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

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

ISPCAN’s mission is to protect children in every nation—be they street children, child prostitutes or children of war—from cruelty of every form: physical and sexual abuse, neglect and emotional abuse, child labor and fatality. ISPCAN is committed to increasing public awareness of all forms of violence against children, developing activities to prevent such violence, and promoting the rights of children in all regions of the world.

ISPCAN’s objectives are to:

• increase awareness of the cause and extent of all forms of child abuse and to find possible solutions
• disseminate academic and clinical research to those in a position to enhance practice and improve policy
• improve the quality of current efforts to detect, treat and prevent child abuse
• facilitate the exchange of best practice being developed by ISPCAN members throughout the world
• design and deliver comprehensive training programs to professionals and concerned volunteers engaged in efforts to prevent and treat 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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We would also like to offer our thanks to the members of our Advisory Committee for their invaluable assistance—Maha Almuneef, Deborah Daro, Evelyn Eisenstein, John Fluke, Jenny Gray, Patricia Ip and Lil Tonmyr. Special thanks go to two who spent long hours researching, preparing and formatting the tables and country profiles:

Niki Bornes, ISPCAN Membership Services and Communications Coordinator, who coordinated the project and worked on the country surveys, and

Kim Wittenstrom for analyzing the responses to the country surveys.

Since its inaugural publication in 1992, *World Perspectives on Child Abuse* has been released in conjunction with most ISPCAN international congresses. This reflects ISPCAN’s continued commitment to helping disseminate current knowledge in the field of child maltreatment, including profiles of child protection policies and practice in many countries around the world. We think that our eleventh edition brings you important, interesting and useful information.

Dr Howard Dubowitz    Sherrie L Bowen
Editor      Executive Director
Executive Summary

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 eleventh edition follows this tradition, released at the time of our congress in Nagoya, Japan. 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) in all countries in any depth. Nevertheless, *World Perspectives* offers valuable glimpses of this problem in many countries, an opportunity to track trends and progress, and provide information that hopefully many will find useful.

There are a few changes from the last edition. We decided to focus in greater depth on the country-level data gathered via the survey; the country profiles now include almost all the information provided. Special interest was expressed in adding a section on child sexual exploitation. Although accurate data are difficult to find, the information is interesting and important. Adding a topic such as this may well become a regular feature of *World Perspectives*. In addition, readers may wish to know more about a specific country. They may contact the respondent from the country, as well as the national resources now listed at the end of each country profile. The eleventh edition of *World Perspectives* has two main sections. The first section covers aggregated data for different regions of the world, based on reports from 73 countries. It also includes findings by country income level category—low, middle and high.

The second section has several Appendices, including a list of the respondents to the survey, the survey itself, a profile of child maltreatment and protection in each country, and lists of international resources and ISPCAN Country Partners.

The survey

A slightly modified version of the 2012 World Perspectives survey was used. Topics included: behaviors and conditions defined as constituting CM and professional responses to CM such as reporting systems, case investigative systems and prosecution. We surveyed the scope and availability of services to help maltreated children and their families, the major barriers to better addressing CM and strategies thought to be effective in preventing CM. As mentioned above, a section on child sexual exploitation was added. Respondents were given a link to the survey to complete it online.

Sample

We obtained information from 73 countries, representing 76% of countries where we had a potential respondent. The sample represents all regions of the world, with 10 countries in Africa, 14 in the Americas, 25 in Asia, 23 in Europe and just Australia in Oceania. Response rates exceeded 75%, except in Africa. It is clear, however, that there are many countries missing. Countries were also categorized by income level using designations by the World Bank; 33 countries were high income, 33 middle income and 7 were low income. The low number in the last category requires caution in interpreting those findings.

Findings

*What is Considered Child Maltreatment?*

As in past surveys, the most common behaviors considered as CM across all or most regions and country income categories were physical abuse by parents or caregivers (97%) and sexual abuse (96%). Other parental behaviors
noted as CM by 90% of all respondents included: failure to provide adequate food, clothing or shelter; commercial sexual exploitation; and emotional abuse (e.g., belittling or insulting of a child). “Social conditions” defined as CM by around 90% of respondents included physical beating of a child by any adult, child prostitution, infanticide and child labor under 12 years of age.

Interestingly, one of the behaviors least often considered child abuse was the use of physical discipline (53%). Approximately 50% of respondents across most regions defined this as CM, in contrast to 70% in Europe and low income countries. This pattern suggests that physical discipline, despite considerable evidence of harming children, remains a normative disciplinary practice in many countries, rather than being considered CM.

It is noteworthy that most respondents considered emotional abuse as CM, although it is unlikely that this problem is addressed by most child welfare agencies. Psychological neglect was also thought to be a form of CM by 78% of respondents. Similarly, 77% of respondents considered children’s witnessing intimate partner (or domestic) violence as CM. These high rates suggest increasing awareness that CM is not limited to physical and sexual abuse.

Other behaviors less often viewed as CM included: parent mental illness affecting the child (49%), female circumcision/female genital mutilation (60%) and children serving as soldiers (66%). These views varied greatly by region with 74% of European countries, for example, viewing female circumcision as CM compared with 38% of Asian countries. Similarly, only 54% of countries in the Americas viewed child soldiers as CM compared with 74% of European countries.

It is remarkable that some behaviors and conditions were not considered CM by all or most. Examples include slavery (62% of those in the Americas), abandonment (71% in low income countries) and prostituting a child. It seems there would be good agreement that such conditions are devastating for children. It is possible that the responses reflect what legal systems consider CM, rather than acceptance of such conditions. Conditions such as forcing a child to beg, female genital mutilation, slavery and internet solicitation were considered CM by only 57% of low-income countries. This could reflect unfortunate acceptance of these pervasive problems, with limited resources to address them. One other finding that stands out is the relatively few Asian countries where abuse or neglect in institutions, such as schools and psychiatric facilities, was considered CM.

National Policies and Programs

Most countries have national laws or policies on CM, as well as government agencies to respond to reports, and 77% maintain an official count of CM cases. Of note, such counts often exclude some subgroups, especially in the Americas. The rates of countries with mandatory reporting laws vary greatly by region; in the Americas, 85% have such laws compared with only 9% in Europe. This variation reflects ongoing debate on the pros and cons of mandatory reporting. Only 19% of respondents described having legislative backing for child death review teams and just half or fewer countries have such teams.

A national policy should guide institutions and individuals in responding to concerns about possible child abuse and neglect. Most respondents (93%) indicated that their country has such a policy; almost two-thirds having been established prior to 2000. Higher income countries were more likely to have initiated policies earlier than middle- and low-income countries. It is encouraging to note the progress in the past decade with the development of national policies concerning CM in 23 countries.

Types of Child Maltreatment Included in Official Reporting Systems

Almost half (43%) of the 53 countries with responses to this section included all 4 types of CM (sexual, physical and emotional abuse, and neglect), as well as children’s exposure to partner violence in their reporting systems. Another third included all forms of CM, but not exposure to partner violence. Twenty-two percent of countries excluded emotional abuse and 16% excluded neglect.
Responses to Child Maltreatment

Reporting Systems. Most countries allow for voluntary reporting of CM and this was similar across countries’ income levels. Mandatory reporting for professionals was more commonly described than for the general population, reflecting a higher expectation of those working with children. Once again though, there is much variability with fewer European and low-income countries requiring reporting. Fewer than half of countries reported penalties for professionals failing to report suspected CM.

Judicial Responses. Approximately two-thirds of countries require reports to be investigated within a set time period. Most countries have provisions for removing children from maltreating families, but notably fewer have provisions for removing alleged perpetrators from the home. Most countries have criminal penalties for abusing a child. It is surprising that not all have this. Only about two-thirds of countries require legal representation for a child. Contrary to the general pattern where low income countries have fewer resources, 83% of the seven reporting countries described having legal representation compared with 44% of high income countries.

Investigations, Substantiation, Out-of-Home Placement and Prosecution. The percentage of reported families who go on to be investigated varies greatly by country. While one-third of countries reported investigating up to 30% of reported cases, just over a quarter investigate more than 75% of reports. The extent to which countries substantiated reports is equally varied. Two-thirds substantiated fewer than 50% of investigated cases, while one-third substantiated more than 50% of cases. There was more consistency regarding removal of children from the home and prosecution. Two-thirds reported that a child is removed from the home or an alleged perpetrator is prosecuted in fewer than 15% of cases.

Is the Incidence of Child Maltreatment (CM) Decreasing?

The survey is not a precise method for determining changes in the incidence of CM or for comparing rates. Not only do countries differ in what is viewed as CM, their surveillance systems also vary considerably. For example, 18 respondents indicated that their official counts of CM exclude certain subgroups, such as aboriginal children, migrants, street children, or various native populations. For these reasons, it is often difficult to determine good national estimates of CM and it is not feasible at this time to make an international estimate.

Respondents were asked how the number of official records of CM might have changed over the past 4 years, regarding each of the types of CM. Of the approximately 40 countries with responses, more than half said that CM had increased over the past four years. Slightly more than half indicated increases in physical, sexual and emotional abuse, and in neglect.

The reported increases are troubling, but may be due to increased surveillance or awareness. Newly implemented reporting systems often document increases because more professionals are trained to identify and respond to CM. Other factors could influence CM rates in countries with longstanding surveillance systems, such as changes in laws and policies or an economic downturn.

Services

It is noteworthy that 74% of respondents reported a requirement that all victims receive some form of service. However, considerably fewer described a specific budget for prevention, especially in low- and middle-income countries. Only 35% reported policies requiring that all perpetrators receive services. Respondents reported on the availability of an array of services falling into one of three broad categories: services for parents, services for children and general services.

Services for Parents. Most services were available in only about a quarter of countries, the exception being substance abuse treatment (49%). As might be expected, services were far more available in high-income and European countries.
Even there, however, only about one-third had therapy programs for perpetrators of sexual abuse. Despite good research support for home visiting programs to prevent CM, only 21% of countries have these.

**Services for Children.** More countries reported services for children than they did for parents, although most services were available in only one-third to one-half of countries. Again, European and high-income countries have more services. In contrast, only one in seven of the low-income countries reported having most of the services. Of interest, while neglect has generally attracted less attention than physical and sexual abuse, services for neglected children were almost as common as for the other forms of CM.

**General Services.** The most widely provided services were hospitalization for mental illness (66%) and universal free medical care for children (60%). European and high-income countries again reported more services, while fewer were available in Africa and low-income countries. Middle-income countries occupied a middle position.

**Involvement by Community Sectors**

Respondents described the involvement of 10 different sectors in supporting CM treatment and prevention services. Those sectors most often reported as moderately to highly involved included community-based, non-governmental organizations (NGOs) (82%), public social service agencies (75%), hospitals and medical centers (71%), and courts and law enforcement (68%). The least involved sector was the local business community, with only 7% of respondents reporting business as moderately or highly involved. Universities and religious institutions were also said to be playing a limited role.

There were a few regional differences. More African and low-income countries reported involvement of businesses and factories compared with other regions and higher income countries. Religious institutions appeared more active in Africa and the Americas compared with Asia and Europe. In low-income countries, schools and universities were described as not being at all involved.

**Funding for Child Abuse and Neglect Prevention and Treatment**

Just under one-third of all respondents (32%) indicated major governmental funding; 3 countries reported no government funding. Twenty-one percent indicated major funding from NGOs and only 2 countries indicated no NGO funding.

Funding levels varied by country income level, with 48% of high-income countries indicating major governmental funding compared with 21% of middle-income countries and none in low-income countries. By contrast, more low-income countries reported major NGO funding (40%) than middle- (27%) or high-income countries (13%). As expected, the primary funding sources for prevention efforts in low-income countries are international NGOs, such as UNICEF and the World Bank, and international relief organizations. By contrast, government (national, state or local) provides the primary funding streams for CM interventions in high-income countries.

It is evident that funding for services to prevent and address CM is not adequate in any country. This remains a major challenge to build greater support from all possible sources. In addition, enabling help from family members and communities is a much needed approach.

**CM Prevention Strategies and Perceived Effectiveness**

The four most common prevention strategies were media (90%), advocacy for children’s rights (89%), professional training (89%) and prosecution (86%). The first two strategies were equally likely to be used across regions, while professional training was more common in Europe and Asia than in Africa and the Americas. Also, prosecution was more common in European countries (96%) compared with about 75% in other regions. As for the effectiveness of the
strategies, around two-thirds thought media campaigns and advocacy were effective versus closer to half regarding prosecution and professional training.

The majority of respondents also reported using four additional strategies: improving or increasing local services (75%), universal health care and preventive medical care (73%), improving living conditions (75%) and increasing individual responsibility for child protection (73%). Although not as common as the prior set of strategies, they appear to be widely used, but only in certain regions. For example, European countries more often reported improving or increasing local services (91%) and countries in the Americas more often reported improving families’ basic living conditions (92%). Universal health care was more common in countries in the Americas and Europe (77%, 83%). Between one-half and two-thirds of users thought these four services were effective.

Less frequently used strategies included home-based services and support for at-risk parents (44%), and universal home visitation programs for new parents (36%). These numbers, however, hide important regional differences, with 78% of European countries offering home-based services for at-risk parents compared with only a third of countries in Asia and the Americas, and no countries in Africa. Interestingly, here too these services were considered effective by approximately two-thirds of those using them.

Overall, European countries provide access to a greater range of prevention strategies than the rest of the world. At the same time, it is encouraging to note how countries at all income levels are employing several prevention strategies.

It should be helpful for local professional associations and advocacy groups to ascertain why there are discrepancies in the availability and effectiveness of some strategies. It could be that some were not effective because of inadequate resources to implement them as widely as necessary or in a high-quality way to ensure their effectiveness. It may also be important to examine how different strategies are, or should be, linked. Another consideration is that most interventions are successful with only a portion of the at-risk population (for example, young parents or those with certain information needs) or are more appropriate for only a certain type of CM (for example, physical abuse but not neglect). Ideally, there needs to be an array of interventions to tailor the response to meet the individual family’s needs.

**Barriers to CM Prevention**

Barriers were examined individually and in two broad categories—those relating to a country’s economic and social resources (for example, limited government resources or poverty) and those relating to a country’s social norms (for example, sense of family privacy or support for physical punishment).

The barriers to preventing CM rated most important were limited resources and lack of trained professionals. These two were the most commonly cited barriers by European countries. American and African countries added to the above barriers the decline in informal support systems, extreme poverty, poorly developed system of basic health care or social services and public resistance to prevention efforts. Asian countries emphasized a strong sense of family privacy (slightly more than the other countries) and described poverty and lack of basic health care or social services as slightly less significant. In general, the lower the income of the countries, the more barriers they identified as significant.

**Legal Responses to Child Sexual Exploitation (CSE)**

It is evident that many countries appear to not pursue those responsible for CSE. At the same time, it is striking that a small but significant minority arrest the exploited children.

**Summary**

This report offers a somewhat representative view of the state of CM and child protection across different regions of the world and according to countries’ income levels. Low-income countries face huge challenges, which compromise
children’s wellbeing and protection. Without equating the circumstances, it is fair to say that middle- and high-income countries are also grossly lacking in resources and much remains to be done for them to invest in their young. Enough is known about the potential harm of 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 child CM.

There are clear areas of agreement (for example, regarding child sexual abuse) but there are also striking differences (for example, regarding mandatory reporting). In general, there is a fairly good agreement among high- and middle-income countries, whereas low-income countries differed in reporting that certain experiences constituted CM (for example, exposure to pornography). This may reflect less developed child welfare and legal systems rather than complacency about such conditions and having limited resources may also focus attention on other priorities.

National laws and policies that address CM exist in most countries, many of which have government agencies to help address the problem. When examining the above policies, some limitations are apparent. Few are widely enforced—anywhere—and governmental support is sorely lacking. Very few services were deemed adequate in at least two-thirds of the country. Once again, low-income and African countries reported the fewest resources. Adequate funding is naturally critical. High-income countries have better government support than middle-income countries and low-income countries reported no government funding, relying instead on NGOs.

At least half the countries reported using the different prevention strategies listed and most had tried some of them. It is striking, however, that these were considered by significant numbers to not be effective. For example, one-third described professional training as having no impact. Still, two-thirds thought they were effective and a glass two-thirds full is not bad! It is uncertain on what those perceptions are based, as evaluations of strategies and programs remain relatively rare. There is a need for such evaluation to guide policymakers and program development.

Finally, with regard to perceived barriers to addressing CM, Europeans thought public acceptance of corporal punishment was a major barrier, probably reflecting high expectations. Low-income countries described the lack of child welfare and basic health services (often in a context of conflict and instability) and few services to meet children’s and families’ needs. All regions reported a decline in family life and support systems to be a significant barrier. It is very clear that there are no easy answers to such systemic problems, but it is also clear that ignoring these and only focusing on individual families will not be enough.

Howard Dubowitz, MD, MS
Editor
ISPCAN Councilor
Section 1: A global snapshot of child maltreatment and child protection

This section covers the aggregated data, presented according to different regions in the world and by countries’ income level. It complements the detailed responses concerning individual countries presented later.
Method

The *Eleventh Edition*, as with previous editions, utilizes a convenience sample to gather information on child abuse and neglect (or child maltreatment (CM)) globally. With members in over 100 countries, ISPCAN has the capacity to identify a broad respondent pool with representation from all regions. More recently, the pool has been augmented by professionals working with our Country Partners and other international CM organizations. We began with respondents to past surveys. In addition, potential participants thought to be familiar with child protection in their countries were sought from ISPCAN’s membership. Repeated efforts were made to reach as many respondents and countries as possible. ISPCAN members and Executive Council members were also asked to reach out to their networks, particularly in countries in which a respondent had not been identified.

Development of the ISPCAN *World Perspectives Survey* has been an iterative process over the years. The editor and advisory committee made several changes for the current edition. These changes involved prioritizing topics while paying attention to what data exists and/or is reasonably available. This remains an issue but one that is highly variable across countries. ISPCAN’s Executive Council expressed interest in adding a section on child sexual exploitation. The editor and advisory committee, together with experts on this topic, developed this section.

Participants were invited to complete the World Perspectives Survey, administered online using SurveyMonkey®. Each respondent was sent a link to the online survey by email. They were also encouraged to seek input from colleagues when necessary. In 13 instances, more than one person from a country volunteered; they were asked to collaborate and complete a single survey for their country. In a few cases, more than one respondent from a country completed separate surveys. In those cases, responses were averaged. Of the 96 countries with identified respondents, 76% completed the survey—slightly more than last year.

Table 1 summarizes response rates for each of the world’s five major regions—Africa, Americas, Asia, Europe and Oceania. The response rates this year were very high, at or above 75% for all regions except Africa.

It is naturally difficult to know the many aspects of child protection in one’s country, especially when systems are not centralized and considerable variation may exist. It was beyond the scope of this project to check the accuracy of responses. These data, therefore, may not always accurately represent the complex picture or the nuanced variations within a country. When examining the aggregate data, some categories had few countries (for example, low-income countries) and inferences need to be drawn with much caution. In particular, the only country representing Oceania was Australia.

The names and affiliations of respondents who agreed to be listed are in Appendix A. Those wishing additional information on a country are encouraged to contact the relevant respondent and/or the national organizations listed at the end of the country profile.

Sample

The list of individual countries with their data is presented later. We were able to obtain a fairly representative, albeit incomplete sample. The number of countries listed in the second column includes many protectorates and territories that were outside our reach. The sample includes good representation of high- and middle-income countries (33 for each) but responses were obtained for only 7 low-income countries. Again, much caution is needed when interpreting findings based on such low numbers.
Table 1: Regional Participation and Response Rates

<table>
<thead>
<tr>
<th>Region</th>
<th>Countries* in Region</th>
<th>Countries with Identified Participant</th>
<th>Countries with Completed Survey</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>58</td>
<td>20</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>Americas</td>
<td>55</td>
<td>16</td>
<td>14</td>
<td>88%</td>
</tr>
<tr>
<td>Asia</td>
<td>50</td>
<td>29</td>
<td>25</td>
<td>86%</td>
</tr>
<tr>
<td>Europe</td>
<td>53</td>
<td>30</td>
<td>23</td>
<td>77%</td>
</tr>
<tr>
<td>Oceania</td>
<td>25</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>241</td>
<td>96</td>
<td>73</td>
<td>76%</td>
</tr>
</tbody>
</table>

*Includes states, protectorates and territories.

Findings

What is Considered Child Abuse or Neglect (i.e., Child Maltreatment or CM)?

As in past surveys, the most common behaviors considered CM across all or most regions and country income categories were physical abuse by parents or caregivers (97%) and sexual abuse (96%). Other parental behaviors mentioned as comprising CM by 90% of all respondents included failure to provide adequate food, clothing or shelter; commercial sexual exploitation; and emotional abuse (for example, belittling or insulting of a child). “Social conditions” defined as CM by around 90% of respondents included physical beating of a child by any adult, child prostitution, infanticide and child labor under age 12 years.

Interestingly, one of the behaviors least often considered child abuse is the use of physical discipline (53%). Approximately 50% of respondents across most regions defined this as CM, in contrast to 70% in Europe and low-income countries. This pattern suggests that physical discipline, despite the considerable evidence of it harming children, remains a normative disciplinary practice in many countries, rather than CM.

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Other behaviors less often viewed as CM included: parent mental illness affecting the child (49%), female circumcision/female genital mutilation (60%) and children serving as soldiers (66%). These views varied greatly by region with, for example, 74% of European countries viewing female circumcision as CM compared with 38% of Asian countries. Similarly, only 54% of countries in the Americas viewed child soldiers as CM compared with 74% of European countries.

It is remarkable that some behaviors and conditions were not considered CM by all or most. Examples include slavery (62% of those in the Americas), abandonment (71% in low-income countries) and prostituting a child. It seems there would be good agreement that such conditions are devastating for children. It is possible that the responses reflect what legal systems consider CM, rather than acceptance of such conditions. Conditions such as forcing a child to beg, female genital mutilation, slavery and internet solicitation were considered CM by only 57% of low-income countries. This could reflect unfortunate acceptance of these pervasive problems, with limited resources to address them. One other finding that stands out is the relatively few Asian countries where abuse or neglect in institutions, such as schools and psychiatric facilities, was considered CM.
## Table 2: Behaviors Generally Viewed as CM—by Region and by Country Income Level (Percentages)

<table>
<thead>
<tr>
<th>Region</th>
<th>Country Income Level</th>
<th>Total (n=73)</th>
<th>Africa (n=10)</th>
<th>Americas (n=13)</th>
<th>Asia (n=26)</th>
<th>Europe (n=23)</th>
<th>Oceania (n=1)</th>
<th>High (n=33)</th>
<th>Middle (n=33)</th>
<th>Low (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involving a parent or caregiver toward a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical abuse (e.g., beatings, burnings)</td>
<td></td>
<td>97</td>
<td>100</td>
<td>92</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>97</td>
<td>100</td>
<td>86</td>
</tr>
<tr>
<td>Physical discipline (e.g., spanking, hitting to correct behavior)</td>
<td></td>
<td>53</td>
<td>50</td>
<td>54</td>
<td>42</td>
<td>70</td>
<td>0</td>
<td>52</td>
<td>52</td>
<td>71</td>
</tr>
<tr>
<td>Failure to provide adequate food, clothing, or shelter (neglect)</td>
<td></td>
<td>90</td>
<td>90</td>
<td>92</td>
<td>85</td>
<td>96</td>
<td>100</td>
<td>97</td>
<td>85</td>
<td>86</td>
</tr>
<tr>
<td>Failure to seek medical care for child based on religious beliefs</td>
<td></td>
<td>77</td>
<td>90</td>
<td>62</td>
<td>73</td>
<td>83</td>
<td>100</td>
<td>82</td>
<td>73</td>
<td>71</td>
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<td>Sexual abuse (e.g., incest, sexual touching)</td>
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<td>92</td>
<td>96</td>
<td>96</td>
<td>100</td>
<td>97</td>
<td>94</td>
<td>100</td>
</tr>
<tr>
<td>Exposing child to pornography</td>
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<td>70</td>
<td>92</td>
<td>77</td>
<td>100</td>
<td>100</td>
<td>97</td>
<td>82</td>
<td>57</td>
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<tr>
<td>Commercial sexual exploitation</td>
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<td>77</td>
<td>92</td>
<td>96</td>
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<td>91</td>
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<td>100</td>
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<tr>
<td>Abandonment</td>
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<td>87</td>
<td>100</td>
<td>94</td>
<td>85</td>
<td>71</td>
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<tr>
<td>Emotional abuse (e.g., repeated belittling or insulting of a child)</td>
<td></td>
<td>90</td>
<td>100</td>
<td>100</td>
<td>81</td>
<td>91</td>
<td>100</td>
<td>94</td>
<td>85</td>
<td>100</td>
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<tr>
<td>Psychological neglect (e.g., failure to provide emotional support/attention)</td>
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<td>77</td>
<td>69</td>
<td>78</td>
<td>100</td>
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<tr>
<td>Parental substance abuse affecting the child</td>
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<td>Child witnessing intimate partner (or domestic) violence</td>
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<td>87</td>
<td>100</td>
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<tr>
<td>Social conditions and behaviors affecting child safety, health, and development</td>
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<tr>
<td>Physical beating of a child by any adult</td>
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<td>80</td>
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<td>91</td>
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<td>91</td>
<td>86</td>
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<tr>
<td>Children living on the street</td>
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<td>69</td>
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### Table 2: Behaviors Generally Viewed as CM—by Region and by Country Income Level (Percentages) cont.

<table>
<thead>
<tr>
<th>Region</th>
<th>Country Income Level</th>
<th>Total (n=73)</th>
<th>Africa (n=10)</th>
<th>Americas (n=13)</th>
<th>Asia (n=26)</th>
<th>Europe (n=23)</th>
<th>Oceania (n=1)</th>
<th>High (n=33)</th>
<th>Middle (n=33)</th>
<th>Low (n=7)</th>
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<td>Prostituting a child</td>
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<td>Female/child</td>
<td></td>
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<td>80</td>
<td>92</td>
<td>81</td>
<td>96</td>
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<td>91</td>
<td>71</td>
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<tr>
<td>Female circumcision/</td>
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<td>Female genital</td>
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<tr>
<td>Forcing a child to beg</td>
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<td>87</td>
<td>100</td>
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<tr>
<td>Abuse by another</td>
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<td>Child labor under</td>
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<tr>
<td>Slavery</td>
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<td>Internet solicitation</td>
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<td>Child marriage</td>
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<td>78</td>
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<td>73</td>
<td>70</td>
<td>86</td>
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<tr>
<td>Abuse or neglect of a</td>
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<td></td>
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<tr>
<td>child in a specific</td>
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<tr>
<td>setting</td>
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<td>Foster care, group</td>
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<td>100</td>
<td>100</td>
<td>96</td>
<td>100</td>
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<td>home, or orphanage</td>
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<tr>
<td>Day care center</td>
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<td>91</td>
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<tr>
<td>School or educational</td>
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<td>100</td>
<td>77</td>
<td>96</td>
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<td>Detention facility</td>
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<td>100</td>
<td>85</td>
<td>85</td>
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</tbody>
</table>

**National Policies and Programs**

Most countries have national laws or policies on CM, as well as government agencies to respond to reports, and 77% maintain an official count of CM cases. Of note, such counts often exclude some subgroups, especially in the Americas. The rates of countries with mandatory reporting laws vary greatly by region; in the Americas, 85% have such laws compared with only 9% in Europe. This variation reflects ongoing debate on the pros and cons of mandatory reporting. Only 19% of respondents described having legislative backing for child death review teams and just half or fewer countries have such teams.

A national policy should guide institutions and individuals in responding to concerns about possible child abuse and neglect. Most respondents (93%) indicated that their country has such a policy, with almost two-thirds having been established prior to 2000. Higher income countries were more likely to have initiated policies earlier than middle- and
low-income countries. It is encouraging to note the progress in the past decade with the development of national policies concerning CM in 23 countries.

