for maltreated children</td>
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<tr>
<td>Public shelters for victims of domestic violence and their children</td>
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<tr>
<td>Institutional care for maltreated children</td>
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<tr>
<td>Financial and other material support</td>
<td></td>
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<tr>
<td>Hospitalization for mental illness for adults</td>
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<tr>
<td>Hospitalization for mental illness for children</td>
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<tr>
<td>Substance abuse treatment for parents</td>
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<tr>
<td>Service</td>
<td>No</td>
<td>Yes, occasionally available</td>
<td>Yes, moderately available</td>
<td>Yes, usually available</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Substance abuse treatment for children</td>
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<tr>
<td>Centers for parents to share experiences/concerns</td>
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<tr>
<td>Universal home visits for all new parents</td>
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<tr>
<td>Targeted home visits for new parents at-risk</td>
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<tr>
<td>Free/highly subsidized child care</td>
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<tr>
<td>Universal health screening for children</td>
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<tr>
<td>Universal, mostly free medical care for children</td>
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<tr>
<td>Universal, mostly free medical care for all citizens</td>
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</table>
Section VI: Prevention

50. Please indicate how involved each of the following sectors is in providing CM prevention services before CM has occurred.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Not Involved</th>
<th>Minimally Involved</th>
<th>Moderately Involved</th>
<th>Very Involved</th>
<th>Don't Know</th>
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</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social service agencies</td>
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<tr>
<td>Community-based NGOs</td>
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<tr>
<td>Religious institutions</td>
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<tr>
<td>Voluntary civic organizations</td>
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<td>Courts/law enforcement</td>
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<tr>
<td>Universities</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>
51. Please indicate how involved each of the following sectors is in providing CM treatment services after CM has occurred.

<table>
<thead>
<tr>
<th>Sector</th>
<th>Not Involved</th>
<th>Minimally Involved</th>
<th>Moderately Involved</th>
<th>Very Involved</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
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<tr>
<td>Mental health agencies</td>
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<tr>
<td>Businesses/factories</td>
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<tr>
<td>Schools</td>
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<tr>
<td>Public social service agencies</td>
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<tr>
<td>Community-based NGOs</td>
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<tr>
<td>Religious institutions</td>
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<tr>
<td>Voluntary civic organizations</td>
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<tr>
<td>Courts/law enforcement</td>
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<tr>
<td>Universities</td>
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<tr>
<td>Other (please specify)</td>
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</tbody>
</table>

52. To what extent do government and non-governmental agencies fund CM prevention services?

<table>
<thead>
<tr>
<th>Sector</th>
<th>No Funding</th>
<th>Minimal Funding</th>
<th>Moderate Funding</th>
<th>Major Funding</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td></td>
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<td></td>
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<tr>
<td>Non-government</td>
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</tbody>
</table>

53. To what extent do government and non-governmental agencies fund CM treatment services?

<table>
<thead>
<tr>
<th>Sector</th>
<th>No Funding</th>
<th>Minimal Funding</th>
<th>Moderate Funding</th>
<th>Major Funding</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td></td>
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<tr>
<td>Non-government</td>
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</tbody>
</table>
### Section VI: Prevention

54. How effective have these strategies been in preventing CM?

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Strategy NOT used</th>
<th>Strategy used BUT not effective</th>
<th>Strategy used AND seems effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Family Partnership</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Home-based services and support for parents at risk</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Media campaigns to raise public awareness</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
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<tr>
<td>Risk assessment methods</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Increasing individual responsibility for child protection</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Prosecution of child abuse offenders</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Universal home visitation for new parents</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Improving/increasing local services</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>A system of universal health care and access to preventive medical care</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Professional training</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>University programs for students</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Advocacy for children’s rights</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Improving the basic living conditions of families (e.g., housing, access to clean water)</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Mental health services</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Services for victims of domestic violence</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>Child death review teams</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>
55. How important are the following barriers in limiting efforts to prevent CM?

<table>
<thead>
<tr>
<th></th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Quite Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited resources for improving the government’s response to CM</td>
<td></td>
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<tr>
<td>Lack of specific laws related to CM</td>
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<tr>
<td>Lack of system to investigate reports of CM</td>
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<tr>
<td>Lack of trained professionals</td>
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<tr>
<td>Public resistance to supporting prevention efforts</td>
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<tr>
<td>Extreme poverty</td>
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<tr>
<td>Decline in family life and informal support systems for parents</td>
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<tr>
<td>Country’s dependency on foreign investment to sustain its local economy</td>
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<tr>
<td>Strong sense of family privacy and parental rights to raise children as they choose</td>
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<tr>
<td>General support for the use of corporal punishment/physical discipline of children</td>
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<tr>
<td>Lack of commitment or support for children’s rights</td>
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<tr>
<td>Overwhelming number of children living on their own</td>
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<tr>
<td>Generally inadequate and poorly developed systems of basic health care or social services</td>
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<tr>
<td>Political or religious conflict and instability</td>
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<tr>
<td>Lack of access to mental health services</td>
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<tr>
<td>Lack of substance abuse treatment</td>
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<tr>
<td>Lack of laws allowing sharing of information among professionals</td>
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<tr>
<td>Other (please specify)</td>
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</table>
### Section VII: Child Sexual Exploitation