Table 3: Aspects Present in National Policies and Programs concerning CM—by Region and by Country Income Level (Percentages)

<table>
<thead>
<tr>
<th>Region</th>
<th>Country Income Level</th>
<th>Total (n=73)</th>
<th>Africa (n=10)</th>
<th>Americas (n=13)</th>
<th>Asia (n=26)</th>
<th>Europe (n=23)</th>
<th>Oceania (n=1)</th>
<th>High (n=33)</th>
<th>Middle (n=33)</th>
<th>Low (n=7)</th>
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</thead>
<tbody>
<tr>
<td>National law or policy regarding CM</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Identified government agency to respond to cases</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government agency maintains “official” count of reported CM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some subgroups excluded from reporting system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Law mandating reporting of suspected CM</td>
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<td></td>
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<tr>
<td>Child death review teams</td>
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<td>Legislative backing for child death review teams</td>
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</tbody>
</table>

Types of Child Maltreatment Included in Official Reporting Systems

Almost half (43%) of the 53 countries with responses to this section included all 4 types of CM (sexual, physical and emotional abuse, and neglect), as well as children’s exposure to partner violence in their reporting systems. Another third included all forms of CM but not exposure to partner violence. Twenty-two percent of countries excluded emotional abuse and 16% excluded neglect.

Responses to Child Maltreatment

The survey probed aspects of such policies and Table 6 describes these for 68 countries.

Reporting Systems. Most countries allow for voluntary reporting of CM and this was similar across countries’ income levels. Mandatory reporting for professionals was more commonly described than for the general population, reflecting
a higher expectation of those working with children. Once again, though, there is much variability, with fewer European and low-income countries requiring reporting. Fewer than half of countries reported penalties for professionals failing to report suspected CM.

**Judicial Responses.** Approximately two-thirds of countries require reports to be investigated within a set time period. Most countries have provisions for removing children from maltreating families, but notably fewer have provisions for removing alleged perpetrators from the home. Most countries have criminal penalties for abusing a child. It is surprising that not all have this. Only about two-thirds of countries require legal representation for a child. Contrary to the general pattern where low-income countries have fewer resources, 83% of them reported having legal representation compared with 44% of high-income countries. A cautionary note regarding comparisons across country income levels: only 7 low-income countries participated in the survey.

**Services.** It is noteworthy that 74% of respondents reported a requirement that all victims receive some form of service and nearly two-thirds (59%) for prevention services. Considerably fewer, however, described a specific budget for prevention, especially in low- and middle-income countries. Only 35% reported policies requiring that all perpetrators receive services or intervention.

**Investigations, Substantiation, Out-of-Home Placement and Prosecution**

The percentage of reported families who go on to be investigated varies greatly by country. While one-third of countries reported investigating up to 30% of reported cases, just over a quarter investigate more than 75% of reports. The extent to which countries substantiated reports is equally varied. Two-thirds substantiated fewer than 50% of investigated cases, while one-third substantiated more than 50% of cases. There was more consistency regarding removal of children from the home and prosecution. Two-thirds reported that a child is removed from the home and that an alleged perpetrator is prosecuted in fewer than 15% of cases.

| Table 4: Elements Present in National Government Policy on Child Abuse and Neglect—by Region and by Country Income Level (Percentages) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| | Region | Country Income Level | | | | | |
| | Total (n=68) | Africa (n=9) | Americas (n=12) | Asia (n=24) | Europe (n=22) | Oceania (n=1) | High (n=32) | Middle (n=30) | Low (n=6) |
| Implementation Issues | | | | | | | |
| Policies established after 2000 | 35 | 22 | 33 | 42 | 36 | 0 | 22 | 47 | 50 |
| The Reporting System | | | | | | | |
| Voluntary reporting by professionals or individuals | 85 | 100 | 92 | 83 | 77 | 100 | 84 | 87 | 83 |
| Mandated reporting by professionals or individuals | 68 | 67 | 92 | 67 | 55 | 100 | 56 | 87 | 33 |
| Penalties for professionals who fail to report | 44 | 44 | 58 | 46 | 32 | 100 | 44 | 47 | 33 |
Table 4: Elements Present in National Government Policy on Child Abuse and Neglect—by Region and by Country Income Level (Percentages) cont.

<table>
<thead>
<tr>
<th>Region</th>
<th>Country Income Level</th>
<th>Judicial Response</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (n=68)</td>
<td>Africa (n=9)</td>
<td>Americas (n=12)</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Judicial Response**

- Reports must be investigated within a specific time:
  - Africa: 59%
  - Americas: 67%
  - Asia: 63%
  - Europe: 45%
  - Oceania: 100%
  - High: 50%
  - Middle: 60%
  - Low: 100%

- Provisions for removing child from parents/caretakers:
  - Africa: 84%
  - Americas: 100%
  - Asia: 92%
  - Europe: 71%
  - Oceania: 86%
  - High: 100%
  - Middle: 88%
  - Low: 83%

- Provisions for removing alleged perpetrator from home:
  - Africa: 60%
  - Americas: 78%
  - Asia: 67%
  - Europe: 50%
  - Oceania: 64%
  - High: 0%
  - Middle: 53%
  - Low: 88%

- Specific criminal penalties for abusing a child:
  - Africa: 93%
  - Americas: 100%
  - Asia: 100%
  - Europe: 88%
  - Oceania: 86%
  - High: 100%
  - Middle: 88%
  - Low: 97%

- Requires that a separate advocate be assigned to represent child’s interests:
  - Africa: 59%
  - Americas: 67%
  - Asia: 67%
  - Europe: 54%
  - Oceania: 59%
  - High: 0%
  - Middle: 44%
  - Low: 70%

**Services**

- Requires a child(ren)’s and family’s needs assessment:
  - Africa: 76%
  - Americas: 100%
  - Asia: 75%
  - Europe: 67%
  - Oceania: 77%
  - High: 100%
  - Middle: 78%
  - Low: 67%

- Requires that all victims receive services/intervention:
  - Africa: 74%
  - Americas: 100%
  - Asia: 75%
  - Europe: 79%
  - Oceania: 59%
  - High: 0%
  - Middle: 59%
  - Low: 83%

- Development and support for prevention services:
  - Africa: 59%
  - Americas: 89%
  - Asia: 58%
  - Europe: 50%
  - Oceania: 59%
  - High: 0%
  - Middle: 56%
  - Low: 57%

- Requires that all perpetrators receive services/intervention:
  - Africa: 35%
  - Americas: 56%
  - Asia: 33%
  - Europe: 50%
  - Oceania: 14%
  - High: 0%
  - Middle: 25%
  - Low: 43%

- Provides a specific budget for preventing CM:
  - Africa: 31%
  - Americas: 33%
  - Asia: 42%
  - Europe: 21%
  - Oceania: 32%
  - High: 100%
  - Middle: 44%
  - Low: 20%

Note: Fewer countries are reported here due to 5 not having a national policy regarding CM.
Is the Incidence of Child Maltreatment Decreasing?

The survey is not a precise method for determining changes in the incidence of CM or for comparing rates. Not only do countries differ in what is viewed as CM, their surveillance systems also vary considerably. For example, 18 respondents indicated that their official counts of CM exclude certain subgroups, such as aboriginal children, migrants, street children, or various native populations. For these reasons, it is often difficult to determine good national estimates of CM and it is not feasible at this time to make an international estimate.

Respondents were asked how the number of official records of CM might have changed over the past 4 years, regarding each of the types of CM. Of the approximately 40 countries with responses, more than half said that CM had increased over the past four years. Slightly more than half indicated increases in physical, sexual and emotional abuse, and in neglect.

The reported increases are troubling, but may be due to increased surveillance or awareness. Newly implemented reporting systems often document increases because more professionals are trained to identify and respond to CM. Other factors could influence CM rates in countries with longstanding surveillance systems, such as changes in laws and policies or an economic downturn.

Services (Table 5)

It is noteworthy that 74% of respondents reported a requirement that all victims receive some form of service. As noted above, considerably fewer described funding for prevention, especially in low and middle-income countries. Only 35% reported policies requiring that all perpetrators receive services. Respondents reported on the availability of an array of services falling into one of three broad categories: services for parents, services for children and general services.

Services for Parents. Most services were available in only about a quarter of countries, the exception being substance abuse treatment (49%). As might be expected, services were far more available in high-income and European countries. Even there, however, only about one-third had therapy programs for perpetrators of sexual abuse. Despite good research support for home visiting programs to prevent CM, only 21% of countries have these.

Services for Children. More countries reported services for children than they did for parents, although most services were available in only one-third to one-half of countries. Again, European and high-income countries have more services. By contrast, only one in seven of the low-income countries reported having most of the services. Of interest, while neglect has generally attracted less attention than physical and sexual abuse, services for neglected children were almost as common as for the other forms of CM.

General Services. The most widely provided services were hospitalization for mental illness (66%) and universal free medical care for children (60%). European and high-income countries again reported more services, while fewer were available in Africa and low-income countries. Middle-income countries occupied a middle position.

Funding for Child Abuse and Neglect Prevention and Treatment

Just under one-third of all respondents (32%) indicated major governmental funding; 3 countries reported no government funding. Twenty-one percent indicated major funding from non-governmental agencies and only 2 countries indicated no non-governmental funding.

Funding levels varied by country income level, with 48% of high-income countries indicating major governmental funding compared with 21% of middle-income countries and none in low-income countries. By contrast, more low-income countries reported major non-governmental funding (40%) than middle- (27%) or high-income countries (13%). As expected, the primary funding sources for prevention efforts in low-income countries are international NGOs
such as UNICEF, the World Bank and international relief organizations. By contrast, government (national, state or local) provides the primary funding streams for CM interventions in high-income countries.

It is evident that funding for services to prevent and address CM is not adequate in any country. This remains a major challenge to build greater support from all possible sources. In addition, enabling help from family members and communities is a much-needed approach.

<table>
<thead>
<tr>
<th>Table 5: Services Reported to be Moderately or Usually Available—by Region and Country Income Level (Percentages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Services for Parents</td>
</tr>
<tr>
<td>Programs for those who neglect a child</td>
</tr>
<tr>
<td>Therapy programs for those who physically abuse a child</td>
</tr>
<tr>
<td>Therapy programs for those who sexually abuse a child</td>
</tr>
<tr>
<td>Home-based services to assist parents in changing behavior</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
</tr>
<tr>
<td>Targeted home visits for new parents at risk</td>
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<tr>
<td>Services for Children</td>
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<tr>
<td>Programs for neglected children</td>
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<tr>
<td>Therapy programs for physically abused children</td>
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### Table 5: Services Reported to be Moderately or Usually Available—by Region and Country Income Level (Percentages) cont.

<table>
<thead>
<tr>
<th>Region</th>
<th>Country Income Level</th>
<th>Total (n=73)</th>
<th>Africa (n=10)</th>
<th>Americas (n=13)</th>
<th>Asia (n=26)</th>
<th>Europe (n=23)</th>
<th>Oceania (n=1)</th>
<th>High (n=33)</th>
<th>Middle (n=33)</th>
<th>Low (n=7)</th>
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<tbody>
<tr>
<td>Therapy programs for sexually abused children</td>
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<td>62</td>
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<td>57</td>
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<td>67</td>
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<td>43</td>
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<tr>
<td>Substance abuse treatment for children</td>
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<td>45</td>
<td>40</td>
<td>38</td>
<td>38</td>
<td>57</td>
<td>100</td>
<td>64</td>
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<td>Foster care with official foster parents</td>
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<td>46</td>
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<td>70</td>
<td>100</td>
<td>67</td>
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<tr>
<td>Group homes for maltreated children</td>
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<td>69</td>
<td>19</td>
<td>48</td>
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<td>52</td>
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<td>14</td>
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<td></td>
</tr>
<tr>
<td>Case management support services meeting families’ basic needs</td>
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<td>65</td>
<td>100</td>
<td>70</td>
<td>36</td>
<td>14</td>
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<td>Financial and other material support</td>
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<td>31</td>
<td>38</td>
<td>61</td>
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<td>69</td>
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<td>100</td>
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<td>Free child care</td>
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<td>30</td>
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<td>62</td>
<td>87</td>
<td>100</td>
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<td>29</td>
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<tr>
<td>Universal free medical care for children</td>
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<td>60</td>
<td>30</td>
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<td>70</td>
<td>100</td>
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<td>67</td>
<td>14</td>
</tr>
<tr>
<td>Universal free medical care for all citizens</td>
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<td>48</td>
<td>10</td>
<td>54</td>
<td>50</td>
<td>57</td>
<td>100</td>
<td>61</td>
<td>39</td>
<td>29</td>
</tr>
</tbody>
</table>
Involvement by Community Sectors (Table 6)

Respondents were asked to describe the involvement of 10 different sectors in supporting CM treatment and prevention services. For each sector, respondents rated whether the sector had no, minimal, moderate, or high involvement. As illustrated in Table 6, those sectors most often reported as moderately to highly involved included community-based non-governmental organizations (82%), public social service agencies (75%), hospitals and medical centers (71%), and courts and law enforcement (68%). The least involved sector was the local business community, with only 7% of respondents reporting business as moderately or highly involved. Universities and religious institutions were also reported to be playing a limited role.

There were a few regional differences in involvement. More African and low income countries reported involvement of businesses and factories compared with other regions and higher income countries. Religious institutions appeared more active in Africa and the Americas compared with Asia and Europe. In low-income countries, schools and universities were described as not being at all involved.

Table 6: Moderate to High Levels of Involvement of Community Agencies or Institutions in CM Treatment and Prevention Services—by Region and Country Income Level (Percentages)

<table>
<thead>
<tr>
<th>Region</th>
<th>Country Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>(n=73)</td>
</tr>
<tr>
<td>Hospitals, medical centers</td>
<td>71</td>
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<tr>
<td>Mental health agencies</td>
<td>55</td>
</tr>
<tr>
<td>Businesses, factories</td>
<td>7</td>
</tr>
<tr>
<td>Schools</td>
<td>56</td>
</tr>
<tr>
<td>Public social service agencies</td>
<td>75</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>82</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>30</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>49</td>
</tr>
<tr>
<td>Courts, law enforcement</td>
<td>68</td>
</tr>
<tr>
<td>Universities</td>
<td>29</td>
</tr>
</tbody>
</table>

CM Prevention Strategies and Perceived Effectiveness (Table 7)

The four most common prevention strategies were media (90%), advocacy for children’s rights (89%), professional training (89%) and prosecution (86%). The first two strategies were equally likely to be used across regions, while professional training was more common in Europe and Asia than in Africa and the Americas. Also, prosecution was more common in European countries (96%) compared with about 75% in other regions. As for the effectiveness of
the strategies, around two-thirds thought media campaigns and advocacy were effective versus nearly half believing prosecution and professional training to be effective.

The majority of respondents also reported using four additional strategies: improving or increasing local services (75%), universal health care and preventive medical care (73%), improving living conditions (75%) and increasing individual responsibility for child protection (73%). Although not as common as the prior set of strategies, they appear to be widely used, but only in certain regions. For example, European countries more often reported improving or increasing local services (91%), while countries in the Americas more often reported improving families’ basic living conditions (92%). Universal health care was more common in countries in the Americas and Europe (77%, 83%). Between half and two-thirds of users thought these four services were effective.

Less frequently used strategies included home-based services and support for at-risk parents (44%) and universal home visitation programs for new parents (36%). These numbers, however, hide important regional differences, with 78% of European countries offering home-based services for at-risk parents compared with only a third of countries in Asia and the Americas, and no countries in Africa. Interestingly, here too these services were considered effective by approximately two-thirds of those using them.

Overall, European countries provide access to a greater range of prevention strategies than the rest of the world. At the same time, it is encouraging to note how countries at all income levels are employing several prevention strategies.

It should be helpful for local professional associations and advocacy groups to ascertain why there are discrepancies in the availability and effectiveness of some strategies. It could be that some were not effective because of inadequate resources to implement them as widely as necessary or in a high-quality way to ensure their effectiveness. It may also be important to examine how different strategies are, or should be, linked. Another consideration is that most interventions are successful with only a portion of the at-risk population (for example, young parents, those with certain information needs) or are more appropriate for only a certain type of CM (for example, physical abuse, not neglect). Ideally, there needs to be an array of interventions to tailor the response to meet the individual family’s needs.

| Table 7: Strategies Used and Perceived to be Effective in Preventing CM—by Region and Country Income Level (Percentages) |
|--------------------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|---|---|---|
| Strategy (n=73)                                  | Region         | Country Income Level |
|                                                  | Total (n=10)   | Africa (n=13)   | Americas (n=26) | Asia (n=23)   | Europe (n=1)   | Oceania (n=1)   | High (n=33) | Middle (n=33) | Low (n=7) |
| Home-based services and support for parents at risk | Used service   | 44              | 0              | 31             | 35             | 78             | 100        | 76       | 21       | 0        |
|                                                  | Of those, % felt service effective | 66              | 0              | 100            | 78             | 50             | 100        | 60       | 86       | 0        |
| Media campaigns to raise public awareness        | Used service   | 90              | 90             | 92             | 92             | 87             | 100        | 85       | 97       | 86       |
|                                                  | Of those, % felt service effective | 64              | 67             | 67             | 63             | 60             | 100        | 68       | 59       | 67       |
| Risk assessment methods                          | Used service   | 47              | 30             | 38             | 35             | 70             | 100        | 70       | 27       | 29       |
|                                                  | Of those, % felt service effective | 59              | 67             | 40             | 67             | 56             | 100        | 61       | 56       | 50       |
| Increasing individual responsibility for child(ren) | Used service   | 73              | 70             | 69             | 73             | 74             | 100        | 73       | 73       | 71       |
|                                                  | Of those, % felt service effective | 53              | 57             | 56             | 42             | 59             | 100        | 63       | 46       | 40       |
Table 7: Strategies Used and Perceived to be Effective in Preventing CM—by Region and Country Income Level (Percentages) cont.

<table>
<thead>
<tr>
<th>Strategy (n=73)</th>
<th>Region</th>
<th>Country Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Africa (n=10)</td>
</tr>
<tr>
<td>Prosecution of child abuse offenders</td>
<td>Used service</td>
<td>86</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>49</td>
<td>33</td>
</tr>
<tr>
<td>Universal home visitation for new parents</td>
<td>Used service</td>
<td>36</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>65</td>
<td>0</td>
</tr>
<tr>
<td>Improving or increasing local services</td>
<td>Used service</td>
<td>75</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>56</td>
<td>14</td>
</tr>
<tr>
<td>Universal health care and access to preventive medical care</td>
<td>Used service</td>
<td>73</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>58</td>
<td>50</td>
</tr>
<tr>
<td>Professional training</td>
<td>Used service</td>
<td>89</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>55</td>
<td>25</td>
</tr>
<tr>
<td>University programs for students</td>
<td>Used service</td>
<td>51</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>51</td>
<td>25</td>
</tr>
<tr>
<td>Advocacy for children’s rights</td>
<td>Used service</td>
<td>89</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>65</td>
<td>56</td>
</tr>
<tr>
<td>Improving families’ basic living conditions</td>
<td>Used service</td>
<td>75</td>
</tr>
<tr>
<td>Of those, % felt service effective</td>
<td>62</td>
<td>25</td>
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</tbody>
</table>

Barriers to CM Prevention (Table 8)

Barriers were examined individually and in two broad categories—those relating to a country’s economic and social resources (for example, limited government resources, poverty) and those relating to a country’s social norms (for example, sense of family privacy, support for physical punishment).

The barriers to preventing CM rated most important were limited resources and lack of trained professionals. These two were the most commonly cited barriers by European countries. American and African countries added to the above barriers, the decline in informal support systems, extreme poverty, poorly developed system of basic health care or social services and public resistance to prevention efforts. Asian countries emphasized a strong sense of family
privacy, slightly more than the other countries and described poverty and lack of basic health care or social services as slightly less significant. In general, the lower the income of the countries the more barriers they identified as significant.

**Table 8: Barriers to Child Maltreatment Prevention—by Region and by Country Income Level (Average Scores¹)**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Region</th>
<th>Country Income Level</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Total (n=69)</td>
<td>Africa (n=10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Americas (n=12)</td>
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<tr>
<td></td>
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<td>Asia (n=25)</td>
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<tr>
<td></td>
<td></td>
<td>Europe (n=21)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oceania (n=1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High (n=31)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Middle (n=31)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low (n=7)</td>
</tr>
<tr>
<td><strong>Social Conditions</strong></td>
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<tr>
<td>Limited resources for improving the government’s response to CM</td>
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<td>2.8</td>
</tr>
<tr>
<td></td>
<td>2.6</td>
<td>2.4</td>
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<tr>
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<td>Lack of specific laws related to CM</td>
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<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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<td>Decline in family life and informal support systems</td>
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<td>Country’s dependency on foreign investment to sustain local economy</td>
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<td>Overwhelming number of children living on their own</td>
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<td>Political or religious conflict and instability</td>
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<tr>
<td><strong>Social Norms</strong></td>
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<tr>
<td>Public resistance to prevention efforts</td>
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<tr>
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<tr>
<td>Strong sense of family privacy and parental rights to raise children</td>
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<td>General support for corporal punishment</td>
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<td></td>
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<tr>
<td>Little commitment or support for children’s rights</td>
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¹ 1=not a significant barrier, 2=moderately significant barrier and 3= major significance.
Legal Responses to Child Sexual Exploitation (CSE)

This year’s survey asked respondents for the first time to describe their countries’ legal responses to child sexual exploitation (CSE). The aggregated findings are shown in Table 9. It needs to be acknowledged that it is difficult to obtain reliable statistics for these problems. It is evident that many countries appear to not pursue those responsible for CSE. At the same time, it is striking that a small but significant minority arrest the exploited children.

Table 9: Legal Responses to Child Sexual Exploitation (CSE)

<table>
<thead>
<tr>
<th></th>
<th>Number of Countries Reporting the Practice</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Often or sometimes prosecute citizens who engage in CSE in home country</td>
<td>56</td>
<td>77%</td>
</tr>
<tr>
<td>Often or sometimes prosecute citizens who engage in CSE abroad</td>
<td>28</td>
<td>38%</td>
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<tr>
<td>Often or sometimes prosecute foreigners who engage in CSE</td>
<td>43</td>
<td>59%</td>
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<td>Arrest involved children</td>
<td>14</td>
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<tr>
<td>Made an arrest of an adult in the last year for CSE</td>
<td>41</td>
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</tr>
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<td>Made an arrest last year for child pornography</td>
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<td>64%</td>
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It is helpful to have a snapshot of conditions facing children in different countries, before focusing on child maltreatment and protection. The data provided by UNICEF in Table 10 provide this context.
### Table 10: UNICEF Indicator Data: "Every Child Counts" 2014

<table>
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<tr>
<th>Region/Country</th>
<th>Total Population (thousands)</th>
<th>Population under 18 (thousands)</th>
<th>Under 1 infant mortality rate (per 1000)</th>
<th>Under 5 mortality rate (per 1000)</th>
<th>% of infants with low BW</th>
<th>% of under-5 children suffering moderate or severe wasting</th>
<th>Maternal mortality ratio adjusteda (per 100,000 live births)</th>
<th>% of pop using improved drinking water sources 2011</th>
<th>Life expectancy at birth (years)</th>
<th>Primary school participation, net attend ratio (%) Male</th>
<th>Primary school participation, net attend ratio (%) Female</th>
<th>Estimated adult (aged 15–49) HIV prevalence (%) 2012</th>
<th>GNIc per capita (US $)</th>
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<td>Turkmenistan</td>
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</table>
## Table 10: UNICEF Indicator Data: "Every Child Counts" 2014

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>Total Population (thousands)</th>
<th>Population under 18 (thousands)</th>
<th>Under 1 infant mortality rate (per 1000)</th>
<th>Under 5 mortality rate (per 1000)</th>
<th>% of infants with low BWa</th>
<th>% of under-5 children suffering moderate or severe wasting</th>
<th>Maternal mortality ratio adjusted (per 100,000 live births)</th>
<th>% of pop using improved drinking water sources 2011</th>
<th>Life expectancy at birth (years)</th>
<th>Primary school participation, net attend ratio (%) Male</th>
<th>Primary school participation, net attend ratio (%) Female</th>
<th>Estimated adult (aged 15–49) HIV prevalence (%) 2012</th>
<th>GNIc per capita (US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Arab Emirates (UAE)</td>
<td>9,206</td>
<td>1,625</td>
<td>7</td>
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<td>6</td>
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<td>17</td>
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<td>17</td>
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</table>
Table 10: UNICEF Indicator Data: "Every Child Counts" 2014

<table>
<thead>
<tr>
<th>Region/Country</th>
<th>Total Population (thousands)</th>
<th>Population under 18 (thousands)</th>
<th>Under 1 infant mortality rate (per 1000)</th>
<th>Under 5 mortality rate (per 1000)</th>
<th>% of infants with low BW&lt;sup&gt;a&lt;/sup&gt;</th>
<th>% of under-5 children suffering moderate or severe wasting</th>
<th>Maternal mortality ratio adjusted&lt;sup&gt;b&lt;/sup&gt; (per 100,000 live births)</th>
<th>% of pop using improved drinking water sources 2011</th>
<th>Life expectancy at birth (years)</th>
<th>Primary school participation, net attend ratio (%)</th>
<th>Estimated adult (aged 15–49) HIV prevalence (%) 2012</th>
<th>GNI&lt;sub&gt;c&lt;/sub&gt; per capita (US $)</th>
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</thead>
<tbody>
<tr>
<td>Russia</td>
<td>143,170</td>
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<td>100</td>
<td>82</td>
<td>-</td>
<td>-</td>
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</tr>
</tbody>
</table>

<sup>a</sup> BW represents birth weight.

<sup>b</sup> Data are adjusted to account for the well-documented problems of underreporting and misclassification of maternal deaths. World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA) and the World Bank.

<sup>c</sup> Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. GNI per capita is gross national income divided by mid-year population. GNI per capita in US dollars is converted using the World Bank Atlas method.

* Independent statistics for Hong Kong, Macau and Taiwan are not included in the UNICEF report.

M Upper-middle-income country (GNI per capita is $4,086-$12,615)

N High-income country (GNI per capita >$12,615)

These data are drawn from UNICEF’s The State of the World’s Children 2014: Every Child Counts, which strives to provide accurate information on the circumstances facing children around the world. Although much progress has been made in the last decade, many children continue to live in difficult circumstances, related to family income, gender, location, and other factors. Many children are not being counted, due to circumstances such as lack of birth registration, trafficking, institutionalization, and refugee status, further marginalizing them.

**About UNICEF Indicators**

The indicators listed are meant to reflect a country’s level of national health and its children’s well-being. Together, they offer a partial glimpse of a country’s capacity and success in providing for a child’s basic health care, educational, and economic and safety needs. They also offer a general context for considering the findings related to child protection described in this edition of World Perspectives.

**References**

Section 2: 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.

Items that are missing are due to no information being available.

N/A = not available or not answered.
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**

- 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)
- Sexual abuse (e.g., incest, sexual touching)
- Commercial sexual exploitation
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child

**Social conditions and behaviors (Q9)**

- Physical beating of a child by any adult
- 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 (Q10)**

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Detention facility
- Religious institution

### Laws and Policies regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q17)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>This law applies to (Q19)</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 maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Exposure to intimate partner violence (IPV)</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Elements in laws/policies (Q34)**

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

<table>
<thead>
<tr>
<th>Provisions for voluntary reporting of suspected CM by professionals or individuals</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></td>
<td></td>
</tr>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q11)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration system in place (Q12)</td>
<td>5 to 10 years</td>
</tr>
</tbody>
</table>

**Official labels for types of CM (Q13)**

- Physical abuse
- Sexual abuse
- Emotional maltreatment

**Change in number of cases over past 4 years (Q14)**

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

**Exposure to IPV**

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

**Requirements for removing alleged perpetrator from the home**

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement that all victims receive a service or intervention</td>
<td>Never or almost never</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive a service or intervention</td>
<td>N/A</td>
</tr>
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</table>

**Provisions for removing alleged perpetrator from the home**

<table>
<thead>
<tr>
<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>Don't know</td>
</tr>
<tr>
<td>Provision for removing alleged perpetrator from the home</td>
<td>Don't know</td>
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</tbody>
</table>

**Support**

<table>
<thead>
<tr>
<th>Enforcement</th>
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</tr>
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<tbody>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td>Very inadequate</td>
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<td>Provision for removing alleged perpetrator from the home</td>
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**Elements in laws/policies (Q34)**

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Government maintains count of death due to CM (Q27)</th>
<th>No</th>
</tr>
</thead>
</table>
Section 2: Country profiles

Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)

Programs for those who neglect children No
Programs for neglected children Occasionally
Therapy for those who physically abuse children No
Therapy for physically abused children Occasionally
Therapy for those who sexually abuse No
Therapy for sexually abused children Occasionally
Case management services No
Home-based services/family support Occasionally
Foster care with official foster parents No
Group homes for maltreated children Occasionally
Public shelters for maltreated children No
Institutional care for maltreated children Occasionally
Financial and other material support No
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents No
Substance abuse treatment—children Occasionally
Centers for parents to share experiences/concerns No
Universal home visits for all new parents Occasionally
Home visits for new, at-risk parents No
Universal health screening—children Occasionally
Universal free medical care—children Occasionally
Universal free medical care—all citizens Occasionally

Involvement of community sectors in supporting CM treatment and prevention (Q38)

Hospitals/medical centers Minimal
Mental health agencies Minimal
Businesses None
Schools None
Community-based NGOs Moderate
Religious institutions Minimal
Voluntary civic organizations Moderate
Universities None

Funding for CM treatment or prevention (Q39)

Government Moderate
Non-government Major

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

• Media campaigns
• Prosecution of 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 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 number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major developments to address CM (Q59)

• Establishment of Child Protection Action Network (CPAN) at the national, provincial and district levels
• Involvement of religious leaders and using them as change agents
• Working with media

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 (Q40) Somewhat

Extent of programs combating CSE (Q41) Somewhat

Extent that agencies collaborate to stop CSE (Q42) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43) Not really

Country keeps official data on CSE (Q44) Yes

Commercial sex work (or prostitution) is legal (Q45) No

Age at which it’s legal to be a sex worker (Q46) At no age

Extent to which victims of CSE receive mental health care (Q47) Rarely

Extent to which citizens who receive mental health care (Q48) Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q49) Sometimes
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
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<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
Albania

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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
- Child marriage

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) No
National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) After 2000
Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35) Inconsistent
- Adequacy of government resources (Q36)

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

Criminal penalties for abusing a child
Enforcement: Inconsistent

Support:
Requires a separate attorney or advocate to represent the child's interest
Enforcement: Wide
Support: Very inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) No
Incidence rate of reported CM per 1,000 children per year (Q20) 1.46

% of reported cases involving (Q21)
Physical abuse 0–15%
Sexual abuse 0–15%
Neglect 0–15%
Emotional maltreatment 0–15%
Street children 0–15%
Abandoned children 0–15%

% of reported cases investigated (Q22) 16–30%
% of investigated cases substantiated (Q23) 46–60%
% of substantiated cases, child removed (Q24) 0–15%
Of all CM reports, % perpetrator removed from home (Q25) 0–15%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 0–15%

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Don't know
Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)
Programs for those who neglect children No
Programs for neglected children Occasionally
Therapy for those who physically abuse children No
Therapy for physically abused children No
Therapy for those who sexually abuse No
Therapy for sexually abused children No
Case management services Occasionally
Home-based services/family support No
Foster care with official foster parents
No

Group homes for maltreated children
No

Public shelters for maltreated children
Occasionally

Institutional care for maltreated children
No

Financial and other material support

Hospitalization for mental illness—adults
Occasionally

Hospitalization for mental illness—children
Occasionally

Substance abuse treatment—parents
Occasionally

Substance abuse treatment—children
Occasionally

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
Moderately

Universal health screening—children
No

Universal free medical care—children
Occasionally

Universal free medical care—all citizens
No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

Hospitals/medical centers
Minimal

Mental health agencies
Minimal

Businesses
None

Schools
Minimal

Public social services agencies
Moderate

Community-based NGOs
Very involved

Religious institutions
None

Voluntary civic organizations
Moderate

Courts/law enforcement
Moderate

Universities
Minimal

Funding for CM treatment or prevention (Q39)

Government
Moderate

Non-government
Major

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

• Media campaigns
• 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
• Lack of trained professionals
• Public resistance to prevention efforts
• Extreme poverty

Extent of UN CRC improved policies and programs concerning CM (Q56)
Somewhat

Major developments to address CM (Q59)

• Approval of the Law for Protection of Children’s Rights in Albania
• Approval of the Law for Protection from Discrimination
• Establishment of ALO 116: Albanian National Child Helpline

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 (Q40)
Greatly

Extent of programs combating CSE (Q41)
Somewhat

Extent that agencies collaborate to stop CSE (Q42)
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43)
Somewhat

Country keeps official data on CSE (Q44)
Yes

Commercial sex work (or prostitution) is legal (Q45)
No

Age at which it’s legal to be a sex worker (Q46)
At no age

Extent to which victims of CSE receive mental health care (Q47)
Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)
Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)
Most of the time

Extent to which children who are exploited sexually are arrested (Q51)
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q52)
Yes

Arrests in the past year for possession or production of child pornography (Q53)
Don’t know

Agencies and Organizations for More Information on CM

Children’s Human Rights Centre of Albania (CRCA)
Rr Rreshit Collaku, Vila 13/1
Kutia Postare 1738
Tirana, Albania 1001
altin.hazizaj@crca.al
www.crca.al
Psycho-social services, legal services, human resources, training courses, library, networking.

ALO 116: Albanian National Child Helpline
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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)
- 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)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) 1990–2000
Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)
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: Never or almost never
Support: Very inadequate

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

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

Requirement that all perpetrators receive a service or intervention
Enforcement: Inconsistent
Support: Very inadequate

Requires a separate attorney or advocate to represent the child's interest
Enforcement: Never or almost never
Support: Very inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) No

Child Deaths

Government maintains count of deaths due to CM (Q27) No
Country has child death review team(s) (Q29) No
## Services

### Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Case management services</td>
<td></td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td></td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td></td>
</tr>
<tr>
<td>Financial and other material support</td>
<td></td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td></td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Substance abuse treatment—children</td>
<td>Moderately</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></td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td></td>
</tr>
<tr>
<td>Free child care</td>
<td></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>

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</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>Very involved</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Very involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very involved</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>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Source</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

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

- Home-based services for at-risk parents
- Media campaigns
- 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

### 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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

### 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 (Q40)

Greatly

### Extent of programs combating CSE (Q41)

Greatly

### Extent that agencies collaborate to stop CSE (Q42)

Somewhat

### Extent of policies for reporting CSE to public agency or NGO (Q43)

Somewhat

### Country keeps official data on CSE (Q44)

No

### Commercial sex work (or prostitution) is legal (Q45)

No

### Extent to which victims of CSE receive mental health care (Q47)

Most of the time

### Extent to which citizens who engage in CSE within the country are prosecuted (Q48)

Sometimes

### Extent of UN CRC improved policies and programs concerning CM (Q56)

Significantly

### Major developments to address CM (Q59)

- Increased awareness of CM
- More professionals trained
- Significant involvement of the media
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Agencies and Organizations for More Information on CM**

**Nuestras Manos**

Guayaquil 755 PB A  
Capital Federal, Buenos Aires, Argentina 1424  
mlourdesmolina@gmail.com  
www.nuestrasmanos.org.ar  
Training, counseling, assistance to adolescents and offenders  
Direccion General de la Mujer
### Armenia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Commercial sexual exploitation
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Child labor—under age 12
- Slavery

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Detention facility

### Laws and Policies regarding CM

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<tr>
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<th>No</th>
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<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>After 2000</td>
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<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
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</table>

#### Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

### Official Documentation of CM

| Government maintains count of suspected CM (Q11) | No |

### Child Deaths

| Government maintains count of deaths due to CM (Q27) | No |
|------------------------------------------------------------------------|
| Over the past 10 years, the number of deaths due to CM has (Q28)     | Don’t know |
| Country has child death review team(s) (Q29)                  | No |

### Services

<table>
<thead>
<tr>
<th>Availability of Services (Q37)</th>
</tr>
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<td>Programs for those who neglect children</td>
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<tr>
<td>Universal free medical care—all citizens</td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM treatment and prevention (Q38)</td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
</tr>
<tr>
<td>Mental health agencies</td>
</tr>
</tbody>
</table>
Businesses
None

Schools
Minimal

Public social services agencies
Minimal

Community-based NGOs
Moderate

Religious institutions
None

Voluntary civic organizations
None

Courts/law enforcement
Moderate

Universities
None

Funding for CM treatment or prevention (Q39)

Government
None

Non-government
Major

Major barriers to preventing CM (Q35)

• 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

Extent of UN CRC improved policies and programs concerning CM (Q56)
Slightly

Major developments to address CM (Q59)

Creation of an independent CM monitoring group for special and boarding schools, orphanages and child care institutions—2011

Involvement of media

Active work of UNICEF Armenia and OSI Armenia during the last 3 years in lobbying with government decision makers

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.
Section 2: Country profiles

Australia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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 (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) - Yes
Year law passed (Q18) - Before 1990
National laws/policies regarding CM (Q32) - Yes
Laws/policies first established (Q33) - Before 1980
Government agency to respond to CM (Q31) - Yes
Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)
  - Mandated reporting of suspected CM for specific groups of professionals or individuals
    - Enforcement: inconsistent
    - Support: N/A
  - Provisions for voluntary reporting of suspected CM by professionals or individuals
    - Enforcement: Wide
    - Support: N/A
  - Requirement that reports be investigated within a specific time period (e.g., 24 hours)
    - Enforcement: Wide
    - Support: N/A
  - Requirement that the child(ren)’s and family’s needs be assessed
    - Enforcement: Wide
    - Support: N/A
  - Provisions for removing child from parents/caretakers to ensure child’s safety
    - Enforcement: Wide
    - Support: N/A
  - Criminal penalties for abusing a child
    - Enforcement: Never or almost never
    - Support: N/A
  - Penalties for professionals who fail to report CM
    - Enforcement: Wide
    - Support: N/A
  - Provide a specific budget for preventing CM
    - Enforcement: Inconsistent
    - Support: N/A

Official Documentation of CM

Government maintains count of suspected CM (Q11) - Yes
Duration system in place (Q12) - More than 10 years
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
### Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Incidence rate of reported CM per 1,000 children per year (Q20)

- 7.4 substantiated or 34.0 notified

### % of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>16–30%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>31–45%</td>
</tr>
</tbody>
</table>

### % of reported cases investigated (Q22)

- 46–60%

### % of investigated cases substantiated (Q23)

- 31–45%

### Child Deaths

- Government maintains count of deaths due to CM (Q27)
  - Yes
- Over the past 10 years, the number of deaths due to CM has (Q28)
  - Don’t know

### Country has child death review team(s) (Q29)

- Yes

### Team(s) supported by legislation (Q30)

- Yes

### Services

#### Availability of Services (Q37)

- Programs for those who neglect children
  - Usually
- Programs for neglected children
  - Moderately
- Therapy for those who physically abuse children
  - Moderately
- Therapy for physically abused children
  - Moderately
- Therapy for those who sexually abuse
  - Occasionally
- Therapy for sexually abused children
  - Usually
- Case management services
  - Usually
- Home-based services/family support
  - Occasionally
- Foster care with official foster parents
  - Usually
- Group homes for maltreated children
  - Occasionally
- Public shelters for maltreated children
  - No
- Institutional care for maltreated children
  - Occasionally
- Financial and other material support
  - Usually
- Hospitalization for mental illness—adults
  - Usually
- Hospitalization for mental illness—children
  - Usually
- Substance abuse treatment—children
  - Usually
- Centers for parents to share experiences/concerns
  - Occasionally
- Universal home visits for all new parents
  - Occasionally
- Home visits for new, at-risk parents
  - Moderately
- Free child care
  - Occasionally
- 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 treatment and prevention (Q38)

- Hospitals/medical centers
  - Moderate
- Mental health agencies
  - Moderate
- Businesses
  - None
- Schools
  - Moderate
- Public social services agencies
  - Very involved
- Community-based NGOs
  - Very involved
- Religious institutions
  - Minimal
- Voluntary civic organizations
  - Moderate
- Courts/law enforcement
  - Moderate
- Universities
  - Moderate

#### Funding for CM treatment or prevention (Q39)

- Government
  - Major
- Non-government
  - Moderate

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

- Home-based services for at-risk parents
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- 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

#### Extent of UN CRC improved policies and programs concerning CM (Q56)

- Significantly
Major developments to address CM (Q59)

- Development of a National Framework for Protecting Australia’s Children and implementation of its action plans. This offers a national perspective, because child protection is a state level jurisdiction. Laws/policies/definitions vary from state to state (e.g., mandatory reporting requirements vary from state to state)
- Royal Commission on Institutional Child Sexual Abuse
- Appointment of a National Children’s Commissioner

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 (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>18 Only in some jurisdictions</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM

Australian Institute of Family Studies
Level 20
485 LaTrobe St
Melbourne, Victoria, Australia 3000

The Australian Institute of Family Studies (AIFS) is the Australian Government’s key research body in the area of family wellbeing. Access to research reports, alerts that provide the latest information in the child, family and community welfare sectors.

Australian Institute of Health and Welfare
Azerbaijan

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

• 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)
• 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 (IPV)

Social conditions and behaviors (Q9)

• 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 marriage

Abuse or neglect of a child within (Q10)

• Foster care, group home or orphanage
• Daycare center

% of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>46–60%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>16–30%</td>
</tr>
<tr>
<td>Neglect</td>
<td>31–45%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>31–45%</td>
</tr>
<tr>
<td>Street children</td>
<td>16–30%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

% of reported cases investigated (Q22) 31–45%

% of investigated cases substantiated (Q23) 31–45%

% of substantiated cases, child removed (Q24) 0–15%

Of all CM reports, % perpetrator removed from home (Q25) 0–15%

Of all CM reports, % alleged perpetrator prosecuted (Q26) 16–30%

Child Deaths

Government maintains count of deaths due to CM (Q27) No

Over the past 10 years, the number of deaths due to CM has (Q28) Increased

Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderately</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Occasionally</td>
</tr>
</tbody>
</table>
Section 2: Country profiles

Substance abuse treatment—children
Moderately

Centers for parents to share experiences/concerns
Occasionally

Universal home visits for all new parents
No

Home visits for new, at-risk parents
No

Free child care
No

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 treatment and prevention (Q38)

Hospitals/medical centers
Minimal

Mental health agencies
Minimal

Businesses
Minimal

Schools
Moderate

Public social services agencies
Moderate

Community-based NGOs
Very involved

Religious institutions
Minimal

Voluntary civic organizations
Moderate

Courts/law enforcement
Moderate

Universities
Minimal

Funding for CM treatment or prevention (Q39)

Government
Moderate

Non-government
Major

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

• Improving or increasing local services
• Universal health care and preventive medical care

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
• Lack of trained professionals
• Public resistance to prevention efforts
• 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
• Inadequate health or social services

Extant of UN CRC improved policies and programs concerning CM (Q56)

Somewhat

Major developments to address CM (Q59)

• In 2011, a rehabilitation center for child victims of violence and crime was created. The center also has a shelter for children faced with domestic violence. Children registered in the center are served legally, psychologically and with social services.
• In 2013, the National Assembly organized an international meeting about preventing child abuse (especially sexual abuse) and neglect. The Ministry of Labour and Social Protection of the Population of Azerbaijan gave financial support to the above center.

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 (Q40)
Not really

Extent of programs combating CSE (Q41)
Somewhat

Extent that agencies collaborate to stop CSE (Q42)
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43)
Somewhat

Country keeps official data on CSE (Q44)
Don’t know

Commercial sex work (or prostitution) is legal (Q45)
No

Age at which it’s legal to be a sex worker (Q46)
At no age

Extent to which victims of CSE receive mental health care (Q47)
Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)
Rarely

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)
Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)
Most of the time

Extent to which children who are exploited sexually are arrested (Q51)
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q52)
No

Arrests in the past year for possession or production of child pornography (Q53)
No

Agencies and Organizations for More Information on CM

Reliable Future Youth Organization
Nizami Street 183
Baku, Baku, Nasimi District, Azerbaijan AZE 1010
reliablefuture@ymail.com
Barbados

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) No
National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) Before 1980
Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

Provisions for voluntary reporting of suspected CM by professionals or individuals

Enforcement: Never or almost never
Support: Adequate

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

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

Criminal penalties for abusing a child

Enforcement: Inconsistent
Support: Adequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to intimate partner violence (IPV)

Change in number of cases over past 4 years (Q14)

Physical abuse None
Sexual abuse None
Neglect Increase
Emotional maltreatment None
Exposure to IPV Don’t know

% of reported cases involving (Q21)

Physical abuse 0–15%
Sexual abuse 0–15%
Neglect 0–15%
Emotional maltreatment 0–15%
Street children 0–15%
Abandoned children 0–15%

**Services**

**Availability of Services (Q37)**
- Programs for those who neglect children: Occasionally
- 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: No
- Therapy for sexually abused children: No
- Case management services: Usually
- Home-based services/family support: Moderately
- Group homes for maltreated children: Usually
- Public shelters for maltreated children: Usually
- 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: Usually
- Substance abuse treatment—children: Usually
- 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: No
- Universal free medical care—all citizens: No

Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers: Very involved
- Mental health agencies: Moderate
- Businesses: None
- Schools: Moderate
- Public social services agencies: None
- Community-based NGOs: Moderate
- Religious institutions: Don’t know
- Voluntary civic organizations: Don’t know
- Courts/law enforcement: Very involved

**Funding for CM treatment or prevention (Q39)**
- Government: Moderate
- Non-government: Moderate

**Strategies used and thought to be effective in preventing CM (Q54)**
- Media campaigns
- Improving families’ basic living conditions

**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
- 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

**Extent of UN CRC improved policies and programs concerning CM (Q56)** Somewhat

**Major developments to address CM (Q59)**
- The research on “Child Sexual Abuse in the Eastern Caribbean” by Jones and Trotman Jemmott
- Increased media campaigns by UNICEF

**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 (Q40)** Greatly
**Extent of programs combating CSE (Q41)** Greatly
**Extent that agencies collaborate to stop CSE (Q42)** Don’t know
**Extent of policies for reporting CSE to public agency or NGO (Q43)** Somewhat
**Country keeps official data on CSE (Q44)** Don’t know
**Commercial sex work (or prostitution) is legal (Q45)** No
**Age at which it’s legal to be a sex worker (Q46)** At no age
**Extent to which victims of CSE receive mental health care (Q47)** Rarely
**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)** Sometimes
Extent to which citizens who engage in CSE abroad are prosecuted (Q49)  Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)  Don’t know
Extent to which children who are exploited sexually are arrested (Q51)  Don’t know
Arrests in the past year for engaging in sex trafficking of children (Q52)  Don’t know
Arrests in the past year for possession or production of child pornography (Q53)  Don’t know

Agencies and Organizations for More Information on CM

United Nations Children’s Fund (UNICEF)
United Nations House
Marine Gardens
Christ Church, Barbados
http://www.unicef.org/barbados
Varied and wide information on child protection and the status of children in Barbados

Child Care Board
Belarus

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Abuse by another child
- Child labor—under age 12
- Internet solicitation for sex

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) 2001–2005
This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) After 2000
Government agency to respond to CM (Q31) Yes
Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)
Mandated reporting of suspected CM for specific groups of professionals or individuals
- Enforcement: Inconsistent
  - Support: Adequate
- Requirement that reports be investigated within a specific time period (e.g., 24 hours)
  - 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

Criminal penalties for abusing a child
- Enforcement: Wide
  - Support: Adequate

Requires a separate attorney or advocate to represent the child’s interest
- Enforcement: Wide
  - Support: Adequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Exposure to intimate partner violence (IPV)
Change in number of cases over past 4 years (Q14)
- Physical abuse Increase
- Sexual abuse Increase
### Incidence rate of reported CM per 1,000 children per year (Q20)

- **47**

### % of reported cases involving (Q21)

- **Physical abuse**
  - 0–15%

- **Sexual abuse**
  - 0–15%

- **Neglect**
  - 16–30%

- **Emotional maltreatment**
  - 0–15%

- **Street children**
  - 0–15%

- **Abandoned children**
  - 0–15%

### % of reported cases investigated (Q22)

- 76–90%

### % of investigated cases substantiated (Q23)

- 76–90%

### % of substantiated cases, child removed (Q24)

- 46–60%

### Of all CM reports, % perpetrator removed from home (Q25)

- 0–15%

### Of all CM reports, % alleged perpetrator prosecuted (Q26)

- 76–90%

### Child Deaths

#### Government maintains count of deaths due to CM (Q27)

- **Yes**

#### Over the past 10 years, the number of deaths due to CM has (Q28)

- **Remained about the same**

#### Country has child death review team(s) (Q29)

- **No**

### Services

#### Availability of Services (Q37)

- **Programs for those who neglect children**
  - Occasionally

- **Programs for neglected children**
  - Usually

- **Therapy for those who physically abuse children**
  - No

- **Therapy for physically abused children**
  - No

- **Therapy for those who sexually abuse**
  - No

- **Therapy for sexually abused children**
  - Occasionally

- **Case management services**
  - Moderately

- **Home-based services/family support**
  - Moderately

- **Foster care with official foster parents**
  - Usually

- **Group homes for maltreated children**
  - Usually

- **Public shelters for maltreated children**
  - Usually

- **Institutional care for maltreated children**
  - Usually

- **Financial and other material support**
  - No

- **Hospitalization for mental illness—adults**
  - Moderately

- **Hospitalization for mental illness—children**
  - Usually

- **Substance abuse treatment—parents**
  - Moderately

- **Substance abuse treatment—children**
  - Usually

- **Centers for parents to share experiences/concerns**
  - Occasionally

- **Universal home visits for all new parents**
  - Usually

- **Home visits for new, at-risk parents**
  - Moderately

- **Free child care**
  - Moderately

- **Universal health screening—children**
  - Usually

- **Universal free medical care—children**
  - Usually

- **Universal free medical care—all citizens**
  - Usually

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

- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Universal home visitation for new parents
- Universal health care and preventive medical care
- Professional training
- 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 trained professionals
- Extreme poverty
- Country’s dependency on foreign investment for its economy
- Inadequate health or social services
- Political or religious conflict, instability
Section 2: Country profiles

Extent of UN CRC improved policies and programs concerning CM (Q56)  Significantly

Major developments to address CM (Q59)

- Establishment of 7/24 toll-free National Child Helpline Belarus in partnership with Ponimanie and the Ministry of Health Care—Associate member of Child Helpline International in transition to full membership in April 2011–2014
- Establishment of the 15 CACs, managed by Ponimanie, Investigation Committee in partnership with the Ministry of Education, State Forensic Committee, and local authorities—2009–2013
- Establishment of treatment services for abused children—CAC in Children’s Hospital—2013
- Establishment of National Center for Missing and Exploited Children—Member of GMCN—2012

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.

Extents that there are laws concerning CSE (Q40)  Somewhat
Extents of programs combating CSE (Q41)  Not really
Extents that agencies collaborate to stop CSE (Q42)  Not really
Extents of policies for reporting CSE to public agency or NGO (Q43)  Not really
Country keeps official data on CSE (Q44)  Yes
Commercial sex work (or prostitution) is legal (Q45)  No
Age at which it’s legal to be a sex worker (Q46)  At no age
Extents to which victims of CSE receive mental health care (Q47)  Rarely
Extents to which citizens who engage in CSE within the country are prosecuted (Q48)  Most of the time
Extents to which citizens who engage in CSE abroad are prosecuted (Q49)  Most of the time
Extents to which foreigners who engage in CSE within the country are prosecuted (Q50)  Most of the time
Extents to which children who are exploited sexually are arrested (Q51)  Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52)  Yes

Agencies and Organizations for More Information on CM

International NGO “Ponimanie”
Leschinskogo 8, bld. 5, office 403–404
Minsk, Belarus 220140
office@ponimanie.org
www.ponimanie.org

Training for professionals, MDT development, CAC development, National Child Helpline maintenance and development, treatment for abused children, support to search for missing children, support to exploited children, development of technologies, methods and policy-making in all above areas, holding annual international conference “Safe Belarus and Commonwealth- for Children”

Academy of Postgraduate Studies
Belgium

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**Laws and Policies regarding CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q17)</td>
<td>No</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Government agency to respond to CM (Q31)**
- Yes

**Elements in laws/policies (Q34)**
- Inconsistent
- Somewhat inadequate

**Extent they are enforced (Q35)**
- Inconsistent
- Somewhat inadequate

**Adequacy of government resources (Q36)**
- Inconsistent
- Somewhat inadequate

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

**Provisions for removing child from parents/caretakers to ensure child’s safety**
- Enforcement: Inconsistent
- Support: Somewhat inadequate

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

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Belgium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>Less than 5 years</td>
</tr>
</tbody>
</table>

**Official labels for types of CM (Q13)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to intimate partner violence (IPV)

**Change in number of cases over past 4 years (Q14)**

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<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 maltreatment</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Incidence rate of reported CM per 1,000 children per year (Q20)**
- 698

**% of reported cases involving (Q21)**

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Percentage</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>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>0–15%</td>
</tr>
</tbody>
</table>
### Section 2: Country profiles

**% of reported cases investigated (Q22)** 46–60%

**% of investigated cases substantiated (Q23)** 61–75%

#### Child Deaths

**Government maintains count of deaths due to CM (Q27)** No

**Country has child death review team(s) (Q29)** No

#### Services

**Availability of Services (Q37)**

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

#### Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers: Minimal
- Mental health agencies: Very involved
- Businesses: None
- Schools: Minimal
- Public social services agencies: Very involved
- Community-based NGOs: Minimal
- Religious institutions: None

#### Voluntary civic organizations: None

**Courts/law enforcement** Moderate

**Universities** None

**Funding for CM treatment or prevention (Q39)**

- Government: Major
- Non-government: Moderate

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

- Home-based services for at-risk parents
- University programs for students
- Improving families’ basic living conditions

**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
- 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

**Extent of UN CRC improved policies and programs concerning CM (Q56)** Slightly

**Major developments to address CM (Q59)**

- Establishing a Forum for Child Maltreatment, regular meetings with representatives of both Welfare and Justice (2010)
- Revision of the law 458bis (2012)
- Funding of a national helpline 1712 (2012)

#### 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 (Q40)** Somewhat

**Extent of programs combating CSE (Q41)** Not really

**Extent that agencies collaborate to stop CSE (Q42)** Not really

**Extent of policies for reporting CSE to public agency or NGO (Q43)** Not really

**Country keeps official data on CSE (Q44)** No

**Commercial sex work (or prostitution) is legal (Q45)** Yes

**Age at which it’s legal to be a sex worker (Q46)** 18, commercial sex work is legal; exploitation is not

**Extent to which victims of CSE receive mental health care (Q47)** Most of the time
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Belize

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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 labor—under age 12
- Slavery
- Internet solicitation for sex
- Child marriage

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

### Laws and Policies regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q17)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law passed (Q18)</td>
<td>1990–2000</td>
</tr>
<tr>
<td>This law applies to (Q19)</td>
<td></td>
</tr>
</tbody>
</table>
- Physical abuse
- Sexual abuse

### National laws/policies regarding CM (Q32) Yes
- Laws/policies first established (Q33) 1990–2000
- Government agency to respond to CM (Q31) Yes

#### Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

- 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 child(ren)’s and family’s needs be assessed
  - Enforcement: Inconsistent
  - 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: 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
| Requirement that all perpetrators receive a service or intervention | Foster care with official foster parents | Occasionally |
| Support: | Group homes for maltreated children | No |
| | Public shelters for maltreated children | No |
| Requires development of prevention services | Financial and other material support | Occasionally |
| Enforcement: | Hospitalization for mental illness—adults | Occasionally |
| Support: | Hospitalization for mental illness—children | No |
| Requires a separate attorney or advocate to represent the child's interest | Substance abuse treatment—parents | Occasionally |
| Enforcement: | Substance abuse treatment—children | No |
| Support: | Centers for parents to share experiences/concerns | No |
| Penalties for professionals who fail to report CM | Universal home visits for all new parents | No |
| Enforcement: | Home visits for new, at-risk parents | Occasionally |
| Support: | Free child care | Occasionally |
| Official Documentation of CM | Universal health screening—children | No |
| Government maintains count of suspected CM (Q11) | Universal free medical care—children | No |
| Duration system in place (Q12) | Universal free medical care—all citizens | No |
| Official labels for types of CM (Q13) | Involvement of community sectors in supporting CM treatment and prevention (Q38) |
| • Physical abuse | Hospitals/medical centers | Minimal |
| • Sexual abuse | Mental health agencies | Minimal |
| • Neglect | Businesses | None |
| • Emotional maltreatment | Schools | Minimal |
| • Exposure to intimate partner violence (IPV) | Public social services agencies | Very involved |
| Change in number of cases over past 4 years (Q14) | Community-based NGOs | Moderate |
| Sexual abuse | Religious institutions | Moderate |
| | Voluntary civic organizations | Minimal |
| | Courts/law enforcement | Moderate |
| | Universities | Minimal |
| Child Deaths | Funding for CM treatment or prevention (Q39) |
| Government maintains count of deaths due to CM (Q27) | Government | Moderate |
| Over the past 10 years, the number of deaths due to CM has (Q28) | Non-government | Moderate |
| Country has child death review team(s) (Q29) | | |
| Services | Strategies used and thought to be effective in preventing CM (Q54) |
| Availability of Services (Q37) | • Media campaigns |
| Programs for those who neglect children | • Increasing individual responsibility for child protection |
| Programs for neglected children | • Universal home visitation for new parents |
| Therapy for those who physically abuse children | • Universal health care and preventive medical care |
| Therapy for physically abused children | • Improving families’ basic living conditions |
| Therapy for those who sexually abuse | Major barriers to preventing CM (Q55) |
| Therapy for sexually abused children | • Limited resources for improving the government’s response to CM |
| Case management services | • Lack of system to investigate reports |
| Home-based services/family support | • Lack of trained professionals |
| | • Public resistance to prevention efforts |
| | • Extreme poverty |
### Section 2: Country profiles

- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

**Extent of UN CRC improved policies and programs concerning CM (Q56)** Somewhat

**Major developments to address CM (Q59)**
- The prohibition of corporal punishment in all child care institutions, including schools
- The revision of CSEC and anti-trafficking laws
- Several national conferences on child protection and parenting

### 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 (Q40)</th>
<th>Greatly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
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</tr>
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<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
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</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

**NCFC**
Cleghorn Street
Belize
Botswana

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)

- 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

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) After 2005

This law applies to (Q19)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

Provisions for voluntary reporting of suspected CM by professionals or individuals

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</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>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

Provisions for removing child from parents/caretakers to ensure child’s safety

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

Provisions for removing alleged perpetrator from the home

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

Criminal penalties for abusing a child

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

Requirement that all victims receive a service or intervention

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>
Requirement that all perpetrators receive a service or intervention
Enforcement: Inconsistent
Support: Somewhat inadequate

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

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

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

Provide a specific budget for preventing CM
Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) Don’t know

Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
• Exposure to intimate partner violence (IPV)

Change in number of cases over past 4 years (Q14)
Sexual abuse Increase
Neglect Increase
Emotional maltreatment Increase
Exposure to IPV Increase

% of reported cases involving (Q21)
Physical abuse 0–15%
Sexual abuse 16–30%
Neglect 16–30%
Emotional maltreatment 16–30%
Street children 16–30%
Abandoned children 16–30%

% of reported cases investigated (Q22) 16–30%
% of investigated cases substantiated (Q23) 16–30%
% of substantiated cases, child removed (Q24) 0–15%

Of all CM reports, % perpetrator removed from home (Q25) 0–15%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 0–15%

Child Deaths
Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services
Availability of Services (Q37)
Programs for those who neglect children Occasionally
Programs for neglected children Moderately
Therapy for those who physically abuse children Occasionally
Therapy for physically abused children Occasionally
Therapy for those who sexually abuse Occasionally
Therapy for sexually abused children Occasionally
Case management services Occasionally
Home-based services/family support Occasionally
Foster care with official foster parents Occasionally
Group homes for maltreated children Occasionally
Public shelters for maltreated children Occasionally
Institutional care for maltreated children Occasionally
Financial and other material support Occasionally
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children Occasionally
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 Usually
Universal free medical care—children Usually
Universal free medical care—all citizens Occasionally

Involvement of community sectors in supporting CM treatment and prevention (Q38)
Hospitals/medical centers Moderate
Mental health agencies Moderate
Businesses Minimal
Schools Moderate
Public social services agencies Very involved
<table>
<thead>
<tr>
<th>Community-based NGOs</th>
<th>Very involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Government</th>
<th>Major</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 (Q54)

- Media campaigns
- Increasing individual responsibility for child protection
- Improving or increasing local services
- 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
- Lack of trained professionals
- 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
- Inadequate health or social services
- Political or religious conflict, instability

### Extent of UN CRC improved policies and programs concerning CM (Q56)

- Somewhat

### Major developments to address CM (Q59)

- Child Line-Botswana led the development of a foster care program. The program has not yet been implemented due to shortage of funds
- The development of the Children’s Act of 2009 which now reflects the contents of the CRC
- The establishment of the National Children’s Council

### 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 (Q40)

- Greatly

### Extent of programs combating CSE (Q41)

- Somewhat

### Extent that agencies collaborate to stop CSE (Q42)

- Somewhat

### Extent of policies for reporting CSE to public agency or NGO (Q43)

- Somewhat

### Country keeps official data on CSE (Q44)

- Yes

### Commercial sex work (or prostitution) is legal (Q45)

- No

### Age at which it’s legal to be a sex worker (Q46)

- None

### Extent to which victims of CSE receive mental health care (Q47)

- Rarely

### Extent to which citizens who engage in CSE within the country are prosecuted (Q48)

- Sometimes

### Extent to which citizens who engage in CSE abroad are prosecuted (Q49)

- Don’t know

### Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)

- Sometimes

### Extent to which children who are exploited sexually are arrested (Q51)

- Don’t know

### Arrests in the past year for engaging in sex trafficking of children (Q52)

- Don’t know

### Arrests in the past year for possession or production of child pornography (Q53)

- Don’t know

### Agencies and Organizations for More Information on CM

- Department of Social Services
  Gaborone, Botswana 00 267
  Phone: 00 267 3971916
  Policy formulation, monitoring and evaluation.

- Child Line Botswana
Brazil

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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)
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

Provisions for removing child from parents/caretakers to ensure child’s safety

Enforcement: Inconsistent
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: Inconsistent
Support: Somewhat inadequate

Requires a separate attorney or advocate to represent the child’s interest

Enforcement: Wide
Support: Adequate

Penalties for professionals who fail to report CM

Enforcement: Wide
Support: Adequate

Provide a specific budget for preventing CM

Enforcement: Inconsistent
Support: Somewhat inadequate
## Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>5 to 10 years</td>
</tr>
</tbody>
</table>
| Official labels for types of CM (Q13) | • Physical abuse  
• Sexual abuse  
• Neglect  
• Emotional maltreatment |
| Change in number of cases over past 4 years (Q14) |  
- Physical abuse: Increase  
- Sexual abuse: Increase  
- Neglect: Increase  
- Emotional maltreatment: Increase  
- Exposure to IPV: Don’t know  
- Incidence rate of reported CM per 1,000 children per year (Q20): No information  
- % of reported cases involving (Q21):  
  - Physical abuse: 31–45%  
  - Sexual abuse: 0–15%  
  - Neglect: 31–45%  
  - Emotional maltreatment: 16–30%  
  - Street children: 0–15%  
  - Abandoned children: 0–15%  
| Involvement of community sectors in supporting CM treatment and prevention (Q38):  
  - Hospitals/medical centers: Moderate  
  - Mental health agencies: Minimal  
  - Businesses: None  
  - Schools: Minimal  
  - Public social services agencies: Very involved  
  - Community-based NGOs: Moderate  
  - Religious institutions: Don’t know  
  - Voluntary civic organizations: Don’t know  
  - Courts/law enforcement: Very involved  
  - Universities: Minimal |

## Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of deaths due to CM (Q27)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Increased</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>Yes</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q30)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

## Services

<table>
<thead>
<tr>
<th>Availability of Services (Q37)</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

| Group homes for maltreated children | Moderately |
| Public shelters for maltreated children | Moderately |
| Institutional care for maltreated children | Moderately |
| Financial and other material support | Moderately |
| Hospitalization for mental illness—adults | Moderately |
| Hospitalization for mental illness—children | Occasionally |
| Substance abuse treatment—parents | Occasionally |
| Substance abuse treatment—children | Occasionally |
| 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 | Occasionally |
| Universal health screening—children | Usually |
| Universal free medical care—children | Moderately |
| Universal free medical care—all citizens | Moderately |
| Hospitals/medical centers | Moderate |
| Mental health agencies | Minimal |
| Businesses | None |
| Schools | Minimal |
| Public social services agencies | Very involved |
| Community-based NGOs | Moderate |
| Religious institutions | Don’t know |
| Voluntary civic organizations | Don’t know |
| Courts/law enforcement | Very involved |
| Universities | Minimal |

## Funding for CM treatment or prevention (Q39)

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

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

- Media campaigns
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Improving or increasing local services
- Advocacy for children’s rights
- Improving families’ basic living conditions

## 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
- Lack of trained professionals
- Public resistance to prevention efforts
Section 2: Country profiles

- 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 number of children living alone
- Inadequate health or social services

**Extent of UN CRC improved policies and programs concerning CM (Q56)**
- Significantly

**Major developments to address CM (Q59)**
- Maria da Penha Law—protection against domestic violence
- Significant involvement of the media using ads regarding child abuse
- Forensic psychology and/or psychiatry to assess CM

**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 (Q40)**
- Greatly

**Extent of programs combating CSE (Q41)**
- Somewhat

**Extent that agencies collaborate to stop CSE (Q42)**
- Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q43)**
- Somewhat

**Country keeps official data on CSE (Q44)**
- Yes

**Commercial sex work (or prostitution) is legal (Q45)**
- Yes

**Age at which it’s legal to be a sex worker (Q46)**
- 18

**Extent to which victims of CSE receive mental health care (Q47)**
- Rarely

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)**
- Most of the time

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)**
- Most of the time

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)**
- Most of the time

**Extent to which children who are exploited sexually are arrested (Q51)**
- Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q52)**
- Yes

**Arrests in the past year for possession or production of child pornography (Q53)**
- Yes

**Agencies and Organizations for More Information on CM**

**Disque 100—Secretaria Nacional de Direitos Humanos**
Setor Comercial Sul-B, Quadra 9, Lote C, Edificio Parque Cidade Corporate
Torre “A”, 10º andar
Brasilia, Brazil
direitoshumanos@sdh.gov.br
http://www1.direitoshumanos.gov.br/clientes/sedh/sedh

Public policies regarding protection and promotion of human rights. They have a call line, Disque 100, where any citizen can call regarding CM help/information.
Bulgaria

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)

- 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

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) After 2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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 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: Inconsistent
Support: Somewhat inadequate

Provisions for removing alleged perpetrator from the home

Enforcement: Somewhat inadequate
Support: Somewhat inadequate

Criminal penalties for abusing a child

Enforcement: Somewhat inadequate
Support: Somewhat inadequate

Requirement that all victims receive a service or intervention

Enforcement: Inconsistent
Support: Somewhat inadequate

Requires development of prevention services

Enforcement: Inconsistent
Support: Somewhat inadequate
Section 2: Country profiles

Requires a separate attorney or advocate to represent the child’s interest
Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM
- Government maintains count of suspected CM (Q11): Yes
- Duration system in place (Q12): More than 10 years
- Official labels for types of CM (Q13):
  - Physical abuse
  - Sexual abuse
  - Neglect
  - Emotional maltreatment
- Change in number of cases over past 4 years (Q14):
  - Physical abuse: Increase
  - Sexual abuse: Decrease
  - Emotional maltreatment: Increase
- % of reported cases involving (Q21):
  - Physical abuse: 31–45%
  - Sexual abuse: 0–15%
  - Neglect: 31–45%
  - Emotional maltreatment: 16–30%
- % of reported cases investigated (Q22): 76–90%
- % of substantiated cases, child removed (Q24): 0–15%
- Of all CM reports, % perpetrator removed from home (Q25): 0–15%
- Of all CM reports, % alleged perpetrator prosecuted (Q26): 31–45%

Child Deaths
- Government maintains count of deaths due to CM (Q27): Yes
- Over the past 10 years, the number of deaths due to CM has (Q28): Don’t know
- Country has child death review team(s) (Q29): No

Services

Availability of Services (Q37)
- Programs for those who neglect children: Occasionally
- Programs for neglected children: Occasionally
- Therapy for those who physically abuse children: Occasionally
- Therapy for physically abused children: Moderately
- Therapy for those who sexually abuse: Moderately
- Therapy for sexually abused children: Moderately
- Case management services: Moderately
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Moderately
- Group homes for maltreated children: Occasionally
- Public shelters for maltreated children: Occasionally
- Institutional care for maltreated children: Moderately
- Financial and other material support: No
- Hospitalization for mental illness—adults: Moderately
- Hospitalization for mental illness—children: Occasionally
- Substance abuse treatment—parents: Moderately
- Substance abuse treatment—children: Occasionally
- Centers for parents to share experiences/concerns: Occasionally
- 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
- Of all CM reports, % perpetrator removed from home: 0–15%
- Of all CM reports, % alleged perpetrator prosecuted: 31–45%

Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers: Moderate
- Mental health agencies: Moderate
- Businesses: None
- Schools: Moderate
- Public social services agencies: Very involved
- Community-based NGOs: Very involved
- Religious institutions: None
- Voluntary civic organizations: Very involved
- Courts/law enforcement: Minimal
- Universities: Minimal

Funding for CM treatment or prevention (Q39)
- Government: Major
- Non-government: Major

Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns
- Increasing individual responsibility for child protection
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights

Extent of UN CRC improved policies and programs concerning CM (Q56): Significantly
Major developments to address CM (Q59)

- Coordination for collaborative actions with children, victims of violence, or those at risk for violence (2010)
- Coordination for referral and care of unaccompanied children and child-victims of trafficking returning from abroad (2010)
- Mechanism for counteractions against bullying at school (2010)

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>
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</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
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</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
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</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
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</tr>
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<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
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</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM

State Agency for Child Protection
Triadica 2
Sofia, Bulgaria 1051
sacp@sacp.government.bg
www.sacp.government.bg
Legislation, national programs for CAN prevention, reports, child hotline

Animus Association Foundation
Canada

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

---

**Laws and Policies regarding CM**

**Law mandating suspected CM be reported (Q17)**
- Yes

**Year law passed (Q18)**
- Before 1990

**This law applies to (Q19)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

**National laws/policies regarding CM (Q32)**
- Yes

**Laws/policies first established (Q33)**
- Before 1980

**Government agency to respond to CM (Q31)**
- Yes

**Elements in laws/policies (Q34)**
- Extent they are enforced (Q35)
  - Adequate
- Adequacy of government resources (Q36)
  - 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 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: Adequate
- Support: Adequate

Provisions for removing alleged perpetrator from the home

- Enforcement: Inconsistent
- Support: Somewhat inadequate

Criminal penalties for abusing a child

- Enforcement: Somewhat inadequate
- Support: Somewhat inadequate
### Requirement that all victims receive a service or intervention

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Requires development of prevention services

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

### Requires a separate attorney or advocate to represent the child’s interest

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

### Penalties for professionals who fail to report CM

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Provide a specific budget for preventing CM

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

#### Official Documentation of CM

| Government maintains count of suspected CM (Q11) | Yes |
| Official labels for types of CM (Q13) | 5 to 10 years |
| Physical abuse | |
| Sexual abuse | |
| Neglect | |
| Emotional maltreatment | |
| Exposure to intimate partner violence (IPV) | |

#### Change in number of cases over past 4 years (Q14)

| Physical abuse | Don’t know |
| Sexual abuse | Don’t know |
| Neglect | Don’t know |
| Emotional maltreatment | Don’t know |
| Exposure to IPV | Don’t know |

#### Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)

| Aboriginal | |

#### % of reported cases involving (Q21)

| Physical abuse | 16–30% |
| Sexual abuse | 0–15% |
| Neglect | 0–15% |
| Emotional maltreatment | 0–15% |
| Street children | 0–15% |
| Abandoned children | 0–15% |

#### % of reported cases investigated (Q22) 61–75%

#### % of investigated cases substantiated (Q23) 31–45%

#### % of substantiated cases, child removed (Q24) 0–15%

#### Child Deaths

| Government maintains count of deaths due to CM (Q27) | Yes |
| Over the past 10 years, the number of deaths due to CM has (Q28) | Don’t know |
| Country has child death review team(s) (Q29) | Yes |
| Team(s) supported by legislation (Q30) | No |

#### Services

| Availability of Services (Q37) |
| Programs for those who neglect children | Usually |
| Programs for neglected children | Usually |
| Therapy for those who physically abuse children | Usually |
| Therapy for physically abused children | Usually |
| Therapy for those who sexually abuse | Moderately |
| Therapy for sexually abused children | Usually |
| Case management services | Usually |
| 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 |
| 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 | Moderately |
| Substance abuse treatment—children | Usually |
| Centers for parents to share experiences/concerns | Moderately |
| Universal home visits for all new parents | Moderately |
| Home visits for new, at-risk parents | Usually |
| 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 treatment and prevention (Q38)

| Hospitals/medical centers | Moderate |
| Mental health agencies | Moderate |
Section 2: Country profiles

Funding for CM treatment or prevention (Q39)

Government

Non-government

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

• Home-based services for at-risk parents
• Media campaigns
• Risk assessment
• Universal home visitation for new parents
• Universal health care and preventive medical care
• Professional training
• Advocacy for children’s rights
• Improving families’ basic living conditions

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
• 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 number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

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.

Major developments to address CM (Q59)

• Provinces and territories have formed child advocate offices in parts of Canada
• Canada presented with the NGO sector to the UN Committee on the right of children to review and monitor compliance
• Increased attention by national media on fatal child abuse cases of children in care

Extent that there are laws concerning CSE (Q40) Somewhat

Extent of programs combating CSE (Q41) Somewhat

Extent that agencies collaborate to stop CSE (Q42) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43) Not really

Country keeps official data on CSE (Q44) Don’t know

Commercial sex work (or prostitution) is legal (Q45) No

Age at which it’s legal to be a sex worker (Q46) At no age

Extent to which victims of CSE receive mental health care (Q47) Don’t know

Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Don’t know

Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Don’t know

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Don’t know

Extent to which children who are exploited sexually are arrested (Q51) Sometimes

Arrests in the past year for engaging in sex trafficking of children (Q52) Yes

Arrests in the past year for possession or production of child pornography (Q53) Yes
Chile

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

<table>
<thead>
<tr>
<th>Laws/policies first established (Q33)</th>
<th>1990–2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
<tr>
<td>Extent they are enforced (Q35)</td>
<td></td>
</tr>
<tr>
<td>Adequacy of government resources (Q36)</td>
<td></td>
</tr>
</tbody>
</table>

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: Wide
Support: Somewhat inadequate

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

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: Wide
Support: Adequate

Penalties for professionals who fail to report CM

Enforcement: Inconsistent
Support: Very inadequate
Section 2: Country profiles

Provide a specific budget for preventing CM

Enforcement: Wide
Support: Adequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Change in number of cases over past 4 years (Q14)
Physical abuse Increase
Sexual abuse Increase
Neglect Don’t know
Emotional maltreatment Don’t know
Exposure to IPV Don’t know

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)
No one official record. Police, legal system, and SENAME (Servicio Nacional de Menores), have separate records.

Incidence rate of reported CM per 1,000 children per year (Q20) No information

Child Deaths

Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No
Team(s) supported by legislation (Q30) No

Services

Availability of Services (Q37)
- Programs for those who neglect children Moderately
- Programs for neglected children Occasionally
- Therapy for those who physically abuse children Moderately
- Therapy for physically abused children Moderately
- Therapy for those who sexually abuse No
- Therapy for sexually abused children Usually
- Case management services Usually
- Home-based services/family support Occasionally
- Foster care with official foster parents Moderately

Group homes for maltreated children Moderately
Public shelters for maltreated children Moderately
Institutional care for maltreated children Moderately
Financial and other material support Occasionally
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents Moderately
Substance abuse treatment—children Moderately
Centers for parents to share experiences/concerns No
Universal home visits for all new parents Occasionally
Home visits for new, at-risk parents Moderately
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 treatment and prevention (Q38)
- Hospitals/medical centers Moderate
- Mental health agencies Moderate
- Businesses Minimal
- Schools Moderate
- Public social services agencies Very involved
- Community-based NGOs Moderate
- Religious institutions Minimal
- Voluntary civic organizations Minimal
- Courts/law enforcement Very involved
- Universities Moderate

Funding for CM treatment or prevention (Q39)
- Government Major
- Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services for at-risk parents
- 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
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions
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
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56) — Significantly

Major development to address CM (Q59)

- Media attention to 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 (Q40) — Greatly
Extent of programs combating CSE (Q41) — Somewhat
Extent that agencies collaborate to stop CSE (Q42) — Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43) — Somewhat
Country keeps official data on CSE (Q44) — Yes
Commercial sex work (or prostitution) is legal (Q45) — Yes
Age at which it’s legal to be a sex worker (Q46) — 18
Extent to which victims of CSE receive mental health care (Q47) — Most of the time
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) — Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) — Rarely
Extent to which foreign citizens who engage in CSE within the country are prosecuted (Q50) — Most of the time
Extent to which children who are exploited sexually are arrested (Q51) — Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52) — Yes
Arrests in the past year for possession or production of child pornography (Q53) — Yes

Agencies and Organizations for More Information on CM

SENAMÉ
Huerfanos 587
Santiago, Chile
www.sename.cl
Maintains a record system

UNICEF
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- Physical abuse (e.g., beatings, burning)
- Failure to seek medical care for child based on religious beliefs
- Sexual abuse (e.g., incest, sexual touching)
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Child labor—under age 12
- Slavery
- Internet solicitation for sex
- Child marriage

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**Laws and Policies regarding CM**
- Law mandating suspected CM be reported (Q17) Yes
- Year law passed (Q18) After 2005
- This law applies to (Q19)
- Sexual abuse

**National laws/policies regarding CM (Q32)** Yes
- Laws/policies first established (Q33) 1990–2000
- Government agency to respond to CM (Q31) Yes
- Elements in laws/policies (Q34)
  - Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)

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

**Provisions for voluntary reporting of suspected CM by professionals or individuals**
- Enforcement: Don’t know
- Support: 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 the child(ren)’s and family’s needs be assessed**
- Enforcement: Don’t know
- Support: Very inadequate

**Provisions for removing child from parents/caretakers to ensure child’s safety**
- Enforcement: Don’t know
- Support: Very inadequate

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

**Criminal penalties for abusing a child**
- Enforcement: Wide
- Support: Don’t know

**Requirement that all victims receive a service or intervention**
- Enforcement: Don’t know
- Support: Very inadequate

**Requires a separate attorney or advocate to represent the child’s interest**
- Enforcement: Don’t know
- Support: Somewhat inadequate

**Official Documentation of CM**
- Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)

- Physical abuse
- Sexual abuse

Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Don’t know</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 maltreatment</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td></td>
</tr>
</tbody>
</table>

Incidence rate of reported CM per 1,000 children per year (Q20)
The mandated policy started only October 2013. The data is not open to the public and it’s not clear.

Child Deaths

Government maintains count of deaths due to CM (Q27) No

Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know

Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Service</th>
<th>No</th>
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<tbody>
<tr>
<td>Programs for those who neglect children</td>
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<tr>
<td>Programs for neglected children</td>
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<td>Therapy for those who physically abuse children</td>
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<td>Therapy for physically abused children</td>
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<td>Therapy for those who sexually abuse</td>
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<tr>
<td>Therapy for sexually abused children</td>
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<tr>
<td>Case management services</td>
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<td>Home-based services/family support</td>
<td>Occasionally</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>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—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>
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<tr>
<td>Home visits for new, at-risk parents</td>
<td>No</td>
</tr>
<tr>
<td>Free child care</td>
<td></td>
</tr>
</tbody>
</table>

Universal health screening—children Occasionally

Universal free medical care—children No

Universal free medical care—all citizens No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</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>
<td></td>
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<tr>
<td>Businesses</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td></td>
</tr>
<tr>
<td>Public social services agencies</td>
<td></td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Minimal</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimal</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Very involved</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Funding for CM treatment or prevention (Q39)

Government Moderate

Non-government Moderate

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

- Media campaigns

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
- 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 number of children living alone
- Inadequate health or social services

Extant of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major developments to address CM (Q59)

- Passage of 2 policies addressing child sexual abuse
- Significant involvement of the media
- Piloting programs on community-based CP services

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 (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Arres in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arres in the past year for possession or production of child pornography (Q53)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
**Colombia**

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)

**Social conditions and behaviors (Q9)**
- 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
- Internet solicitation for sex

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare 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 (Q17)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law passed (Q18)</td>
<td>2001–2005</td>
</tr>
<tr>
<td>This law applies to (Q19)</td>
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</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 maltreatment</td>
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<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
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<td>Laws/policies first established (Q33)</td>
<td>After 2000</td>
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<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
</tbody>
</table>

**-Extent they are enforced (Q35)**

**-Adequacy of government resources (Q36)**

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

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

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

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

**Official Documentation of CM**

| Government maintains count of suspected CM (Q11) | Yes |
| Duration system in place (Q12) | More than 10 years |
| Official labels for types of CM (Q13) |       |
| • Physical abuse |     |
| • Sexual abuse |      |
Section 2: Country profiles

- Neglect
- Emotional maltreatment

**Change in number of cases over past 4 years (Q14)**

- Physical abuse
  - Increase
- Sexual abuse
  - Increase
- Neglect
  - None
- Emotional maltreatment
  - Increase
- Exposure to IPV
  - None

**Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)**

- Native children

**% of reported cases involving (Q21)**

- Physical abuse
  - 31–45%
- Sexual abuse
  - 31–45%
- Neglect
  - 16–30%
- Emotional maltreatment
  - 0–15%
- Street children
  - 0–15%
- Abandoned children
  - 0–15%

**% of reported cases investigated (Q22)**

- 46–60%

**% of investigated cases substantiated (Q23)**

- 31–45%

**% of substantiated cases, child removed (Q24)**

- 61–75%

**Of all CM reports, % perpetrator removed from home (Q25)**

- 0–15%

**Of all CM reports, % alleged perpetrator prosecuted (Q26)**

- 16–30%

**Child Deaths**

- Government maintains count of deaths due to CM (Q27)
  - Yes
- Over the past 10 years, the number of deaths due to CM has (Q28)
  - Decreased
- Country has child death review team(s) (Q29)
  - No

**Services**

**Availability of Services (Q37)**

- Programs for those who neglect children
  - Occasionally
- Programs for neglected children
  - Occasionally
- Therapy for those who physically abuse children
  - Occasionally
- Therapy for physically abused children
  - Occasionally
- Therapy for those who sexually abuse
  - Occasionally
- Therapy for sexually abused children
  - Moderately
- Case management services
  - Moderately
- Home-based services/family support
  - No
- Foster care with official foster parents
  - Moderately
- Group homes for maltreated children
  - Usually
- Public shelters for maltreated children
  - Moderately
- Institutional care for maltreated children
  - Moderately
- Financial and other material support
  - No
- Hospitalization for mental illness—adults
  - Moderately
- Hospitalization for mental illness—children
  - Occasionally
- Substance abuse treatment—parents
  - Moderately
- Substance abuse treatment—children
  - Moderately
- 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
  - Occasionally
- Universal health screening—children
  - Moderately
- Universal free medical care—children
  - Moderately
- Universal free medical care—all citizens
  - No

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

- Hospitals/medical centers
  - Moderate
- Mental health agencies
  - Minimal
- Businesses
  - None
- Schools
  - Minimal
- Public social services agencies
  - Moderate
- Community-based NGOs
  - Moderate
- Religious institutions
  - Minimal
- Voluntary civic organizations
  - Moderate
- Courts/law enforcement
  - Minimal
- Universities
  - Minimal

**Funding for CM treatment or prevention (Q39)**

- Government
  - Moderate

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

- Limited resources for improving the government’s response 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