The following questions pertain to child sex exploitation (CSE) defined as:

- the recruitment, harboring, transportation, trafficking, provision, or obtaining of a person under 18 for the purpose of a commercial sex act - by force, fraud, or coercion.

56. To what extent does your country have laws concerning CSE?

- Greatly
- Somewhat
- Not really
- Don't know

57. To what extent does your country have programs to combat the problem of CSE?

- Greatly
- Somewhat
- Not really
- Don't know

58. To what extent do agencies in your country collaborate to stop CSE?

- Greatly
- Somewhat
- Not really
- Don't know

59. To what extent are there clear policies for reporting CSE to a public agency or NGO?

- Greatly
- Somewhat
- Not really
- Don't know

60. Does your country keep official records on CSE?

- Yes
- No
- Don't know
61. Is commercial sex work (or prostitution) legal in your country?

- Yes
- No
- Don't know
62. At what age is it legal to be a sex worker in your country?

- At no age
- 14
- 16
- 18

Other (please specify)

63. To what extent do victims of CSE receive mental health care?

- Most of the time
- Sometimes
- Rarely
- Don't know

64. To what extent does your country prosecute its citizens who engage in CSE within your country?

- Most of the time
- Sometimes
- Rarely
- Don't know

65. To what extent does your country prosecute its citizens who engage in CSE abroad?

- Most of the time
- Sometimes
- Rarely
- Don't know

66. To what extent does your country prosecute foreigners who engage in CSE within your country?

- Most of the time
- Sometimes
- Rarely
- Don't know
67. To what extent does your country arrest children who are being exploited sexually?

- Most of the time
- Sometimes
- Rarely
- Don't know

68. Have there been arrests in your country in the past year of persons who sexually exploited children?

- Yes
- No
- Don't know

69. Have there been arrests in your country in the past year of persons for the possession or production of child pornography?

- Yes
- No
- Don't know
### Section VIII: Resources

70. To what extent has the UN Convention on the Rights of the Child helped improve policies and programs regarding CM?
- [ ] Not at all
- [ ] Slightly
- [ ] Somewhat
- [ ] Significantly

71. If significantly, please give a few examples:

72. How useful have the following ISPCAN resources been in helping address CM?

<table>
<thead>
<tr>
<th>Resource</th>
<th>Not Aware of Resource</th>
<th>Not Useful</th>
<th>Moderately Useful</th>
<th>Very Useful</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse and Neglect: The International Journal</td>
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<tr>
<td>ISPCAN Global Congresses</td>
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<td>ISPCAN Regional Conferences</td>
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<td>The LINK: ISPCAN Newsletter</td>
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<td>World Perspectives on Child Abuse</td>
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<td>ISPCAN trainings</td>
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<td>Developing Countries Scholarships</td>
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<td>ISPCAN Listserv</td>
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<td>Web page and Internet services (e.g., virtual discussions, links to other resources)</td>
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<tr>
<td>Country Partners Program</td>
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<tr>
<td>Informal networking/ links to other professionals</td>
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<tr>
<td>Webinars</td>
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<td>E-learning courses</td>
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<tr>
<td>ICAST child abuse screening tool</td>
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</table>
73. Countries address child abuse and neglect in different ways. What have been 3 major developments, positive or negative, in your country in the past 3 years? (e.g., the formation of a specific organization, passage of specific policies, significant involvement of the media)?
Section IX: Reputable Organizations in Your Country Working on CM

74. Readers may want more information on child protection in your country. Please list reputable agencies or organizations able to provide reliable information - with contact information, especially websites. (Note: This is NOT an endorsement of any of these resources.)

Organization: 
Address 1: 
Address 2: 
City/Town: 
State/Province: 
ZIP/Postal Code: 
Country: 
Email Address: 
Website: 

75. What resources does this organization offer?


76. Additional reputable organization:

Organization: 
Address 1: 
Address 2: 
City/Town: 
State/Province: 
ZIP/Postal Code: 
Country: 
Email Address: 
Website: 
77. What resources does this organization offer?
Thank You!

Thank you for taking the time to complete this survey. Your responses will be included in the next edition of *World Perspectives*. Please click "done" to submit your responses.