- Significantly
Major developments to address CM (Q59)
• Better efforts in child protection
• Mass media campaign
• Specific laws for reporting sexual 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 (Q40)
  - Greatly
- Extent of programs combating CSE (Q41)
  - Somewhat
- Extent that agencies collaborate to stop CSE (Q42)
  - Somewhat
- Extent of policies for reporting CSE to public agency or NGO (Q43)
  - Greatly
- Country keeps official data on CSE (Q44)
  - Yes
- Commercial sex work (or prostitution) is legal (Q45)
  - No
- Age at which it’s legal to be a sex worker (Q46)
  - At no age
- Extent to which victims of CSE receive mental health care (Q47)
  - Sometimes
- Extent to which citizens who engage in CSE within the country are prosecuted (Q48)
  - Sometimes
- Extent to which citizens who engage in CSE abroad are prosecuted (Q49)
  - Rarely
- Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)
  - Rarely
- Extent to which children who are exploited sexually are arrested (Q51)
  - Don’t know
- Arrests in the past year for engaging in sex trafficking of children (Q52)
  - Yes
- Arrests in the past year for possession or production of child pornography (Q53)
  - Yes

Agencies and Organizations for More Information on CM

Asociacion Creemos En Ti
Calle 39 #28-40
Bogota, Cundinamarca, Colombia 571
asociacioncreermosenti@yahoo.com
www.asociacioncreermosenti.org
Therapy for sexual abuse children
Opciones
Croatia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

| Law mandating suspected CM be reported (Q17) | Yes |
| Year law passed (Q18) | 1990–2000 |
| This law applies to (Q19) | |
| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | 1990–2000 |
| Government agency to respond to CM (Q31) | Yes |
| Elements in laws/policies (Q34) | |
| - Extent they are enforced (Q35) | |
| - Adequacy of government resources (Q36) | |
| Mandated reporting of suspected CM for specific groups of professionals or individuals | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Provisions for removing child from parents/caretakers to ensure child’s safety | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Provisions for removing alleged perpetrator from the home | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Criminal penalties for abusing a child | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Requirement that all victims receive a service or intervention | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Requirement that all perpetrators receive a service or intervention | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Requires development of prevention services | N/A |
| Enforcement: | N/A |
| Support: | N/A |
| Requires a separate attorney or advocate to represent the child's interest | N/A |
| Enforcement: | N/A |
| Support: | N/A |
Penalties for professionals who fail to report CM
Enforcement: N/A
Support: N/A

Provide a specific budget for preventing CM
Enforcement: N/A
Support: N/A

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
• Exposure to intimate partner violence (IPV)
Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16) Roma children

Services
Extent of UN CRC improved policies and programs concerning CM (Q56) Significantly
Major development to address CM (Q59)
• Significant changes in the national policies addressing CM
• Media involvement increased, raising public awareness
• More NGOs dealing with CM and providing counseling to families and experts

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 (Q40) Greatly
Commercial sex work (or prostitution) is legal (Q45) No
Age at which it’s legal to be a sex worker (Q46) At no age
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM
NGO Brave Phone
Đorđićeva 26
Zagreb, Croatia
info@hrabritelefon.hr
www.hrabritefon.hr
Brave Phone for children (helpline), Brave Phone for moms and dads, E-counseling workshops for children.
Ombudsman for Children
Section 2: Country profiles

Ecuador

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) Before 1990
This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Change in number of cases over past 4 years (Q14)
- Physical abuse Don’t know
- Sexual abuse Don’t know
- Neglect Don’t know
- Emotional maltreatment Don’t know
- Exposure to IPV Don’t know

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16) Migrants, refugees, immigrants
El Salvador

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child's behavior)
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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
- Slavery
- Internet solicitation for sex

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17)
- Yes

Year law passed (Q18)
- After 2005

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect

National laws/policies regarding CM (Q32)
- Yes

Laws/policies first established (Q33)
- After 2000

Government agency to respond to CM (Q31)
- Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

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: Inconsistent
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 to represent the child’s interest

Enforcement: Inconsistent
Support: Very inadequate

Penalties for professionals who fail to report CM

Enforcement: Inconsistent
Support: Very inadequate
## Official Documentation of CM

### Government maintains count of suspected CM (Q11)
- Yes

### Duration system in place (Q12)
- More than 10 years

### Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect

### Change in number of cases over past 4 years (Q14)
- Physical abuse: Increase
- Sexual abuse: Increase
- Neglect: Increase
- Emotional maltreatment: Decrease
- Exposure to IPV: Don’t know

### Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)
- Trafficked children

### Incidence rate of reported CM per 1,000 children per year (Q20)
- Not enough information

## Child Deaths

### Government maintains count of deaths due to CM (Q27)
- No

### Over the past 10 years, the number of deaths due to CM has (Q28)
- Don’t know

### Country has child death review team(s) (Q29)
- Yes

### Team(s) supported by legislation (Q30)
- Yes

## Availability of Services (Q37)

### 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
- Occasionally

### Therapy for those who sexually abuse
- No

### Therapy for sexually abused children
- Occasionally

### Case management services
- No

### Home-based services/family support
- No

### Foster care with official foster parents
- No

### Group homes for maltreated children
- Usually

### Public shelters for maltreated children
- Usually

### Institutional care for maltreated children
- Moderately

### Financial and other material support
- Occasionally

### Hospitalization for mental illness—adults
- Moderately

### Hospitalization for mental illness—children
- Moderately

### Substance abuse treatment—parents
- Usually

### Substance abuse treatment—children
- Occasionally

### 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
- Moderately

### Universal free medical care—children
- Moderately

### Universal free medical care—all citizens
- Moderately

## Involvement of community sectors in supporting CM treatment and prevention (Q38)

### Hospitals/medical centers
- None

### Mental health agencies
- None

### Businesses
- None

### Schools
- None

### Public social services agencies
- Moderate

### Community-based NGOs
- Very involved

### Religious institutions
- Very involved

### Voluntary civic organizations
- None

### Courts/law enforcement
- Very involved

### Universities
- Moderate

### Funding for CM treatment or prevention (Q39)

### Government
- Moderate

### Non-government
- Moderate

## Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

## Extent of UN CRC improved policies and programs concerning CM (Q56)

### Supports
- Somewhat

## Major developments to address CM (Q59)

- LEPINA Law (child protection)
- Reports to the UN about CM
UN representatives came to El Salvador to raise public awareness about violence.

### 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 (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

**CONNA**

Colonia Costa Rica, Avenida Irazú y final Calle Santa Marta N°2
San Salvador, El Salvador

info@conna.gob.sv
http://www.conna.gob.sv/

This agency coordinates the national policy of child protection.

**UNICEF**
Estonia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17)  Yes

Year law passed (Q18)  1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32)  Yes

Laws/policies first established (Q33)  1990–2000

Government agency to respond to CM (Q31)  Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)
    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 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: Inconsistent
    Support: Adequate
    Criminal penalties for abusing a child
    Enforcement: Wide
    Support: Adequate
    Requirement that all victims receive a service or intervention
    Enforcement: Wide
    Support: Somewhat inadequate
    Requires development of prevention services
    Enforcement: Wide
    Support: Somewhat inadequate
Required a separate attorney or advocate to represent the child's interest
Enforcement: Wide
Support: Adequate
Provide a specific budget for preventing CM
Enforcement: Wide
Support: Somewhat inadequate

Official Documentation of CM
Government maintains count of suspected CM (Q11) No

Child Deaths
Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Decreased
Country has child death review team(s) (Q29) Yes
Team(s) supported by legislation (Q30) No

Services
Availability of Services (Q37)
Programs for those who neglect children Usually
Programs for neglected children Usually
Therapy for those who physically abuse children No
Therapy for physically abused children Occasionally
Therapy for those who sexually abuse
Therapy for sexually abused children Usually
Case management services Usually
Home-based services/family support Occasionally
Foster care with official foster parents Usually
Group homes for maltreated children Usually
Public shelters for maltreated children Usually
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 Occasionally
Substance abuse treatment—children Moderately
Centers for parents to share experiences/concerns Usually
Universal home visits for all new parents Usually
Home visits for new, at-risk parents Usually
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 treatment and prevention (Q38)
Hospitals/medical centers Very involved
Mental health agencies Very involved
Businesses Minimal
Schools Very involved
Public social services agencies Very involved
Community-based NGOs Very involved
Religious institutions Minimal
Voluntary civic organizations Very involved
Courts/law enforcement Moderate
Universities Very involved

Funding for CM treatment or prevention (Q39)
Government Moderate
Non-government Major

Strategies used and thought to be effective in preventing CM (Q54)
• 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
• Professional training
• 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
• Lack of trained professionals
• 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 number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Significantly

Major developments to address CM (Q59)
• The position of Children’s Ombudsman was established
• The Children and Families Development Plan for 2012–2020
• New Child Protection Law
### Section 2: Country profiles

#### 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.

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<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>18</td>
</tr>
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<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Most of the time</td>
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<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
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<td>Yes</td>
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</table>

#### Agencies and Organizations for More Information on CM

- **Ministry of Social Affairs**
  - Gonsior29
  - Tallinn, Estonia 15027
  - www.sm.ee
  - Family politics, issues of health and welfare of children and families, coordinator of child protection politics.

- **Ministry of Justice**
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- 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 (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**Laws and Policies regarding CM**

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<td>National laws/policies regarding CM (Q32)</td>
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<tr>
<td>Laws/policies first established (Q33)</td>
<td>1980–1989</td>
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<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
<tr>
<td>Extent they are enforced (Q35)</td>
<td></td>
</tr>
<tr>
<td>Adequacy of government resources (Q36)</td>
<td></td>
</tr>
</tbody>
</table>

**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

**Provisions for removing child from parents/caretakers to ensure child’s safety**

- 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 to represent the child’s interest**

- Enforcement: Wide
- Support: Adequate

**Penalties for professionals who fail to report CM**

- Enforcement: Wide
- Support: Adequate
Section 2: Country profiles

Provide a specific budget for preventing CM

Enforcement: Wide
Support: Adequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
Change in number of cases over past 4 years (Q14)
Physical abuse Don’t know
Sexual abuse Don’t know
Neglect Don’t know
Emotional maltreatment Don’t know
Exposure to IPV Don’t know
Incidence rate of reported CM per 1,000 children per year (Q20) 3.8
% of reported cases involving (Q21)
Physical abuse 31–45%
Sexual abuse 16–30%
Neglect 16–30%
Emotional maltreatment 16–30%
% of substantiated cases, child removed (Q24) 46–60%

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Decreased
Country has child death review team(s) (Q29) Yes
Team(s) supported by legislation (Q30) No

Services

Availability of Services (Q37)
Programs for those who neglect children Moderately
Programs for neglected children Moderately
Therapy for those who physically abuse children Moderately
Therapy for physically abused children Moderately
Therapy for those who sexually abuse Moderately
Therapy for sexually abused children Moderately

Case management services Usually
Home-based services/family support Usually
Foster care with official foster parents Usually
Group homes for maltreated children Usually
Public shelters for maltreated children Usually
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 Usually
Substance abuse treatment—children Usually
Centers for parents to share experiences/concerns Moderately
Universal home visits for all new parents Usually
Home visits for new, at-risk parents Usually
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 treatment and prevention (Q38)
Hospitals/medical centers Very involved
Mental health agencies Very involved
Businesses None
Schools Very involved
Public social services agencies Very involved
Community-based NGOs Very involved
Religious institutions Moderate
Voluntary civic organizations Moderate
Courts/law enforcement Very involved
Universities Minimal

Funding for CM treatment or prevention (Q39)
Government Major
Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
• Home-based services for at-risk parents
• Media campaigns
• Risk assessment
• Increasing individual responsibility for child protection
• 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

Major barriers to preventing CM (Q55)
Lack of trained professionals
Public resistance to prevention efforts
Extreme poverty
Support for the use of corporal punishment

Extent of UN CRC improved policies and programs concerning CM (Q56) Significantly

Major developments to address CM (Q59)
The setting up of a detailed and longitudinal observation system regarding children in the care system at local and national levels. The 2011 decree has created local observatories of child protection (ODPE) and provided for the collection of longitudinal data (130 variables). The national observatory ONED is in charge of implementing the network of ODPEs and centralizing the data. A consensus-building process has led to the stabilization of this system.
The last national campaign raising awareness on CAN occurred in 1997. Following an evaluation in 2007, the necessity for more campaigns has been identified and has become a concern of public authorities. In 2012, a charter on the protection of children in the media has been signed by the Ministry for Family and a number of actors of the field to raise awareness in the media on child protection issues and to ensure that the media broadcasts information on resources against CM. A very active campaign to make CM the issue of 2014 has received favorable attention from the Ministry. A reform of adoption and abandonment legislation is being studied.

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 (Q40) Greatly
Extent of programs combating CSE (Q41) Somewhat
Extent that agencies collaborate to stop CSE (Q42) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43) Not really

Country keeps official data on CSE (Q44) No
Commercial sex work (or prostitution) is legal (Q45) Yes
Age at which it’s legal to be a sex worker (Q46) 18
Commercial sex work is authorized, but trafficking and solicitation are not
Extent to which victims of CSE receive mental health care (Q47) Sometimes
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Most of the time
Extent to which children who are exploited sexually are arrested (Q51) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52) Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM
Observatoire national de l’enfance en danger (ONED)
BP 30302
Paris, France 75823
contact@oned.gouv.fr
www.oned.gouv.fr

ONED is the national observatory for children in danger. It offers a number of resources that are directly linked to its missions: statistical data and knowledge regarding the processes of child endangerment and child protection, as studied by research and surveys, elements regarding best practices in the field of child protection, and a yearly report on child protection to Government and Parliament.

Convention nationale des associations de protection de l’enfant (CNAPE)
Section 2: Country profiles

Georgia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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 (IPV)

Social conditions and behaviors (Q9)
- 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 (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Sporting organization

Laws and Policies regarding CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
<tr>
<td>- Extent they are enforced (Q35)</td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q36)</td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for voluntary reporting of suspected CM by professionals or individuals</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</td>
</tr>
<tr>
<td>Provisions for removing child from parents/caretakers to ensure child’s safety</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Provisions for removing alleged perpetrator from the home</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Criminal penalties for abusing a child</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
</tr>
<tr>
<td>Support:</td>
<td>Somewhat inadequate</td>
</tr>
<tr>
<td>Requirement that all victims receive a service or intervention</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Never or almost never</td>
</tr>
<tr>
<td>Support:</td>
<td>Very inadequate</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 (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>Less than 5 years</td>
</tr>
</tbody>
</table>
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

Change in number of cases over past 4 years (Q14)
<table>
<thead>
<tr>
<th>Category</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Decrease</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Decrease</td>
</tr>
</tbody>
</table>

Change in number of cases over past 4 years (Q14)

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)
- Roma children

% of reported cases involving (Q21)
<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>16–30%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>0–15%</td>
</tr>
<tr>
<td>Street children</td>
<td>16–30%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>61–75%</td>
</tr>
</tbody>
</table>

% of reported cases investigated (Q22)
- 31–45%

% of investigated cases substantiated (Q23)
- 16–30%

% of substantiated cases, child removed (Q24)
- 16–30%

Of all CM reports, % perpetrator removed from home (Q25)
- 46–60%

Of all CM reports, % alleged perpetrator prosecuted (Q26)
- 46–60%

Child Deaths
- Government maintains count of deaths due to CM (Q27) Yes
- Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
- Country has child death review team(s) (Q29) Yes
- Team(s) supported by legislation (Q30) Yes

Services
Availability of Services (Q37)
<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>No</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—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>Home visits for new, at-risk parents</td>
<td>No</td>
</tr>
<tr>
<td>Free child care</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal health screening—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal free medical care—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal free medical care—all citizens</td>
<td>Occasionally</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers Minimal
- Mental health agencies Minimal
- Businesses None
- Schools Minimal
- Public social services agencies Very involved
- Community-based NGOs Moderate
- Religious institutions Don’t know
- Voluntary civic organizations Minimal
- Courts/law enforcement Moderate
- Universities Minimal

Funding for CM treatment or prevention (Q39)
- Government Moderate
- Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Improving or increasing local services
- Professional training
- University programs for students
- Advocacy for children’s rights
• Improving families’ basic living conditions

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
• 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 number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Slightly

Major developments to address CM (Q59)
• Development of the child protection referral procedure
• Development of the Child Protection and Welfare Country Action Plan
• Significant involvement of the media

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 (Q42) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43) Greatly
Country keeps official data on CSE (Q44) Yes
Commercial sex work (or prostitution) is legal (Q45) No
Extent to which victims of CSE receive mental health care (Q47) Sometimes
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Most of the time
Extent to which children who are exploited sexually are arrested (Q51) Don’t know
Arrests in the past year for engaging in sex trafficking of children (Q52) Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM

UNICEF Georgia
Georgia State Social Agency
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- 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 (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**Law mandating suspected CM be reported (Q17)**
- No

**National laws/policies regarding CM (Q32)**
- Yes

**Laws/policies first established (Q33)**
- Before 1980

**Government agency to respond to CM (Q31)**
- Yes

**Elements in laws/policies (Q34)**
- Extent they are enforced (Q35)
  - Don’t know

- Adequacy of government resources (Q36)
  - N/A

**Provisions for voluntary reporting of suspected CM by professionals or individuals**
- Enforcement: Don’t know
- Support: N/A

**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: Inconsistent
- Support: Adequate

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

**Official Documentation of CM**

**Government maintains count of suspected CM (Q11)**
- No

**Incidence rate of reported CM per 1,000 children per year (Q20)**
- No data

**Child Deaths**

**Government maintains count of deaths due to CM (Q27)**
- No

**Over the past 10 years, the number of deaths due to CM has (Q28)**
- Don’t know

**Country has child death review team(s) (Q29)**
- No

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Usually</th>
<th>Moderately</th>
<th>Occasionally</th>
<th>Adequately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasional</td>
<td>Adequately</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasional</td>
<td>Adequately</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Adequately</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Adequately</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Adequately</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Adequately</td>
</tr>
<tr>
<td>Case management services</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Adequately</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Usually</td>
<td>Usually</td>
<td>Occasionally</td>
<td>Adequately</td>
</tr>
</tbody>
</table>
Section 2: Country profiles

Foster care with official foster parents Usually
Group homes for maltreated children Usually
Public shelters for maltreated children Usually
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 Moderately
Substance abuse treatment—children Moderately
Centers for parents to share experiences/concerns Usually
Universal home visits for all new parents Occasionally
Home visits for new, at-risk parents Occasionally
Free child care Occasionally
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 treatment and prevention (Q38)

- Hospitals/medical centers Moderate
- Mental health agencies Moderate
- Businesses None
- Schools Minimal
- Public social services agencies Very involved
- Community-based NGOs Very involved
- Religious institutions Minimal
- Voluntary civic organizations Moderate
- Courts/law enforcement Moderate
- Universities Minimal

Funding for CM treatment or prevention (Q39)

- Government Major
- Non-government Moderate

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

- Risk assessment
- Prosecution of offenders
- Improving or increasing local services
- Professional training
- University programs for students

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Extreme poverty
- Decline in informal support for parents

Extent of UN CRC improved policies and programs concerning CM (Q56) Slightly

Major developments to address CM (Q59)

- An expert panel (Round Table) consulting the three Federal Ministries of Justice, Family/Social/Youth Affairs, and Education/Research to improve policies regarding prevention of and intervention in child sexual abuse. The round table increased awareness for CM among policymakers and in the media
- Improvement of the laws regarding procedures to respond to child endangerment, especially the “Child Protection Act” enabling healthcare professionals to consult with child welfare services/child protection experts and to report cases if necessary without violating confidentiality
- The Federal Ministry of Education and Research dedicated funds for a comprehensive research program on CM. This was one of the recommendations of the Round 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 (Q40) Somewhat
Extent of programs combating CSE (Q41) Not really
Extent that agencies collaborate to stop CSE (Q42) Don’t know
Extent of policies for reporting CSE to public agency or NGO (Q43) Not really
Country keeps official data on CSE (Q44) No
Commercial sex work (or prostitution) is legal (Q45) Yes
Age at which it’s legal to be a sex worker (Q46) 18
Extent to which victims of CSE receive mental health care (Q47) Don’t know
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Sometimes
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Sometimes
Extent to which children who are exploited sexually are arrested (Q51) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52) Don’t know
Arrests in the past year for possession or production of child pornography (Q53) Don’t know
Ghana

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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 labor—under age 12
- Slavery
- Internet solicitation for sex
- Child marriage

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

Enforcement: Inconsistent
Support: Very inadequate

Provisions for voluntary reporting of suspected CM by professionals or individuals

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: Inconsistent
Support: Very inadequate

Requirement that all victims receive a service or intervention

Enforcement: Never or almost ever
Support: Very inadequate

Requirement that all perpetrators receive a service or intervention

Enforcement: Inconsistent
Support: Very inadequate

Requires a separate attorney or advocate to represent the child’s interest

Enforcement: Never or almost ever
Support: Very inadequate
### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>No</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1,000 children per year (Q20)</td>
<td>10</td>
</tr>
<tr>
<td>% of reported cases involving (Q21)</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>31–45%</td>
</tr>
<tr>
<td>Emotional 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>% of reported cases investigated (Q22)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of substantiated cases (%)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</td>
<td>0–15%</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 (Q27)</td>
<td>No</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Services

#### Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>No</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Occasionally</td>
</tr>
</tbody>
</table>

#### Substance abuse treatment—parents                                    | Occasionally |
#### Substance abuse treatment—children                                   | Occasionally |
#### 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                                 | Occasionally |
#### Universal free medical care—all citizens                              | No           |

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</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>Minimal</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderate</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>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>

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

- Media campaigns
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Advocacy for children’s rights
- Improving families’ basic living conditions

#### 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
- 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
- Inadequate health or social services

### Extent of UN CRC improved policies and programs concerning CM (Q56)

<table>
<thead>
<tr>
<th>Extent</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant</td>
<td></td>
</tr>
</tbody>
</table>
Major development to address CM (Q59)
- A National Policy on Children is being developed involving various stakeholders
- The expansion of the Domestic Violence and Victim Support Units of the Ghana Police and the wide public recognition of its role in combatting child abuse
- Wide support for a National Child Helpline and the development of protection/prevention services along a continuum

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 (Q40)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age, but mostly ignored</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
</tbody>
</table>

Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Rarely
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Rarely
Extent to which children who are exploited sexually are arrested (Q51) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52) Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM
PLAN Ghana
Yiyiwa Road
Accra, Greater Accra, Ghana
plan.org
Prevention-Protection programs, child services
Ghana NGO Coalition on the Rights of the Child
**Greece**

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- School or educational training center
- Psychiatric institution
- Detention facility

**Laws and Policies regarding CM**

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q17)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law passed (Q18)</td>
<td>After 2005</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>This law applies to (Q19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Physical abuse</td>
</tr>
<tr>
<td>• Sexual abuse</td>
</tr>
<tr>
<td>• Neglect</td>
</tr>
<tr>
<td>• Emotional maltreatment</td>
</tr>
<tr>
<td>• Exposure to IPV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National laws/policies regarding CM (Q32)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q11)</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Incidence rate of reported CM per 1,000 children per year (Q20)</th>
<th>Unknown; No registry</th>
</tr>
</thead>
</table>

**Child Deaths**

<table>
<thead>
<tr>
<th>Government maintains count of deaths due to CM (Q27)</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Over the past 10 years, the number of deaths due to CM has (Q28)</th>
<th>Don't know</th>
</tr>
</thead>
</table>

| Country has child death review team(s) (Q29) | No |

**Services**

<table>
<thead>
<tr>
<th>Availability of Services (Q37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
</tr>
<tr>
<td>Programs for neglected children</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
</tr>
<tr>
<td>Case management services</td>
</tr>
<tr>
<td>Home-based services/family support</td>
</tr>
<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>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
</tr>
<tr>
<td>Financial and other material support</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
</tr>
<tr>
<td>Substance abuse treatment—children</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
</tr>
<tr>
<td>Free child care</td>
</tr>
<tr>
<td>Universal health screening—children</td>
</tr>
<tr>
<td>Universal free medical care—children</td>
</tr>
<tr>
<td>Universal free medical care—all citizens</td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM treatment and prevention (Q38)</td>
</tr>
<tr>
<td>Hospitals/medical centers</td>
</tr>
<tr>
<td>Mental health agencies</td>
</tr>
</tbody>
</table>
World Perspectives on Child Abuse: Eleventh edition

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 (Q40)  
Greatly

Extent of programs combating CSE (Q41)  
Not really

Extent that agencies collaborate to stop CSE (Q42)  
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43)  
Not really

Country keeps official data on CSE (Q44)  
No

Commercial sex work (or prostitution) is legal (Q45)  
Yes

Age at which it’s legal to be a sex worker (Q46)  
18

Extent to which victims of CSE receive mental health care (Q47)  
Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)  
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)  
Rarely

Extent to which children who are exploited sexually are arrested (Q51)  
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q52)  
No

Arrests in the past year for possession or production of child pornography (Q53)  
Yes

Child Sexual Exploitation (CSE)

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

- Media campaigns
- Risk assessment
- Prosecution of offenders
- Improving or increasing local services
- Universal health care and preventive medical care
- 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
- Lack of trained professionals
- Extreme poverty
- Decline in informal support for parents
- Country’s dependency on foreign investment for its economy
- Inadequate health or social services
- Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56)  
Somewhat

Major developments to address CM (Q59)

- Implementation of the most extensive CAN-related field research (BECAN project) with published results on the magnitude of the problem in Greece
- Addressing the biggest case ever of pedophilia in Greece, which was disclosed in December 2011, by a comprehensive program to support children and families in the local community—to serve as a model intervention for related issues
- The initiation (but not yet implementation) of a project for developing a national protocol for referring and investigating CAN allegations and a national CAN registry

Agencies and Organizations for More Information on CM

Ombudsman for the Child

5 Ch. Mexi Street

Athens, Greece 11528

cr@synigoros.gr

http://www.0-18.gr/contact-info

National Center for Social Solidarity
Section 2: Country profiles

**Haiti**

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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) abuse (e.g., repeated belittling or insulting of a child)
- Parental substance abuse affecting the child

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Abuse by another child
- Child labor—under age 12

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- School or educational training center
- Detention facility
- Religious institution

**Laws and Policies regarding CM**

| Law mandating suspected CM be reported (Q17) | Yes |
| Year law passed (Q18) | 2001–2005 |
| This law applies to (Q19) | Sexual abuse, Exposure to IPV |
| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | After 2000 |
| Government agency to respond to CM (Q31) | Yes |
| Elements in laws/policies (Q34) | |
| - Extent they are enforced (Q35) | |
| - Adequacy of government resources (Q36) | |
| 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: Don’t know
- Support: Very inadequate

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

**Requirement that all victims receive a service or intervention**
- Enforcement: Inconsistent
- Support: Very inadequate

**Requires development of prevention services**
- Enforcement: Inconsistent
- Support: Very inadequate

**Official Documentation of CM**

| Government maintains count of suspected CM (Q11) | Yes |
| Duration system in place (Q12) | Less than 5 years |
| Official labels for types of CM (Q13) | Sexual abuse, Exposure to IPV |
| Change in number of cases over past 4 years (Q14) | |
| Physical abuse | Don’t know |
| Sexual abuse | Decrease |
| Neglect | Don’t know |
| Emotional maltreatment | Don’t know |
| Exposure to IPV | Decrease |

**Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)**
- Street children and domestic workers

**Incidence rate of reported CM per 1,000 children per year (Q20)**
- Approximately 20

**% of reported cases involving (Q21)**
- Physical abuse 0–15%
- Sexual abuse 16–30%
- Neglect 0–15%
- Emotional maltreatment 0–15%
- Street children 0–15%
- Abandoned children 0–15%

**% of reported cases investigated (Q22)**
- 31–45%

**% of investigated cases substantiated (Q23)**
- 76–90%
% of substantiated cases, child removed (Q24) 0–15%
Of all CM reports, % perpetrator removed from home (Q25) 46–60%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 0–15%

Child Deaths
Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services
Availability of Services (Q37)
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 Occasionally
Therapy for those who sexually abuse No
Therapy for sexually abused children Moderately
Case management services Occasionally
Home-based services/family support Occasionally
Foster care with official foster parents Occasionally
Group homes for maltreated children No
Public shelters for maltreated children Occasionally
Institutional care for maltreated children No
Financial and other material support Occasionally
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents No
Substance abuse treatment—children Occasionally
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 No
Universal free medical care—all citizens No

Involvement of community sectors in supporting CM treatment and prevention (Q38)
Hospitals/medical centers Moderate
Mental health agencies Minimal
Businesses None
Schools Minimal

Public social services agencies Minimal
Community-based NGOs Moderate
Religious institutions Minimal
Voluntary civic organizations Moderate
Courts/law enforcement Moderate
Universities None

Funding for CM treatment or prevention (Q39)
Government Moderate
Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
• Media campaigns
• Increasing individual responsibility for child protection
• Prosecution of 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 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 number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major developments to address CM (Q59)
• Validation by the Social Affairs Ministry of a National Child Protection Plan
• Ratification of the Convention of Palerme and others related to child adoption, child trafficking and laws on child and woman abuse
• Assessment of Child Centers to regulate their work and guarantee child protection against abuse and neglect by the Social Institute of Well-Being, within the Social Affairs Ministry

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 (Q40) Somewhat
Extent of programs combating CSE (Q41) Somewhat
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>No</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>Any age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

**Agencies and Organizations for More Information on CM**

- **World Vision Haiti**
  - Juvenat, Haiti 509 Ouest
  - camille_gallie@wvi.org
  - Child protection, reports against violence and other relevant information.

- **UNICEF Haiti**
Hong Kong

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

| Law mandating suspected CM be reported (Q17) | No |
| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | 1980–1989 |
| Government agency to respond to CM (Q31) | No |
| Elements in laws/policies (Q34) | Yes |
| -Extent they are enforced (Q35) | |
| -Adequacy of government resources (Q36) | |

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

Provisions for removing child from parents/caretakers to ensure child’s safety
- 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: Somewhat inadequate

Official Documentation of CM

| Official labels for types of CM (Q13) | |
| Physical abuse | |
| Sexual abuse | |
| Neglect | |
| Emotional maltreatment | |

Change in number of cases over past 4 years (Q14)
- Physical abuse: None
- Sexual abuse: None
- Neglect: None
- Emotional maltreatment: None

% of reported cases involving (Q21)
- Physical abuse: 46–60%
- Sexual abuse: 31–45%
- Neglect: 0–15%
- Emotional maltreatment: 0–15%

Child Deaths

| Government maintains count of deaths due to CM (Q27) | Yes |
| Over the past 10 years, the number of deaths due to CM has (Q28) | |
| Remained about the same | |
| Country has child death review team(s) (Q29) | Yes |
| Team(s) supported by legislation (Q30) | No |
## Services

### Availability of Services (Q37)

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

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Government</th>
<th>Non-government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Very involved</td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Businesses</td>
<td>Minimal</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Very involved</td>
<td></td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</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>Moderate</td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td>Moderate</td>
<td></td>
</tr>
</tbody>
</table>

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

- Home-based services for at-risk parents
- 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
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

### 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
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty Moderately Important
- 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

### Extent of UN CRC improved policies and programs concerning CM (Q56)

- Establishment of the Sex Offender Conviction Record Check mechanism in December 2011; however, it is just an administrative measure, not mandatory
- The standing Child Fatality Review Panel began its services in June 2011. The Panel is a non-statutory body

### 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 (Q40)</th>
<th>Somewhat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Not really</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>No</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
</tbody>
</table>
Hungary

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) 1990–2000
This law applies to (Q19)
- Physical abuse
- Sexual abuse

- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) 1990–2000
Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)
  
  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: Never or almost never
  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

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

  Requires a separate attorney or advocate to represent the child’s interest
  Enforcement: Inconsistent
  Support: Somewhat inadequate

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

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) Don’t know
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Change in Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>None</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

% of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>16–30%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

Child Deaths

Government maintains count of deaths due to CM (Q27)
- No

Over the past 10 years, the number of deaths due to CM has (Q28)
- Remained about the same

Country has child death review team(s) (Q29)
- No

Services

Availability of Services (Q37)
- 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: Occasionally
- Therapy for those who sexually abuse: No
- Therapy for sexually abused children: Occasionally
- Case management services: Occasionally
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Occasionally
- Group homes for maltreated children: Moderately
- Public shelters for maltreated children: Moderately
- Institutional care for maltreated children: Moderately
- Financial and other material support: Occasionally
- Hospitalization for mental illness—adults: Occasionally
- Hospitalization for mental illness—children: No

Substance abuse treatment—parents: Moderately
Substance abuse treatment—children: Occasionally
Centers for parents to share experiences/concerns: Occasionally
Universal home visits for all new parents: Usually
Home visits for new, at-risk parents: No
Free child care: Moderately
Universal health screening—children: Moderately
Universal free medical care—children: Moderately
Universal free medical care—all citizens: Moderately

Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers: Moderate
- Mental health agencies: Moderate
- Businesses: Minimal
- Schools: Moderate
- Public social services agencies: Moderate
- Community-based NGOs: Moderate
- Religious institutions: Moderate
- Voluntary civic organizations: Minimal
- Courts/law enforcement: Minimal
- Universities: None

Funding for CM treatment or prevention (Q39)
- Government: Major
- Non-government: Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Universal home visitation for new parents

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
- 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

Extent of UN CRC improved policies and programs concerning CM (Q56)
- Significantly
Section 2: Country profiles

Major developments to address CM (Q59)
• Changes in the legislation: implementation of child friendly justice
• Involvement of media
• Development of the nursery system

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 (Q40)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>18</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM
Central Statistical Office
http://www.ksh.hu/?lang=en
OGYEJ
Iceland

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) Before 1980

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)

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: 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: Wide
Support: Adequate

Provisions for removing alleged perpetrator from the home

Enforcement: Inconsistent
Support: Somewhat inadequate

Criminal penalties for abusing a child

Enforcement: Somewhat inadequate
Support: Somewhat inadequate
Section 2: Country profiles

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 to represent the child’s interest
Enforcement: Wide
Support: Adequate

Penalties for professionals who fail to report CM
Enforcement: Never or almost never
Support: Very inadequate

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
• Exposure to intimate partner violence (IPV)

Change in number of cases over past 4 years (Q14)
Physical abuse No Change
Sexual abuse No Change
Neglect Decrease
Emotional maltreatment Decrease
Exposure to IPV Increase

Incidence rate of reported CM per 1,000 children per year (Q20) 59

% of reported cases involving (Q21)
Physical abuse 0–15%
Sexual abuse 0–15%
Neglect 31–45%
Emotional maltreatment 0–15%
Street children 0–15%
Abandoned children 0–15%

% of reported cases investigated (Q22) 61–75%
% of investigated cases substantiated (Q23) 46–60%
% of substantiated cases, child removed (Q24) 0–15%

Of all CM reports, % perpetrator removed from home (Q25) 0–15%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 0–15%

Child Deaths
Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services
Availability of Services (Q37)
Programs for those who neglect children Moderately
Programs for neglected children Moderately
Therapy for those who physically abuse children Moderately
Therapy for physically abused children Moderately
Therapy for those who sexually abuse Moderately
Therapy for sexually abused children Usually
Case management services Moderately
Home-based services/family support Moderately
Foster care with official foster parents Usually
Group homes for maltreated children No
Public shelters for maltreated children No
Institutional care for maltreated children Occasionally
Financial and other material support Usually
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 Moderately
Universal home visits for all new parents Usually
Home visits for new, at-risk parents Occasionally
Free child care Occasionally
Universal health screening—children Usually
Universal free medical care—children Usually
Universal free medical care—all citizens Moderately

Involvement of community sectors in supporting CM treatment and prevention (Q38)
Hospitals/medical centers Moderate
Mental health agencies Moderate
Businesses None
Schools Very involved
Public social services agencies: Very involved
Community-based NGOs: Moderate
Religious institutions: Minimal
Voluntary civic organizations: Very involved
Courts/law enforcement: Very involved
Universities: Moderate

Funding for CM treatment or prevention (Q39)
Government: Major
Non-government: Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services for at-risk parents
- Media campaigns
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Universal home visitation for new parents
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

Major barriers to preventing CM (Q55)
Limited resources for improving the government’s response to CM

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major developments to address CM (Q59)
- Implementing Parent Management Training (PMTO)
- Implementing Multi-systemic Therapy (MST)
- Awareness raising and new programmes for children who experience domestic violence

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 (Q40) Greatly
Extent of programs combating CSE (Q41) Greatly
Extent that agencies collaborate to stop CSE (Q42) Greatly

Extent of policies for reporting CSE to public agency or NGO (Q43) Greatly
Country keeps official data on CSE (Q44) Yes
Commercial sex work (or prostitution) is legal (Q45) No
Age at which it’s legal to be a sex worker (Q46) At no age
Extent to which victims of CSE receive mental health care (Q47) Most of the time
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Most of the time
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Most of the time
Extent to which children who are exploited sexually are arrested (Q51) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52) No
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM

The Government Agency for Child Protection
Borgartún 21
Reykjavík, Iceland 105
bvs@bvs.is
www.bvs.is

The primary role is to coordinate and strengthen child protection work. By law it is required to 1. Offer instruction and counsel to Child Protection Committees at the local level with regard to family welfare and the management of child protection cases; 2. Monitor the work of Child Protection Committees, through the review of annual reports; 3. Supervise and monitor institutions and homes operated or supported by the government for children and youth; 4. Assist Child Protection Committees in finding suitable foster parents; 5. Support research and development in the area of child protection; 6. Provide education and instruction concerning child protection.

The Government Agency for Child Protection is also responsible for the operation of specialized services in child protection. There are two principal services in operation: a center for investigation of child sexual abuse cases and treatment facilities for children and youth.

Directorate of Health
India

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
• 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
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Parental substance abuse affecting the child
• Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
• 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

Abuse or neglect of a child within (Q10)
• Foster care, group home or orphanage
• Daycare center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization

Legal and Policy Enforcements

Law mandating suspected CM be reported (Q17)
Year law passed (Q18) Before 1990
This law applies to (Q19)
• Physical abuse
• Sexual abuse

National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) After 2000
Government agency to respond to CM (Q31) Yes
Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)
  Mandated reporting of suspected CM for specific groups of professionals or individuals
  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: Somewhat inadequate
  Requirement that the child(ren)’s and family’s needs be assessed—Yes
  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: Inconsistent
  Support: Very inadequate
  Requirement that all victims receive a service or intervention
  Enforcement: Never or almost never
  Support: Very inadequate
  Requires development of prevention services
  Enforcement: Inconsistent
  Support: Somewhat inadequate
  Requires a separate attorney or advocate to represent the child’s interest
  Enforcement: Inconsistent
  Support: Very inadequate
Penalties for professionals who fail to report CM

| Enforcement | Inconsistent |
| Support     | Very inadequate |

Provide a specific budget for preventing CM

| Enforcement | Inconsistent |
| Support     | Somewhat inadequate |

Official Documentation of CM

- Government maintains count of suspected CM (Q11): No
- Incidence rate of reported CM per 1,000 children per year (Q20): Poor documentation

% of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>31–45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>46–60%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>31–45%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

% of reported cases investigated (Q22): 16–30%

% of investigated cases substantiated (Q23): 16–30%

% of substantiated cases, child removed (Q24): 0–15%

Of all CM reports, % perpetrator removed from home (Q25): 0–15%

Of all CM reports, % alleged perpetrator prosecuted (Q26): 0–15%

Child Deaths

- Government maintains count of deaths due to CM (Q27): No
- Over the past 10 years, the number of deaths due to CM has (Q28): Don’t know
- Country has child death review team(s) (Q29): No

Services

<table>
<thead>
<tr>
<th>Availability of Services (Q37)</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasionally</td>
</tr>
</tbody>
</table>

Group homes for maltreated children: Occasionally
Public shelters for maltreated children: Occasionally
Institutional care for maltreated children: Occasionally
Financial and other material support: Occasionally
Hospitalization for mental illness—adults: Occasionally
Hospitalization for mental illness—children: Occasionally
Substance abuse treatment—parents: Moderately
Substance abuse treatment—children: Moderately
Centers for parents to share experiences/concerns: Occasionally
Universal home visits for all new parents: No
Home visits for new, at-risk parents: No
Free child care: Occasionally
Universal health screening—children: Moderately
Universal free medical care—children: Moderately
Universal free medical care—all citizens: Moderately
Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers: Moderate
- Mental health agencies: Minimal
- Businesses: None
- Schools: Moderate
- Public social services agencies: Moderate
- Community-based NGOs: Moderate
- Religious institutions: Minimal
- Voluntary civic organizations: Moderate
- Courts/law enforcement: Moderate
- Universities: Moderate

Funding for CM treatment or prevention (Q39)

- Government: Moderate
- Non-government: Moderate

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
- 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 number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56)  Somewhat

Major developments to address CM (Q59)
• Adaptation of a new law, The Right of Children to Free and Compulsory Education Act, 2009
• Adaptation of a new policy called the Integrated Child Protection Scheme (ICPS) by the Ministry of Women and Child Development, Government of India for addressing the needs of children. It is a centrally sponsored scheme aimed at building a protective environment for children in difficult circumstances, as well as other vulnerable children, through government–civil society partnership
• Significant role of media in highlighting the incidence of child sexual and physical abuse 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 (Q40)  Greatly
Extent of programs combating CSE (Q41)  Somewhat
Extent that agencies collaborate to stop CSE (Q42)  Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43)  Not really
Country keeps official data on CSE (Q44)  Don’t really
Commercial sex work (or prostitution) is legal (Q45)  No
Age at which it’s legal to be a sex worker (Q46)  No specific law
Extent to which victims of CSE receive mental health care (Q47)  Rarely
Extent to which citizens who engage in CSE within the country are prosecuted (Q48)  Sometimes
Extent to which citizens who engage in CSE abroad are prosecuted (Q49)  Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)  Sometimes
Extent to which children who are exploited sexually are arrested (Q51)  Sometimes
Arrests in the past year for engaging in sex trafficking of children (Q52)  Don’t know
Arrests in the past year for possession or production of child pornography (Q53)  Yes

Agencies and Organizations for More Information on CM
The Ministry of Women and Child Development, Government of India
Jeevandeep Building, Mezzanine Floor, Room No.3, Sansad Marg
New Delhi, Delhi, India 110 001
min_wcd@nic.in/sec.wcd@nic.in
www.wcd.inc.in

Develops policies and programs for mother and child welfare. Operates mother and child related intervention programs like Integrated Child Development Scheme, empowerment of women and protection from domestic violence. Funds research projects, seminars and conferences.

The National Commission for Protection of Child Rights
Ireland

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**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 (Q17)</td>
<td>No</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>1980–1989</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Elements in laws/policies (Q34)**
- Extent they are enforced (Q35)
  - 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: Wide
    - Support: Very inadequate
  - Provisions for removing child from parents/caretakers to ensure child's safety
    - Enforcement: Wide
    - Support: Very inadequate
  - Provisions for removing alleged perpetrator from the home
    - Enforcement: Inconsistent
    - Support: Don't know
  - Criminal penalties for abusing a child
    - Enforcement: Inconsistent
    - Support: Very inadequate
  - Requires development of prevention services
    - Enforcement: Wide
    - Support: Very inadequate
  - Requires a separate attorney or advocate to represent the child's interest
    - Enforcement: Inconsistent
    - Support: Don't know

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>More than 10 years</td>
</tr>
</tbody>
</table>

**Official labels for types of CM (Q13)**
- Physical abuse
- Sexual abuse
Section 2: Country profiles

• Neglect
• Emotional maltreatment

Change in number of cases over past 4 years (Q14)
- Physical abuse: Increase
- Sexual abuse: Increase
- Neglect: Increase
- Emotional maltreatment: Increase
- Exposure to IPV: Don’t know

Incidence rate of reported CM per 1,000 children per year (Q20)
13.77

% of reported cases involving (Q21)
- Physical abuse: 0–15%
- Sexual abuse: 0–15%
- Neglect: 16–30%
- Emotional maltreatment: 16–30%

Child Deaths
- Government maintains count of deaths due to CM (Q27): Yes
- Over the past 10 years, the number of deaths due to CM has (Q28): Don’t know
- Country has child death review team(s) (Q29): Yes
- Team(s) supported by legislation (Q30): Yes

Services

Availability of Services (Q37)
- 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: Occasionally
- Therapy for sexually abused children: Usually
- Case management services: Occasionally
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Moderately
- Group homes for maltreated children: Usually
- Public shelters for maltreated children: Usually
- Institutional care for maltreated children: Occasionally
- Financial and other material support: Usually
- Hospitalization for mental illness—adults: Usually
- Hospitalization for mental illness—children: Moderately
- Substance abuse treatment—parents: Usually
- Substance abuse treatment—children: Moderately
- Centers for parents to share experiences/concerns: Occasionally
- Universal home visits for all new parents: Usually
- Home visits for new, at-risk parents: Usually
- Free child care: No
- Universal health screening—children: Usually
- Universal free medical care—children: No
- Universal free medical care—all citizens: No

Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers: Moderate
- Mental health agencies: Moderate
- Businesses: None
- Schools: Moderate
- Public social services agencies: Very involved
- Community-based NGOs: Moderate
- Religious institutions: Moderate
- Voluntary civic organizations: Moderate
- Courts/law enforcement: Minimal
- Universities: None

Funding for CM treatment or prevention (Q39)
- Government: Moderate
- Non-government: Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns
- Risk assessment
- Universal home visitation for new parents
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

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
- 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

**Extent of UN CRC improved policies and programs concerning CM (Q56)** | Slightly
---|---

**Major developments to address CM (Q59)**
- Bill currently being prepared to introduce mandatory reporting for organisations
- Referendum on children’s rights improved children’s rights in limited circumstances
- Media coverage on child sexual 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Agencies and Organizations for More Information on CM**

- Health Service Executive
  - St Steeven’s Hospital
  - Dublin, Ireland D8
  - www.hse.ie
  - Statutory child protection and welfare services, assessment and therapeutic services.
- Children’s University Hospital
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) Before 1990

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) Before 1980

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35) Inconsistent
- Adequacy of government resources (Q36)

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

Enforcement: Inconsistent
Support: Adequate

Provisions for voluntary reporting of suspected CM by professionals or individuals

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: Very inadequate

Penalties for professionals who fail to report CM

Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes

Duration system in place (Q12) Less than 5 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect

Change in number of cases over past 4 years (Q14)
- Physical abuse: Increase
### World Perspectives on Child Abuse: Eleventh edition

#### Incidence rate of reported CM per 1,000 children per year (Q20)
- 16.1

#### % of reported cases involving (Q21)
- Physical abuse: 31–45%
- Sexual abuse: 16–30%
- Neglect: 31–45%

#### % of reported cases investigated (Q22)
- 16–30%

#### % of investigated cases substantiated (Q23)
- 0–15%

#### % of substantiated cases, child removed (Q24)
- 0–15%

#### Of all CM reports, % perpetrator removed from home (Q25)
- 0–15%

#### Of all CM reports, % alleged perpetrator prosecuted (Q26)
- 0–15%

### Child Deaths

#### Government maintains count of deaths due to CM (Q27)
- No

#### Over the past 10 years, the number of deaths due to CM has (Q28)
- Don’t know

#### Country has child death review team(s) (Q29)
- No

### Services

#### Availability of Services (Q37)
- Programs for those who neglect children: Occasionally
- Programs for neglected children: Moderately
- Therapy for those who physically abuse children: Occasionally
- Therapy for physically abused children: Occasionally
- Therapy for those who sexually abuse: Moderately
- Therapy for sexually abused children: Occasionally
- Case management services: Moderately
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Moderately
- Group homes for maltreated children: No
- Public shelters for maltreated children: Moderately
- Institutional care for maltreated children: Moderately
- Financial and other material support: Moderately
- Hospitalization for mental illness—adults: Moderately
- Hospitalization for mental illness—children: Moderately
- Substance abuse treatment—parents: Moderately
- Substance abuse treatment—children: Moderately
- 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: Occasionally
- Universal health screening—children: No
- Universal free medical care—children: Usually
- Universal free medical care—all citizens: Usually

#### Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers: Moderate
- Mental health agencies: Minimal
- Businesses: None
- Schools: Minimal
- Public social services agencies: Very involved
- Community-based NGOs: None
- Religious institutions: None
- Voluntary civic organizations: None
- Courts/law enforcement: Very involved
- Universities: Moderate
- Government: Moderate
- Non-government: Moderate

#### Strategies used and thought to be effective in preventing CM (Q54)
- Professional training
- Limited resources for improving the government’s response to
- Lack of specific laws related 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
- Lack of support for children’s rights
- Inadequate health or social services
- Political or religious conflict, instability

#### Extent of UN CRC improved policies and programs concerning CM (Q56)
- Somewhat

#### Major developments to address CM (Q59)
- The activities carried out by Haruv Institute profoundly impact the field of child abuse and neglect in Israel, focusing on developing and disseminating knowledge, and training professionals
- Growing awareness in the media
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>
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<tr>
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</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
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<td>Country keeps official data on CSE (Q44)</td>
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<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it's legal to be a sex worker (Q46)</td>
<td>18</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
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<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
<tr>
<td>Agencies and Organizations for More Information on CM</td>
<td></td>
</tr>
<tr>
<td>Haruv Institute</td>
<td></td>
</tr>
<tr>
<td>The Hebrew University Jerusalem</td>
<td></td>
</tr>
<tr>
<td>Jerusalem, Israel 91905</td>
<td></td>
</tr>
<tr>
<td><a href="http://haruv.org.il">http://haruv.org.il</a></td>
<td></td>
</tr>
<tr>
<td>Research, developing knowledge and its dissemination in the field, training professionals.</td>
<td></td>
</tr>
<tr>
<td>The Israel National Council for the Child</td>
<td></td>
</tr>
</tbody>
</table>
### Italy

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- 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 (IPV)

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

### Laws and Policies regarding CM

| Law mandating suspected CM be reported (Q17) | Yes |
| Year law passed (Q18) | 1990–2000 |
| This law applies to (Q19) |
- Physical abuse
- Sexual abuse
- Neglect

| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | After 2000 |
| Government agency to respond to CM (Q31) | Yes |
| Elements in laws/policies (Q34) |
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

- Law requiring child maltreatment be reported (Q17) Yes

| Year law passed (Q18) | 1990–2000 |
| This law applies to (Q19) |
- Physical abuse
- Sexual abuse
- Neglect

| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | After 2000 |
| Government agency to respond to CM (Q31) | Yes |
| Elements in laws/policies (Q34) |
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)
Section 2: Country profiles

Penalties for professionals who fail to report CM

| Enforcement: | Inconsistent |
| Support: | Very inadequate |

Official Documentation of CM

| Government maintains count of suspected CM (Q11) | Yes |
| Duration system in place (Q12) | More than 10 years |
| Official labels for types of CM (Q13) | Physical abuse, Sexual abuse |

Change in number of cases over past 4 years (Q14)

| Physical abuse | Increase |
| Sexual abuse | Increase |

Incidence rate of reported CM per 1,000 children per year (Q20) 7–14%

| % of reported cases involving (Q21) | Physical abuse 0–15%, Sexual abuse 16–30%, Neglect 46–60%, Emotional maltreatment 0–15% |

% of reported cases investigated (Q22) 61–75%

Child Deaths

| Government maintains count of deaths due to CM (Q27) | No |
| Over the past 10 years, the number of deaths due to CM has (Q28) | Don’t know |
| Country has child death review team(s) (Q29) | No |

Services

Availability of Services (Q37)

| Programs for those who neglect children | Moderately |
| Programs for neglected children | Usually |
| Therapy for those who physically abuse children | Occasionally |
| Therapy for physically abused children | Moderately |
| Therapy for those who sexually abuse | No |
| Therapy for sexually abused children | Occasionally |
| Case management services | Moderately |
| Home-based services/family support | Moderately |
| Foster care with official foster parents | Moderately |
| Group homes for maltreated children | Moderately |
| Public shelters for maltreated children | Moderately |
| Institutional care for maltreated children | Moderately |
| Financial and other material support | Moderately |
| Hospitalization for mental illness—adults | Moderately |
| Hospitalization for mental illness—children | Moderately |
| Substance abuse treatment—parents | Moderately |
| Substance abuse treatment—children | Moderately |
| Centers for parents to share experiences/concerns | Occasionally |
| Universal home visits for all new parents | No |
| Home visits for new, at-risk parents | Occasionally |
| Free child care | No |
| 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 treatment and prevention (Q38)

| Hospitals/medical centers | Moderate |
| Mental health agencies | Minimal |
| Businesses | Minimal |
| Schools | Moderate |
| Public social services agencies | Very involved |
| Community-based NGOs | Very involved |
| Religious institutions | Minimal |
| Voluntary civic organizations | Don’t know |
| Courts/law enforcement | Moderate |
| Universities | Minimal |

Funding for CM treatment or prevention (Q39)

| Government | Major |
| Non-government | Moderate |

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

| Home-based services for at-risk parents |
| Improving or increasing local services |
| Professional training |
| Improving families’ basic living conditions |

Major barriers to preventing CM (Q55)

| Limited resources for improving the government’s response to CM |
| Lack of trained professionals |

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major developments to address CM (Q59)

| The establishment of the National Ombudsman on children’s rights |
| Awareness raising concerning domestic violence and femicide since there is more consciousness about the impact on 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>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
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<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>18</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

**Italian Coordination of Public and Private Service Against Child Abuse (CISMAI)**

Corso Stati Uniti 11 h  
Torino, Italy 10128  
secreteria@cismai.org  
http://www.cismai.org  
Counselling, documentation, training.
Japan

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

• 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
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Parental substance abuse affecting the child
• Parental mental illness affecting the child
• Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)

• 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

Abuse or neglect of a child within (Q10)

• Foster care, group home or orphanage
• Daycare center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization

This law applies to (Q19)

• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
• Exposure to IPV

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

-Extent they are enforced (Q35)

-Adequacy of government resources (Q36)

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 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

Requirement that all perpetrators receive a service or intervention

Enforcement: Never or almost never
Support: Very inadequate

Requires development of prevention services

Enforcement: Inconsistent
Support: Somewhat inadequate
Provide a specific budget for preventing CM
Enforcement: Inconsistent
Support: Somewhat inadequate

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>More than 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q13)</td>
<td>Physical abuse, Sexual abuse, Neglect, Emotional maltreatment, Exposure to intimate partner violence (IPV)</td>
</tr>
<tr>
<td>Change in number of cases over past 4 years (Q14)</td>
<td>Physical abuse: Increase, Sexual abuse: Increase, Neglect: Increase, Emotional maltreatment: Increase, Exposure to IPV: Increase</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1,000 children per year (Q20)</td>
<td>2.6</td>
</tr>
<tr>
<td>% of reported cases involving (Q21)</td>
<td>Physical abuse: 31–45%, Sexual abuse: 0–15%, Neglect: 16–30%, Emotional maltreatment: 16–30%, Street children: 0–15%, Abandoned children: 0–15%</td>
</tr>
<tr>
<td>% of reported cases investigated (Q22)</td>
<td>76–90%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q23)</td>
<td>76–90%</td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

**Team(s) supported by legislation (Q30)**: No

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Occasionally</td>
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<tr>
<td>Substance abuse treatment—parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—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>Moderately</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Free child care</td>
<td>Moderately</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>
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</table>

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
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</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</td>
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<tr>
<td>Mental health agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Businesses</td>
<td>Minimal</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Moderate</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>
Section 2: Country profiles

Funding for CM treatment or prevention (Q39)
Government: Moderate
Non-government: Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services for at-risk parents
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child
- 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

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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Significantly

Major developments to address CM (Q59)
- Support for the family and children in need
- Prevention of institutional abuse (including corporal punishment)
- Increased awareness of the UN Convention on the Rights of the Child

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 (Q40) Somewhat
Extent of programs combating CSE (Q41) Somewhat
Extent that agencies collaborate to stop CSE (Q42) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43) Somewhat
Country keeps official data on CSE (Q44) Yes
Commercial sex work (or prostitution) is legal (Q45) Yes
Age at which it’s legal to be a sex worker (Q46) At no age
Extent to which victims of CSE receive mental health care (Q47) Rarely
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Rarely
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Rarely
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Rarely
Extent to which children who are exploited sexually are arrested (Q51) Sometimes
Arrests in the past year for engaging in sex trafficking of children (Q52) Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM
Japanese Society for Prevention of Child Abuse and Neglect
5-6-8 Minami Azabu
Minato-Ku, Tokyo, Japan 106-8580
info@jaspcan.org
http://www.jaspcan.org/

Japanese current status of child maltreatment
Kenya

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)

Social conditions and behaviors (Q9)
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Child serving as soldier
- Child labor—under age 12
- Slavery
- Internet solicitation for sex
- Child marriage

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

Criminal penalties for abusing a child

Enforcement: Wide
Support: Somewhat inadequate

Child Deaths

Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)
- 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 Occasionally
- 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 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 Moderately
- Universal free medical care—all citizens No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers Moderate
- Mental health agencies Minimal
- Businesses Minimal
- Schools Minimal
- Public social services agencies Don’t know
- Community-based NGOs Minimal
- Religious institutions Minimal
- Voluntary civic organizations Don’t know
- Universities Minimal

Funding for CM treatment or prevention (Q39)

- Government Don’t know
- Non-government Don’t know
Section 2: Country profiles

Strategies used and thought to be effective in preventing CM (Q54)
• Universal health care and preventive medical care

Major barriers to preventing CM (Q55)
• Limited resources for improving the government’s response 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 number of children living alone

Extent of UN CRC improved policies and programs concerning CM (Q56)
Significantly

Major developments to address CM (Q59)
• A requirement that every parent must ensure that all children get basic education. Failure to do this may lead to a conviction
• Media involvement in discouraging female genital mutilation.
• To reduce neglect, poor and elderly grandparents who care for orphans receive money to assist them in their caregiving role. Although this money is limited and has not reached 100% coverage, it is a step in the right direction

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 (Q40)
Somewhat

Extent that agencies collaborate to stop CSE (Q42)
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43)
Somewhat

Country keeps official data on CSE (Q44)
Don’t know

Commercial sex work (or prostitution) is legal (Q45)
No

Age at which it’s legal to be a sex worker (Q46)
At no age

Extent to which victims of CSE receive mental health care (Q47)
Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)
Somewhat

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)
Don’t know

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)
Sometimes

Extent to which children who are exploited sexually are arrested (Q51)
Don’t know

Arrests in the past year for engaging in sex trafficking of children (Q52)
Yes

Arrests in the past year for possession or production of child pornography (Q53)
Yes

Agencies and Organizations for More Information on CM

Department of Children’s Services
P.O. BOX 16936
Nairobi, Kenya 100
ps@gender.go.ke
www.gender.go.ke
Child protection

Child Welfare Society, Kenya
Latvia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- Exposing child to pornography

**Social conditions and behaviors (Q9)**
- Female circumcision/female genital mutilation

**Abuse or neglect of a child within (Q10)**
- Religious 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 (Q17)</td>
<td>No</td>
</tr>
<tr>
<td>Year law passed (Q18)</td>
<td>Before 1990</td>
</tr>
<tr>
<td>This law applies to (Q19)</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 maltreatment</td>
<td></td>
</tr>
<tr>
<td>• Exposure to intimate Partner Violence (IPV)</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>1990–2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>No</td>
</tr>
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</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 (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>Less than 5 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q13)</td>
<td></td>
</tr>
<tr>
<td>• Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Change in number of cases over past 4 years (Q14)</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>
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<td>Emotional maltreatment</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
<tr>
<td>% of reported cases involving (Q21)</td>
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</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 maltreatment</td>
<td>0–15%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

**Abandoned children**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of reported cases investigated (Q22)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q23)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</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 (Q27)</td>
<td>No</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Decreased</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>No</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q30)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td></td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td></td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td></td>
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<tr>
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<td>Financial and other material support</td>
<td></td>
</tr>
<tr>
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</tr>
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<td>Universal health screening—children</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Usually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of reported cases investigated (Q22)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q23)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</td>
<td>0–15%</td>
</tr>
</tbody>
</table>
Universal free medical care—children Usually
Universal free medical care—all citizens Usually

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

- Hospitals/medical centers Don’t know
- Mental health agencies Don’t know
- Businesses Don’t know
- Schools Don’t know
- Public social services agencies Don’t know
- Community-based NGOs Don’t know
- Religious institutions Don’t know
- Voluntary civic organizations Don’t know
- Courts/law enforcement Don’t know
- Universities Don’t know

**Funding for CM treatment or prevention (Q39)**

- Government Don’t know
- Non-government Don’t know

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

- Home-based services for at-risk parents
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Universal home visitation for new parents
- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

**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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

**Extent of UN CRC improved policies and programs concerning CM (Q56)** 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 (Q40)** Somewhat

**Extent of programs combating CSE (Q41)** Somewhat

**Extent that agencies collaborate to stop CSE (Q42)** Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q43)** Somewhat

**Country keeps official data on CSE (Q44)** No

**Commercial sex work (or prostitution) is legal (Q45)** Don’t know

**Age at which it’s legal to be a sex worker (Q46)** 16

**Extent to which victims of CSE receive mental health care (Q47)** Sometimes

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)** Sometimes

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)** Don’t know

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)** Most of the time

**Extent to which children who are exploited sexually are arrested (Q51)** Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q52)** Don’t know

**Arrests in the past year for possession or production of child pornography (Q53)** No
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Sexual abuse (e.g., incest, sexual touching)
- Commercial sexual exploitation
- Abandonment

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Child labor—under age 12
- Slavery

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center

**Laws and Policies regarding CM**

- **Law mandating suspected CM be reported (Q17)**: Yes
- **Year law passed (Q18)**: 2001–2005
- **National laws/policies regarding CM (Q32)**: Yes
- **Laws/policies first established (Q33)**: After 2000
- **Government agency to respond to CM (Q31)**: Yes
- **Elements in laws/policies (Q34)**
  - Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)
- **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
- **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
- **Requirement that all perpetrators receive a service or intervention**
  - Enforcement: Inconsistent
  - Support: Somewhat inadequate
- **Requires development of prevention services**
  - Enforcement: Inconsistent
  - Support: Somewhat inadequate
- **Requires a separate attorney or advocate to represent the child’s interest**
  - Enforcement: Inconsistent
  - Support: Somewhat inadequate
- **Official Documentation of CM**
  - **Government maintains count of suspected CM (Q11)**: Yes
  - **Duration system in place (Q12)**: Don’t know
  - **Official labels for types of CM (Q13)**
    - Physical abuse
    - Sexual abuse
    - Neglect
  - **Change in number of cases over past 4 years (Q14)**
    - Physical abuse: Don’t know
    - Sexual abuse: Don’t know
    - Neglect: Don’t know
    - Emotional maltreatment: Don’t know
    - Exposure to Intimate Partner Violence (IPV): Don’t know

**Child Deaths**

- **Government maintains count of deaths due to CM (Q27)**: Yes
- **Over the past 10 years, the number of deaths due to CM has (Q28)**: Don’t know
- **Country has child death review team(s) (Q29)**: Yes
Section 2: Country profiles

Team(s) supported by legislation (Q30) Yes

Services

Availability of Services (Q37)

- Programs for those who neglect children Occasionally
- Programs for neglected children Occasionally
- Therapy for those who physically abuse children Occasionally
- Therapy for physically abused children Occasionally
- Therapy for those who sexually abuse children No
- Therapy for sexually abused children No

Case management services Occasionally
Home-based services/family support Occasionally
Foster care with official foster parents Occasionally
Group homes for maltreated children Occasionally
Public shelters for maltreated children Occasionally
Institutional care for maltreated children Occasionally
Financial and other material support Occasionally
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers Moderate
- Mental health agencies Moderate
- Businesses None
- Schools Minimal
- Public social services agencies Minimal
- Community-based NGOs Minimal
- Religious institutions Minimal
- Voluntary civic organizations Moderate
- Courts/law enforcement Moderate
- Universities 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
- 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

Extent of UN CRC improved policies and programs concerning CM (Q56) 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 (Q40) Don’t know
- Extent of programs combating CSE (Q41) Don’t know
- Extent that agencies collaborate to stop CSE (Q42) Don’t know
- Extent of policies for reporting CSE to public agency or NGO (Q43) Don’t know
- Country keeps official data on CSE (Q44) Don’t know
- Commercial sex work (or prostitution) is legal (Q45) No
- Age at which it’s legal to be a sex worker (Q46) At no age
- Extent to which victims of CSE receive mental health care (Q47) Don’t know
- Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
- Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Rarely
- Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Don’t know
- Extent to which children who are exploited sexually are arrested (Q51) Don’t know
- Arrests in the past year for engaging in sex trafficking of children (Q52) Don’t know
- Arrests in the past year for possession or production of child pornography (Q53) Don’t know
Liberia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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)
- 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 (IPV)

**Social conditions and behaviors (Q9)**
- 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 serving as soldier
- Child labor—under age 12
- Slavery
- Child marriage

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility

**Provisions for voluntary reporting of suspected CM by professionals or individuals**
- Enforcement: Inconsistent
- Support: Don’t know

**Requirement that reports be investigated within a specific time period (e.g., 24 hours)**
- Enforcement: Wide
- Support: Somewhat inadequate

**Requirement that the child(ren)'s and family’s needs be assessed**
- Enforcement: Wide
- Support: Very inadequate

**Provisions for removing child from parents/caretakers to ensure child’s safety**
- Enforcement: Inconsistent
- Support: N/A

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

**Criminal penalties for abusing a child**
- Enforcement: Wide
- Support: N/A

**Requirement that all victims receive a service or intervention**
- Enforcement: Wide
- Support: Don’t know

**Requires development of prevention services**
- Enforcement: Don’t know
- Support: Don’t know

**Requires a separate attorney or advocate to represent the child’s interest**
- Enforcement: Inconsistent
- Support: Very inadequate

**Official Documentation of CM**
- Government maintains count of suspected CM (Q11): Yes
- Duration system in place (Q12): Less than 5 years

**Official labels for types of CM (Q13)**
- Physical abuse
- Sexual abuse


<table>
<thead>
<tr>
<th>Section 2: Country profiles</th>
</tr>
</thead>
</table>

- **Neglect**
- **Emotional maltreatment**

**Change in number of cases over past 4 years (Q14)**

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Decrease</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Decrease</td>
</tr>
<tr>
<td>Street children</td>
<td>16–30%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>16–30%</td>
</tr>
</tbody>
</table>

**% of reported cases involving (Q21)**

| Physical abuse | 16–30% |
| Sexual abuse   | 46–60% |
| Neglect        | 31–45% |
| Emotional maltreatment | 16–30% |
| Street children | 61–75% |
| Abandoned children | 16–30% |

**% of reported cases investigated (Q22)**

| 46–60% |

**% of investigated cases substantiated (Q23)**

| 31–45% |

**% of substantiated cases, child removed (Q24)**

| 16–30% |

**Of all CM reports, % perpetrator removed from home (Q25)**

| 16–30% |

**Of all CM reports, % alleged perpetrator prosecuted (Q26)**

| 16–30% |

**Child Deaths**

- **Government maintains count of deaths due to CM (Q27)**
  - Yes
- **Over the past 10 years, the number of deaths due to CM has (Q28)**
  - Decreased
- **Country has child death review team(s) (Q29)**
  - Yes
- **Team(s) supported by legislation (Q30)**
  - Yes

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Programs for those who neglect children</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for neglected children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
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<tr>
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<tr>
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<td>Case management services</td>
<td>No</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
</tbody>
</table>

**Funding for CM treatment or prevention (Q39)**

- **Government**
  - Moderate
- **Non-government**
  - Moderate

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

- Prosecution of offenders
- 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
- 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
- Lack of support for children’s rights
- Overwhelming number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
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<td>Extent to which foreigners who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don’t know</td>
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<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
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</table>
Lithuania

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child’s behavior)
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- 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
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- Internet solicitation for sex
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**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution

**Laws and Policies regarding CM**

| Law mandating suspected CM be reported (Q17) | Yes |
| Year law passed (Q18) | 1990–2000 |
| This law applies to (Q19) |
| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | 1990–2000 |
| Government agency to respond to CM (Q31) | Yes |
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| Support: Adequate |
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| Provisions for removing child from parents/caretakers to ensure child’s safety |
| Enforcement: Wide |
| Support: Somewhat inadequate |
| Criminal penalties for abusing a child |
| Enforcement: Inconsistent |
| Support: Somewhat inadequate |
| Requires development of prevention services |
| Enforcement: Inconsistent |
| Support: Very inadequate |
| Provide a specific budget for preventing CM |
| Enforcement: Inconsistent |
| Support: Very inadequate |

**Official Documentation of CM**

<p>| Government maintains count of suspected CM (Q11) | Yes |
| Duration system in place (Q12) | More than 10 years |
| Official labels for types of CM (Q13) |
| Change in number of cases over past 4 years (Q14) |
| Physical abuse | Increase |
| Sexual abuse | Decrease |
| Neglect | Don’t know |</p>
<table>
<thead>
<tr>
<th>Question</th>
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</tr>
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<tbody>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1,000 children per year (Q20)</td>
<td>2.26</td>
</tr>
<tr>
<td>% of reported cases involving (Q21)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
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**Child Deaths**

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**Services**

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<td>Usually</td>
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<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>

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Response</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>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Very involved</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimal</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

**Funding for CM treatment or prevention (Q39)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</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
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Universal home visitation for new parents
- Improving or increasing local services
- Professional training
- Advocacy for children’s rights
- Improving families’ basic living conditions

**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
- 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 number of children living alone
- Inadequate health or social services

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

Significantly
Major developments to address CM (Q59)
- Increase in multi-disciplinary cooperation
- Trainings for multi-disciplinary professionals
- More awareness of the system for mandatory reporting

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 (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM
- NGO Children Support Centre
  - Latviu str. 19A
  - Vilnius, Lithuania 8113
  - pvc@pvc.lt
  - Literature on child abuse prevention and intervention, database of organizations providing help for abused children and reviews of statistics.
- State Child Rights Protection and Adoption Service under the Ministry of Social Affairs and Labour
Macau

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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)
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- Prostituting a child
- Infanticide
- Abuse by another child

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage

**Laws and Policies regarding CM**

<table>
<thead>
<tr>
<th>Q No.</th>
<th>Description</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Law mandating suspected CM be reported</td>
<td>No</td>
</tr>
<tr>
<td>32</td>
<td>National laws/policies regarding CM</td>
<td>Yes</td>
</tr>
<tr>
<td>33</td>
<td>Laws/policies first established</td>
<td>1990–2000</td>
</tr>
<tr>
<td>31</td>
<td>Government agency to respond to CM</td>
<td>Yes</td>
</tr>
<tr>
<td>34</td>
<td>Elements in laws/policies</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Extent they are enforced</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Adequacy of government resources</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Official Documentation of CM</td>
<td></td>
</tr>
</tbody>
</table>

**Child Deaths**

<table>
<thead>
<tr>
<th>Q No.</th>
<th>Description</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Government maintains count of deaths due to CM</td>
<td>No</td>
</tr>
<tr>
<td>28</td>
<td>Over the past 10 years, the number of deaths due to CM has</td>
<td>Don’t know</td>
</tr>
<tr>
<td>29</td>
<td>Country has child death review team(s)</td>
<td>No</td>
</tr>
</tbody>
</table>

**Services**

**Availability of Services (Q37)**

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

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

<table>
<thead>
<tr>
<th>Sector Type</th>
<th>Description</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td></td>
<td>Minimal</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td></td>
<td>Minimal</td>
</tr>
<tr>
<td>Businesses</td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td></td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Section 2: Country profiles

Public social services agencies
  Minimal
Community-based NGOs
  None
Religious institutions
  None
Voluntary civic organizations
  None
Courts/law enforcement
  Very involved
Universities
  None

**Funding for CM treatment or prevention (Q39)**

| Government | Major |
| Non-government | Moderate |

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

- Media campaigns
- 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
- Improving families’ basic living conditions

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

- 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 number of children living alone

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

| Slightly |

---

**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 (Q40)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Not really</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>No</td>
</tr>
</tbody>
</table>
Malaysia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- Physical beating of a child by any adult
- Child living on the street
- Prostitution of 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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: Inconsistent
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: Wide
Support: Somewhat inadequate

Provisions for removing alleged perpetrator from the home

Enforcement: Wide
Support: Adequate

Criminal penalties for abusing a child

Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that all victims receive a service or intervention

Enforcement: Wide
Support: Somewhat inadequate

Penalties for professionals who fail to report CM

Enforcement: Never or almost never
Support: Somewhat inadequate
## Official Documentation of CM

<table>
<thead>
<tr>
<th>Q11 (Government maintains count of suspected CM)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q12 (Duration system in place)</td>
<td>More than 10 years</td>
</tr>
</tbody>
</table>

### Official labels for types of CM (Q13)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

### Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Change in Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>None</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>None</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Incidence rate of reported CM per 1,000 children per year (Q20)

- 0.35

### % of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</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>31–45%</td>
</tr>
<tr>
<td>Emotional 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>
</tbody>
</table>

### % of reported cases investigated (Q22)

- 76–90%

### % of investigated cases substantiated (Q23)

- 76–90%

### % of substantiated cases, child removed (Q24)

- 0–15%

### Of all CM reports, % perpetrator removed from home (Q25)

- 0–15%

## Child Deaths

<table>
<thead>
<tr>
<th>Q27 (Government maintains count of deaths due to CM)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q28 (Over the past 10 years, the number of deaths due to CM has)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

### Team(s) supported by legislation (Q30)

- Yes

## Services

### Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers: Very involved
- Mental health agencies: Very involved
- Businesses: Minimal
- Schools: Moderate
- Public social services agencies: Very involved
- Community-based NGOs: Moderate
- Religious institutions: Minimal
- Voluntary civic organizations: Minimal
- Courts/law enforcement: Moderate
- Universities: Minimal

### Funding for CM treatment or prevention (Q39)

- Government: Major
- Non-government: Moderate

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

- Improving or increasing local services
- Universal health care and preventive medical care
- Professional training
• Improving families’ basic living conditions

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

**Extent of UN CRC improved policies and programs concerning CM (Q56)**  Somewhat

**Major developments to address CM (Q59)**
• Prevention of child maltreatment as one of the social policies to address under a national committee involving all ministries with children as stakeholders, chaired by the Deputy Prime Minister
• Significant involvement of the media in addressing risk factors and not just numbers of child maltreatment

---

**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 (Q40)**  Greatly

**Extent of programs combating CSE (Q41)**  Somewhat

**Extent that agencies collaborate to stop CSE (Q42)**  Greatly

**Extent of policies for reporting CSE to public agency or NGO (Q43)**  Greatly

**Country keeps official data on CSE (Q44)**  Yes

**Commercial sex work (or prostitution) is legal (Q45)**  No

**Age at which it’s legal to be a sex worker (Q46)**  At no age

**Extent to which victims of CSE receive mental health care (Q47)**  Sometimes

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)**  Most of the time

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)**  Sometimes

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)**  Most of the time

**Extent to which children who are exploited sexually are arrested (Q51)**  Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q52)**  Yes

---

**Agencies and Organizations for More Information on CM**

**Protect and Save the Children**

No. 5, Jalan 7/14, Section 7, Petaling Jaya, Selangor, Malaysia 46050
protect@pskchildren.org.my
http://www.psthechildren.org.my

Resources related to prevention of sexual abuse and protection of sexually abused children.

**Malaysian Paediatric Association**
Mauritius

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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 (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Inconsistent

-Adequacy of government resources (Q36)

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: Wide
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 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: Wide
Support: Adequate

Criminal penalties for abusing a child

Enforcement: Wide
Support: Adequate

Requirement that all victims receive a service or intervention

Enforcement: Inconsistent
Support: Somewhat inadequate

Requires development of prevention services

Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to intimate partner violence (IPV)

Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>Decrease</td>
<td></td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
<td></td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Decrease</td>
<td></td>
</tr>
</tbody>
</table>

% of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>46–60%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>46–60%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>31–45%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

% of reported cases investigated (Q22)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>46–60%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>46–60%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>31–45%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

% of investigated cases substantiated (Q23)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>31–45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>31–45%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>31–45%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

% of substantiated cases, child removed (Q24)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</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>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>16–30%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

Of all CM reports, % perpetrator removed from home (Q25) 0–15%

Of all CM reports, % alleged perpetrator prosecuted (Q26) 16–30%

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes

Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know

Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Category</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

Home-based services/family support             | Moderately   |
Foster care with official foster parents       | No           |
Group homes for maltreated children            | Moderately   |
Public shelters for maltreated children        | Moderately   |
Institutional care for maltreated children     | Moderately   |
Hospitalization for mental illness—adults     | Moderately   |
Hospitalization for mental illness—children   | Moderately   |
Substance abuse treatment—parents              | No           |
Substance abuse treatment—children             | Moderately   |
Centers for parents to share experiences/concerns | Moderately |
Home visits for new, at-risk parents           | No           |
Free child care                                | Occasionally |
Universal health screening—children            | Occasionally |
Universal free medical care—children           | Occasionally |
Universal free medical care—all citizens       | Occasionally |

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sectors</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</td>
<td>Moderate</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social services 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>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>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>

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- 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

Extent of UN CRC improved policies and programs concerning CM (Q56) 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 (Q40) Greatly
Extent of programs combating CSE (Q41) Greatly
Extent that agencies collaborate to stop CSE (Q42) Greatly
Extent of policies for reporting CSE to public agency or NGO (Q43) Greatly
Country keeps official data on CSE (Q44) Don’t know
Commercial sex work (or prostitution) is legal (Q45) No
Extent to which victims of CSE receive mental health care (Q47) Don’t know
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Most of the time
Extent to which children who are exploited sexually are arrested (Q51) Rarely
Arrests in the past year for engaging in sex trafficking of children (Q52) Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM
Helpline Mauritius
Excellence House
Savanne Road
Nouvelle France, Mauritius 250
info@helplinemauritius.org
www.helplinemauritius.org
Online counseling service
Halley Movement
Mexico

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)

- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Abuse by another child
- Child labor—under age 12
- Child marriage

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Detention facility
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) Before 1990

This law applies to (Q19)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) After 2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

Provisions for removing child from parents/caretakers to ensure child’s safety

Enforcement: Inconsistent
Support: Very inadequate

Criminal penalties for abusing a child

Enforcement: Inconsistent
Support: Somewhat 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 to represent the child’s interest

Enforcement: Inconsistent
Support: Very inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes

Duration system in place (Q12) Less than 5 years

Official labels for types of CM (Q13)

- Physical abuse
- Sexual abuse
- Neglect
Section 2: Country profiles

- Emotional maltreatment
- Exposure to intimate partner violence (IPV)

**Change in number of cases over past 4 years (Q14)**

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Increase</td>
</tr>
</tbody>
</table>

**Incidence rate of reported CM per 1,000 children per year (Q20)** 2 at 5%

- % of reported cases involving (Q21)
  - Physical abuse: 46–60%
  - Neglect: 61–75%
  - Emotional maltreatment: 16–30%
  - Street children: 0–15%
  - Abandoned children: 0–15%
- % of reported cases investigated (Q22): 16–30%
- % of investigated cases substantiated (Q23): 31–45%
- % of substantiated cases, child removed (Q24): 16–30%
- Of all CM reports, % perpetrator removed from home (Q25): 31–45%
- Of all CM reports, % alleged perpetrator prosecuted (Q26): 16–30%

**Child Deaths**

- Government maintains count of deaths due to CM (Q27): Yes
- Over the past 10 years, the number of deaths due to CM has (Q28): Increased
- Country has child death review team(s) (Q29): Yes
- Team(s) supported by legislation (Q30): Yes

**Services**

**Availability of Services (Q37)**

- Programs for those who neglect children: Moderately
- Programs for neglected children: Moderately
- Therapy for those who physically abuse children: Moderately
- Therapy for physically abused children: Moderately
- Therapy for those who sexually abuse: Moderately
- Therapy for sexually abused children: Moderately
- Case management services: Occasionally
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Occasionally
- Group homes for maltreated children: Occasionally
- Public shelters for maltreated children: Occasionally
- Institutional care for maltreated children: Occasionally
- Financial and other material support: Occasionally
- Hospitalization for mental illness—adults: Moderately
- Hospitalization for mental illness—children: Moderately
- Substance abuse treatment—parents: Occasionally
- Substance abuse treatment—children: Occasionally
- Centers for parents to share experiences/concerns: Occasionally
- Universal home visits for all new parents: No
- Home visits for new, at-risk parents: No
- Free child care: Occasionally
- Universal health screening—children: Moderately
- Universal free medical care—children: Moderately
- Universal free medical care—all citizens: Moderately

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

- Hospitals/medical centers: Very involved
- Mental health agencies: Moderate
- Businesses: Minimal
- Schools: Moderate
- Public social services agencies: Moderate
- Community-based NGOs: Moderate
- Religious institutions: Moderate
- Voluntary civic organizations: Minimal
- Courts/law enforcement: Minimal
- Universities: Minimal

**Funding for CM treatment or prevention (Q39)**

- Government: Moderate
- Non-government: Moderate

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

- Media campaigns
- Prosecution of offenders

**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
- 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
• Overwhelming number of children living alone
• Inadequate health or social services
• Political or religious conflict, instability

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

Somewhat

**Major developments to address CM (Q59)**

• The Convention for the Rights of the Child has been better disseminated by governmental agencies, by NGOs and by both traditional and electronic communication media
• A national interdisciplinary working group from the health sector is currently working on policies for the good treatment of children and adolescents and for adequate service provision to young victims of abuse
• The National Institute of Pediatrics in Mexico City delivers a postgraduate course on this issue that has university accreditation
• The Mexican Academy of Pediatrics, consultant to the Federal Health Department, is working on the establishment of a preventive and early detection program that we expect to be launched in 2014

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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>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q40)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>14</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Agencies and Organizations for More Information on CM**

<table>
<thead>
<tr>
<th>Name</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.I.F. Nacional</td>
<td><a href="http://www.dif.org.mx">www.dif.org.mx</a></td>
</tr>
<tr>
<td>Officially in charge of the protection of minors.</td>
<td></td>
</tr>
<tr>
<td>Red por los derechos de la infancia en México</td>
<td></td>
</tr>
</tbody>
</table>
Nepal

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

Provisions for removing alleged perpetrator from the home
- Enforcement: Inconsistent
- 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
### Requirement that all perpetrators receive a service or intervention

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

### Requires development of prevention services

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

### Requires a separate attorney or advocate to represent the child's interest

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

### Penalties for professionals who fail to report CM

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Inconsistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support</td>
<td>Very inadequate</td>
</tr>
</tbody>
</table>

### Official Documentation of CM

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q11)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration system in place (Q12)</td>
<td>Less than 5 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q13)</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 maltreatment</td>
<td></td>
</tr>
<tr>
<td>- Exposure to IPV</td>
<td></td>
</tr>
<tr>
<td>Change in number of cases over past 4 years (Q14)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Neglect</td>
<td>Decrease</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>None</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>None</td>
</tr>
<tr>
<td>Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 &amp; 16)</td>
<td>Migrants, refugees, immigrants from India</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1,000 children per year (Q20)</td>
<td>250</td>
</tr>
<tr>
<td>% of reported cases involving (Q21)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>16–30%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>46–60%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>0–15%</td>
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<tr>
<td>Street children</td>
<td>16–30%</td>
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<tr>
<td>Abandoned children</td>
<td>31–45%</td>
</tr>
<tr>
<td>% of reported cases investigated (Q22)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q23)</td>
<td>0–15%</td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

### Child Deaths

<table>
<thead>
<tr>
<th>Government maintains count of deaths due to CM (Q27)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Increased</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>No</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q30)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Services

<table>
<thead>
<tr>
<th>Availability of Services (Q37)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>No</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>No</td>
</tr>
<tr>
<td>Substance abuse treatment—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>Home visits for new, at-risk parents</td>
<td>No</td>
</tr>
<tr>
<td>Free child care</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal health screening—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal free medical care—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal free medical care—all citizens</td>
<td>No</td>
</tr>
<tr>
<td>Involvement of community sectors in supporting CM treatment and prevention (Q38)</td>
<td></td>
</tr>
<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>
</tbody>
</table>
Section 2: Country profiles

<table>
<thead>
<tr>
<th>Schools</th>
<th>Minimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public social services 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>

**Funding for CM treatment or prevention (Q39)**
- Government: None
- Non-government: Moderate

**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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

**Extent of UN CRC improved policies and programs concerning CM (Q56)**
- Significantly

**Major developments to address CM (Q59)**
- Formation of a national taskforce on eradicating child labor with representatives from government, NGOs, INGOs, UN Agencies, bilateral agencies etc
- Increase in coalition group to work on child protection issues such as NACRO (National Alliance of Child Rights Organization), Consortium for Children’s Participation, School as Zone of Peace
- Cabinet passed special child protection policies and child sensitive social protection policy
- Passed a bill on right to information

---

**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 (Q40)**
- Somewhat

**Extent of programs combating CSE (Q41)**
- Somewhat

**Extent that agencies collaborate to stop CSE (Q42)**
- Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q43)**
- Somewhat

**Country keeps official data on CSE (Q44)**
- Yes

**Commercial sex work (or prostitution) is legal (Q45)**
- No

**Age at which it’s legal to be a sex worker (Q46)**
- None

**Extent to which victims of CSE receive mental health care (Q47)**
- Rarely

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)**
- Sometimes

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)**
- Sometimes

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)**
- Sometimes

**Extent to which children who are exploited sexually are arrested (Q51)**
- Sometimes

**Arrests in the past year for engaging in sex trafficking of children (Q52)**
- Yes

**Arrests in the past year for possession or production of child pornography (Q53)**
- No

---

**Agencies and Organizations for More Information on CM**

**Central Child Welfare Board**
- Pulchok, way to HR commission
- Patan
- Lalitpur, Bagmati, Nepal 16404
- ccwb@gov.org.np

State of children in Nepal, street children detailed survey report, child care home services, national child-related acts etc.

**Concern for Children and Environment Nepal**
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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)
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM
- Law mandating suspected CM be reported (Q17): No
- National laws/policies regarding CM (Q32): Yes
- Laws/policies first established (Q33): After 2000

Government agency to respond to CM (Q31): Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35): Never or almost never
- Adequacy of government resources (Q36): Somewhat inadequate

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

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

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: Inconsistent
- Support: Somewhat inadequate

Criminal penalties for abusing a child
- Enforcement: Inconsistent
- Support: Very inadequate

Official Documentation of CM
- Government maintains count of suspected CM (Q11): Yes
- Duration system in place (Q12): 5 to 10 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to intimate partner violence (IPV)

Change in number of cases over past 4 years (Q14)
- Physical abuse: None
- Sexual abuse: Decrease
- Neglect: Increase
- Emotional maltreatment: Increase
- Exposure to IPV: Increase
### Incidence rate of reported CM per 1,000 children per year (Q20)

- Physical abuse: 0–15%
- Sexual abuse: 0–15%
- Neglect: 46–60%
- Emotional maltreatment: 0–15%

### % of reported cases involving (Q21)

- Physical abuse: 0–15%
- Sexual abuse: 0–15%
- Neglect: 46–60%
- Emotional maltreatment: 0–15%

### % of investigated cases substantiated (Q23)

- 76–90%

### % of investigated cases investigated (Q22)

- 16–30%

### Of all CM reports, % alleged perpetrator prosecuted (Q26)

- 0–15%

### Child Deaths

**Government maintains count of deaths due to CM (Q27)**

- Yes

**Over the past 10 years, the number of deaths due to CM has (Q28)**

- Remained about the same

**Country has child death review team(s) (Q29)**

- No

### Services

**Availability of Services (Q37)**

- Programs for those who neglect children: Occasionally
- Programs for neglected children: Occasionally
- Therapy for those who physically abuse children: Moderately
- Therapy for physically abused children: Moderately
- Therapy for those who sexually abuse: Moderately
- Therapy for sexually abused children: Moderately
- Case management services: Usually
- Home-based services/family support: Usually
- Foster care with official foster parents: Usually
- Group homes for maltreated children: Occasionally
- Public shelters for maltreated children: Occasionally
- Institutional care for maltreated children: Occasionally
- Financial and other material support: Usually
- 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: Occasionally
- Universal home visits for all new parents: Usually
- Home visits for new, at-risk parents: Occasionally
- Free child care: No
- Universal health screening—children: Usually
- Universal free medical care—children: Usually
- Universal free medical care—all citizen: No

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers: Moderate
- Mental health agencies: Moderate
- Businesses: None
- Schools: Minimal
- Public social services agencies: Moderate
- Community-based NGOs: Very involved
- Religious institutions: Minimal
- Voluntary civic organizations: None
- Courts/law enforcement: Minimal
- Universities: None

### Funding for CM treatment or prevention (Q39)

- Government: Moderate
- Non-government: Moderate

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

- Media campaigns
- Increasing individual responsibility for child protection
- Universal health care and preventive medical care
- Improving families’ basic living conditions

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- 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

### Extent of UN CRC improved policies and programs concerning CM (Q56)

- Somewhat

### Major developments to address CM (Q59)

- The Mandatory Reporting Code for all professionals (2013)
- The Children’s Ombudsman (2012)
- Focus on sexual abuse in residential care (Samson Committee 2012)

### 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 (Q40)**

- Somewhat

**Extent of programs combating CSE (Q41)**

- Somewhat

**Extent that agencies collaborate to stop CSE (Q42)**

- Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q43)**

- Somewhat
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>21</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Agencies and Organizations for More Information on CM**

- **Netherlands Youth Institute**
  - Postbus 19221
  - Utrecht, The Netherlands 3501 DE
  - info@nji.nl
  - www.youthpolicy.nl
  - Compiling, verifying and disseminating knowledge on children and youth matters, such as child abuse, youth work, youth care and parenting support in the Netherlands.

- **Netherlands Society for the Prevention of Child Abuse and Neglect**
Nigeria

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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: Wide
Support: Somewhat inadequate

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

Criminal penalties for abusing a child
Enforcement: Inconsistent
Support: Somewhat inadequate

Requirement that all victims receive a service or intervention
Enforcement: Wide
Support: Somewhat inadequate

Requirement that all perpetrators receive a service or intervention
Enforcement: Inconsistent
Support: Very inadequate

Requires development of prevention services
Enforcement: Wide
Support: Somewhat inadequate

Provide a specific budget for preventing CM
Enforcement: Inconsistent
Support: Somewhat inadequate
Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes

Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Change in number of cases over past 4 years (Q14)
- Physical abuse Decrease
- Sexual abuse Decrease
- Neglect Decrease
- Emotional maltreatment Don't know
- Exposure to IPV Don't know

% of reported cases involving (Q21)
- Physical abuse 16–30%
- Sexual abuse 0–15%
- Neglect 31–45%
- Emotional maltreatment 16–30%
- Street children 16–30%
- Abandoned children 16–30%

% of reported cases investigated (Q22) 16–30%

% of investigated cases substantiated (Q23) 16–30%

% of substantiated cases, child removed (Q24) 16–30%

Of all CM reports, % perpetrator removed from home (Q25) 0–15%

Of all CM reports, % alleged perpetrator prosecuted (Q26) 31–45%

Involvement of community sectors in supporting CM treatment and prevention (Q38)
- Hospitals/medical centers Moderate
- Mental health agencies Very involved
- Businesses Minimal
- Schools Moderate
- Public social services agencies Moderate
- Community-based NGOs Very involved
- Religious institutions Very involved
- Voluntary civic organizations Very involved
- Courts/law enforcement Moderate
- Universities Very involved

Funding for CM treatment or prevention (Q39)
- Government Moderate
- Non-government Major

Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Professional training
Section 2: Country profiles

- 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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

### Extent of UN CRC improved policies and programs concerning CM (Q56)
- Somewhat

### Major developments to address CM (Q59)
- Significant involvement of media and other social groups
- Increasing advocacy for passage of specific child protection policies and laws in state and local governments
- Increased awareness and child rights groups

### 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 (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it's legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

**African Network for the Protection and Prevention Against Child Abuse and Neglect**

43 Lumumba St. New Haven, Enugu, Nigeria 400001
anppcannigeria@yahoo.com

Public enlightenment and awareness; sensitization to Child Rights Act/laws and advocacy to states, visits, media programs; child rights monitoring, local programs for prevention.

**National Association of Women Lawyers**
Norway

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**Laws and Policies regarding CM**

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q17)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law passed (Q18)</td>
<td>1990–2000</td>
</tr>
<tr>
<td>This law applies to (Q19)</td>
<td></td>
</tr>
</tbody>
</table>
Requires a separate attorney or advocate to represent the child’s interest

Enforcement: Wide
Support: Somewhat inadequate

Provide a specific budget for preventing CM

Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to intimate partner violence (IPV)

Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<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 maltreatment</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Increased
Country has child death review team(s) (Q29) Yes
Team(s) supported by legislation (Q30) No

Services

Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Program</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
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<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
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<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderately</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
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</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Usually</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Substance abuse treatment—children</td>
<td>Moderately</td>
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<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>Usually</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Free child care</td>
<td>Usually</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>Moderately</td>
</tr>
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</table>

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
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<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Minimal</td>
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<tr>
<td>Mental health agencies</td>
<td>Minimal</td>
</tr>
<tr>
<td>Businesses</td>
<td>None</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
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<tr>
<td>Voluntary civic organizations</td>
<td>Minimal</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Moderate</td>
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</table>

Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Source</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Major</td>
</tr>
<tr>
<td>Non-government</td>
<td>None</td>
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</table>

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

- Universal home visitation for new parents
- Improving or increasing local services
- Universal health care and preventive medical care
- Improving families’ basic living conditions

Major barriers to preventing CM (Q55)

- Strong sense of family privacy and parental rights to raise children as they choose

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat
**Major developments to address CM (Q59)**
- Media covering severe cases
- Campaigns (Red Cross etc)
- Increased scientific focus on long-term effects of CM

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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>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Not really</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Yes</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
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<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
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<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
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<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
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</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Pakistan

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- Physical abuse (e.g., beatings, burning)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Detention facility

**Laws and Policies regarding CM**

- Law mandating suspected CM be reported (Q17): No
- National laws/policies regarding CM (Q32): Yes
- Laws/policies first established (Q33): After 2000
- Government agency to respond to CM (Q31): Yes

**Elements in laws/policies (Q34)**
- Extent they are enforced (Q35): Inconsistent
- Adequacy of government resources (Q36): Very inadequate

**Provisions for voluntary reporting of suspected CM by professionals or individuals**

- Enforcement: Inconsistent
- Support: Very inadequate

**Criminal penalties for abusing a child**

- Enforcement: Inconsistent
- Support: Very inadequate

**Requirements that all victims receive a service or intervention**

- Enforcement: Inconsistent
- Support: Very inadequate

**Official Documentation of CM**

- Government maintains count of suspected CM (Q11): No
- Incidence rate of reported CM per 1,000 children per year (Q20): Less than 10%
- % of reported cases involving (Q21):
  - Physical abuse: 0–15%
  - Sexual abuse: 16–30%
  - Neglect: 0–15%
  - Emotional maltreatment: 0–15%
  - Street children: 0–15%
  - Abandoned children: 16–30%
- % of reported cases investigated (Q22): 0–15%
- % of investigated cases substantiated (Q23): 16–30%
- % of substantiated cases, child removed (Q24): 0–15%
- Of all CM reports, % perpetrator removed from home (Q25): 0–15%
- Of all CM reports, % alleged perpetrator prosecuted (Q26): 0–15%

**Child Deaths**

- Government maintains count of deaths due to CM (Q27): No
- Over the past 10 years, the number of deaths due to CM has (Q28): Increased
- Country has child death review team(s) (Q29): No

**Services**

- Availability of Services (Q37):
  - Programs for those who neglect children: No
  - Programs for neglected children: Occasionally
  - Therapy for those who physically abuse children: No
  - Therapy for physically abused children: Occasionally
  - Therapy for those who sexually abuse: No
  - Therapy for sexually abused children: Occasionally
Case management services Occasionally
Home-based services/family support No
Foster care with official foster parents No
Group homes for maltreated children No
Public shelters for maltreated children Occasionally
Institutional care for maltreated children No
Financial and other material support Occasionally
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children Occasionally
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 Occasionally
Universal free medical care—children Occasionally
Universal free medical care—all citizens Occasionally

Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers Very involved
- Mental health agencies Moderate
- Businesses None
- Schools Minimal
- Public social services agencies Moderate
- Community-based NGOs Moderate
- Religious institutions None
- Voluntary civic organizations Moderate
- Courts/law enforcement Moderate
- Universities Minimal

Funding for CM treatment or prevention (Q39)

- Government N/A
- Non-government Moderate

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

- Media campaigns
- 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
- Lack of trained professionals
- 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
- Inadequate health or social services
- Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Significantly

Major developments to address CM (Q59)

- Laws related to child protection by provincial governments
- Formation of Child Protection and Welfare Bureaus
- Increased coverage of child maltreatment and protection related issues by media

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 (Q40) Greatly

Extent of programs combating CSE (Q41) Somewhat

Extent that agencies collaborate to stop CSE (Q42) Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43) Somewhat

Country keeps official data on CSE (Q44) No

Commercial sex work (or prostitution) is legal (Q45) No

Age at which it’s legal to be a sex worker (Q46) At no age

Extent to which victims of CSE receive mental health care (Q47) Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Sometimes

Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Don’t know

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Rarely

Extent to which children who are exploited sexually are arrested (Q51) Don’t know
Section 2: Country profiles

Arrests in the past year for engaging in sex trafficking of children (Q52) No
Arrests in the past year for possession or production of child pornography (Q53) No

Agencies and Organizations for More Information on CM
Sahil
First Floor, Al-Babar Centre
F-8 Markaz
Islamabad, Capital Territory, Pakistan 25100
www.sahil.org
Data on child sexual abuse issue

LHRLA
Philippines

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- 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 (IPV)

Social conditions and behaviors (Q9)

- Physical beating of a child by any adult
- 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

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

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: 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

Requirement that all perpetrators receive a service or intervention

Enforcement: Inconsistent
Support: Very inadequate
Requires development of prevention services
Enforcement: Never or almost never
Support: Very inadequate
Penalties for professionals who fail to report CM
Enforcement: Never or almost never
Support: Somewhat inadequate

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
Change in number of cases over past 4 years (Q14)
Physical abuse Decrease
Sexual abuse Decrease
Neglect None
Emotional maltreatment None
Exposure to IPV Don’t know
Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16) Some ethnic groups
Incidence rate of reported CM per 1,000 children per year (Q20) Unknown
% of reported cases involving (Q21)
Physical abuse 0–15%
Sexual abuse 16–30%
Neglect 31–45%
Emotional maltreatment 0–15%
Abandoned children 16–30%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 16–30%

Child Deaths
Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services
Availability of Services (Q37)
Programs for those who neglect children Occasionally
Programs for neglected children Occasionally
Therapy for those who physically abuse children Occasionally
Therapy for physically abused children Occasionally
Therapy for those who sexually abuse No
Therapy for sexually abused children Occasionally
Case management services Moderately
Home-based services/family support Occasionally
Foster care with official foster parents Occasionally
Group homes for maltreated children Occasionally
Public shelters for maltreated children Occasionally
Institutional care for maltreated children Occasionally
Financial and other material support Occasionally
Hospitalization for mental illness—adults Occasionally
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children Occasionally
Centers for parents to share experiences/concerns Occasionally
Universal home visits for all new parents No
Home visits for new, at-risk parents No
Free child care Occasionally
Universal health screening—children Moderately
Universal free medical care—children Moderately
Universal free medical care—all citizens Moderately

Involvement of community sectors in supporting CM treatment and prevention (Q38)
Hospitals/medical centers Very involved
Mental health agencies Moderate
Businesses Minimal
Schools Minimal
Public social services agencies Very involved
Community-based NGOs Moderate
Religious institutions Moderate
Voluntary civic organizations Minimal
Courts/law enforcement Very involved
Universities Minimal

Funding for CM treatment or prevention (Q39)
Government Moderate
Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
• 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
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

**Major barriers to preventing CM (Q55)**
- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports
- Lack of trained professionals
- 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

**Extent of UN CRC improved policies and programs concerning CM (Q56)**  
Significantly

**Major developments to address CM (Q59)**
- The passage of the Department of Health executive order on the Establishment of Women and Child Protection Units in Government Hospitals
- Competency Enhancement Training of Judges and Court Personnel in the Handling of Cases Involving Children
- Child Protection Policy of the Department of Education

**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 (Q40)  
  Greatly
- Extent of programs combating CSE (Q41)  
  Somewhat
- Extent that agencies collaborate to stop CSE (Q42)  
  Greatly
- Extent of policies for reporting CSE to public agency or NGO (Q43)  
  Greatly
- Country keeps official data on CSE (Q44)  
  Yes
- Commercial sex work (or prostitution) is legal (Q45)  
  No
- Age at which it’s legal to be a sex worker (Q46)  
  At no age
- Extent to which victims of CSE receive mental health care (Q47)  
  Sometimes
- Extent to which citizens who engage in CSE within the country are prosecuted (Q48)  
  Sometimes
- Extent to which citizens who engage in CSE abroad are prosecuted (Q49)  
  Rarely
- Extent to which children who are exploited sexually are arrested (Q51)  
  Rarely
- Arrests in the past year for engaging in sex trafficking of children (Q52)  
  Yes
- Arrests in the past year for possession or production of child pornography (Q53)  
  Yes

**Agencies and Organizations for More Information on CM**

Child Protection Network Foundation, Inc.

Tropicana Suites, Luis Ma. Guerrero St., Malate
Manila, Philippines 1004

Info@childprotectionnetwork.org

www.childprotectionnetwork.org

Trainings, publications, research, child protection management information system.

Council for the Welfare of Children
Poland

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)

- 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

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

- Law mandating suspected CM be reported (Q17) No
- National laws/policies regarding CM (Q32) Yes
- Laws/policies first established (Q33) After 2000
- Government agency to respond to CM (Q31) No
- Elements in laws/policies (Q34)
  - Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)

Provisions for voluntary reporting of suspected CM by professionals or individuals
- Enforcement: Inconsistent
- Support: Don’t know

Provisions for removing child from parents/caretakers to ensure child’s safety
- Enforcement: Inconsistent
- Support: Very inadequate

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

Criminal penalties for abusing a child
- Enforcement: Wide
- Support: Somewhat inadequate

Requires a separate attorney or advocate to represent the child’s interest
- Enforcement: Never or almost never
- Support: Very inadequate

Official Documentation of CM

- Government maintains count of suspected CM (Q11) Yes
- Duration system in place (Q12) More than 10 years
- Official labels for types of CM (Q13)
  - Physical abuse
  - Sexual abuse
  - Emotional maltreatment
- Change in number of cases over past 4 years (Q14)
  - Physical abuse Decrease
  - Sexual abuse Don’t know
- Incidence rate of reported CM per 1,000 children per year (Q20) 30
- % of reported cases involving (Q21)
  - Physical abuse 76–90%
  - Sexual abuse 0–15%
  - Emotional maltreatment 76–90%
- % of reported cases investigated (Q22) 46–60%
- % of investigated cases substantiated (Q23) 31–45%
Child Deaths

Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)
Programs for those who neglect children No
Programs for neglected children Moderately
Therapy for those who physically abuse children Occasionally
Therapy for physically abused children Occasionally
Therapy for those who sexually abuse Occasionally
Therapy for sexually abused children Occasionally
Case management services Moderately
Home-based services/family support Moderately
Foster care with official foster parents Moderately
Group homes for maltreated children No
Public shelters for maltreated children No
Institutional care for maltreated children Moderate
Financial and other material support Usually
Hospitalization for mental illness—adults Usually
Hospitalization for mental illness—children Usually
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children Usually
Centers for parents to share experiences/concerns Usually
Universal home visits for all new parents Usually
Home visits for new, at-risk parents Occasionally
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 treatment and prevention (Q38)
Hospitals/medical centers Minimal
Mental health agencies Minimal
Businesses None
Schools Moderate
Public social services agencies Very involved
Community-based NGOs Moderate
Religious institutions Minimal

Voluntary civic organizations Don’t know
Courts/law enforcement Moderate
Universities Minimal

Funding for CM treatment or prevention (Q39)
Government Moderate
Non-government Moderate

Strategies used and thought to be effective in preventing CM (Q54)
- Media campaigns
- Prosecution of offenders
- Improving or increasing local services
- Professional training
- Advocacy for children’s rights
- Improving families’ basic living conditions

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
- 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
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major development to address CM (Q59)
- In 2010, the explicit ban on using corporal punishment was introduced to Polish Family Law (Dz U. z 1964 r. Nr 9, poz. 59, art. 961)

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 (Q40) Greatly
Extent of programs combating CSE (Q41) Not really
Extent that agencies collaborate to stop CSE (Q42) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43) Somewhat
Country keeps official data on CSE (Q43) No
Commercial sex work (or prostitution) is legal (Q45) Yes
Age at which it’s legal to be a sex worker (Q46) 15 is age of consent
### Section 2: Country profiles

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<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
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</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
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<td>Yes</td>
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</tbody>
</table>

### Agencies and Organizations for More Information on CM

- **Fundacja Dzieci Niczyje/Nobody’s Children Foundation**
  - Katowicka 31
  - Warszawa, Polska 3932
  - fdn@fdn.pl
  - Publications, consultation, education
Portugal

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
• 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
• Abandonment
• Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
• Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
• Parental substance abuse affecting the child
• Parental mental illness affecting the child
• Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
• 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

Abuse or neglect of a child within (Q10)
• Foster care, group home or orphanage
• Daycare center
• School or educational training center
• Psychiatric institution
• Detention facility
• Religious institution
• Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment
• Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
-Extent they are enforced (Q35)

-Adequacy of government resources (Q36)

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: 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: 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 to represent the child’s interest

Enforcement: Wide
Support: Adequate
## Section 2: Country profiles

### Penalties for professionals who fail to report CM

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

### Provide a specific budget for preventing CM

<table>
<thead>
<tr>
<th>Enforcement:</th>
<th>Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support:</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

### Official Documentation of CM

- **Government maintains count of suspected CM (Q11)**: Yes
- **Duration system in place (Q12)**: More than 10 years

### Official labels for types of CM (Q13)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

### Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Decrease</td>
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### Change in number of cases over past 4 years (Q14)

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<td>Decrease</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Decrease</td>
</tr>
</tbody>
</table>

### Child Deaths

- **Government maintains count of deaths due to CM (Q27)**: No
- **Over the past 10 years, the number of deaths due to CM has (Q28)**: Don’t know
- **Country has child death review team(s) (Q29)**: No

### Services

#### Availability of Services (Q37)

- Programs for those who neglect children: Occasionally
- Programs for neglected children: Moderately
- Therapy for those who physically abuse children: Occasionally
- Therapy for physically abused children: Moderately
- Therapy for those who sexually abuse: Occasionally
- Therapy for sexually abused children: Moderately
- Case management services: Occasionally
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Occasionally
- Group homes for maltreated children: Occasionally
- Public shelters for maltreated children: Occasionally
- Institutional care for maltreated children: Moderately

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

- Home-based services for at-risk parents
- 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
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

### Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports
- Lack of trained professionals
• 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 number of children living alone
• Inadequate health or social services

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

| **Significantly** |

**Major developments to address CM (Q59)**

| • Development of guidelines for social, health, education, law enforcement services and media  
| • Administrative informatization of CM cases, including the implementation of a national database  
| • More training (including local events) available to professionals |

**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 (Q40)** | **Greatly** |
| **Extent of programs combating CSE (Q41)** | **Somewhat** |
| **Extent that agencies collaborate to stop CSE (Q42)** | **Somewhat** |
| **Extent of policies for reporting CSE to public agency or NGO (Q43)** | **Greatly** |

| **Country keeps official data on CSE (Q44)** | **Don’t know** |
| **Commercial sex work (or prostitution) is legal (Q45)** | **No** |
| **Age at which it’s legal to be a sex worker (Q46)** | **At no age** |
| **Extent to which victims of CSE receive mental health care (Q47)** | **Don’t know** |
| **Extent to which citizens who engage in CSE within the country are prosecuted (Q48)** | **Most of the time** |
| **Extent to which citizens who engage in CSE abroad are prosecuted (Q49)** | **Don’t know** |
| **Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)** | **Don’t know** |
| **Extent to which children who are exploited sexually are arrested (Q51)** | **Don’t know** |
| **Arrests in the past year for engaging in sex trafficking of children (Q52)** | **Don’t know** |
| **Arrests in the past year for possession or production of child pornography (Q53)** | **Yes** |

**Agencies and Organizations for More Information on CM**

| **CNPCJR - Comissão Nacional de Proteção de Crianças e Jovens em Risco** |
| **Lisbon, Portugal** |
| **cnpcjr@seg-social.pt** |
| **http://www.cnpcjr.pt** |

**Law:** Guidelines; Statistical Data; Training
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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 (IPV)

Social conditions and behaviors (Q9)
- Physical beating of a child by any adult
- Prostituting a child
- Infanticide
- Child serving as soldier
- Child labor—under age 12
- Slavery
- Internet solicitation for sex

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 2001–2005

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) After 2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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: Don’t know
Support: Don’t know

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

Enforcement: Wide
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: 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 to represent the child’s interest

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

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) 5 to 10 years
Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
Change in number of cases over past 4 years (Q14)
Physical abuse None
Sexual abuse Don’t know
Neglect Increase
Emotional maltreatment None
Exposure to IPV Don’t know
Incidence rate of reported CM per 1,000 children per year (Q20) 0.7
% of reported cases involving (Q21)
Physical abuse 16–30%
Sexual abuse 0–15%
Neglect 31–45%
Emotional maltreatment 16–30%
Street children 0–15%
Abandoned children 0–15%
% of reported cases investigated (Q22) 76–90%
% of investigated cases substantiated (Q23) 31–45%
% of substantiated cases, child removed (Q24) 0–15%
Of all CM reports, % perpetrator removed from home (Q25) 16–30%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 16–30%

Child Deaths
Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services
Availability of Services (Q37)
Programs for those who neglect children Moderately
Programs for neglected children Moderately
Therapy for those who physically abuse children Moderately
Therapy for physically abused children Usually
Therapy for those who sexually abuse Usually
Therapy for sexually abused children Usually
Case management services Usually
Home-based services/family support Moderately
Foster care with official foster parents Moderately
Group homes for maltreated children Moderately
Public shelters for maltreated children Usually
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 Usually
Substance abuse treatment—children Usually
Centers for parents to share experiences/concerns No
Universal home visits for all new parents No
Home visits for new, at-risk parents Occasionally
Free child care Usually
Universal health screening—children Usually
Universal free medical care—children Moderately
Universal free medical care—all citizens Usually
Involvement of community sectors in supporting CM treatment and prevention (Q38)
Hospitals/medical centers Very involved
Mental health agencies Very involved
Businesses Very involved
Schools Moderate
Public social services agencies Moderate
Community-based NGOs Moderate
Religious institutions Minimal
Voluntary civic organizations Minimal
Courts/law enforcement Very involved
Universities Minimal
Funding for CM treatment or prevention (Q39)

Government: Major
Non-government: None

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

- Home-based services for at-risk parents
- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Universal home visitation for new parents
- Improving or increasing local services
- Professional training
- Advocacy for children’s rights
- Improving families’ basic living conditions

Major barriers to preventing CM (Q55)

- Lack of specific laws related to CM
- Lack of system to investigate reports
- Lack of trained professionals
- Strong sense of family privacy and parental rights to raise children as they choose

Extent of UN CRC improved policies and programs concerning CM (Q56)

Somewhat

Major developments to address CM (Q59)

- Increased public awareness
- Increased awareness among teachers and social workers. Now there are many reporting suspected child abuse and neglect from schools and social agencies. Country is working to improve and develop rules in this regard

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 (Q40) Don’t know
Extent of programs combating CSE (Q41) Don’t know
Extent that agencies collaborate to stop CSE (Q42) Greatly
Extent of policies for reporting CSE to public agency or NGO (Q43) Greatly
Country keeps official data on CSE (Q44) Don’t know
Commercial sex work (or prostitution) is legal (Q45) No
Age at which it’s legal to be a sex worker (Q46) None
Extent to which victims of CSE receive mental health care (Q47) Don’t know
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Most of the time
Extent to which children who are exploited sexually are arrested (Q51) Don’t know
Arrests in the past year for engaging in sex trafficking of children (Q52) No
Arrests in the past year for possession or production of child pornography (Q53) No

Agencies and Organizations for More Information on CM

Qatar Foundation of Child and Woman Protection Centre (QFCWP)

Doha-Qatar

Doha, Qatar

http://www.qfcw.org.qa

Data, public awareness.
Republic of Korea

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

- Parent or caregiver behaviors (Q8)
- 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
- 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 (IPV)

Social conditions and behaviors (Q9)

- Physical beating of a child by any adult
- Prostituting a child
- 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 (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) Before 1980

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)

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: Wide
- 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 child(ren)’s and family’s needs be assessed

- Enforcement: Don’t know
- 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: Wide
- Support: Somewhat inadequate

Requirement that all victims receive a service or intervention

- Enforcement: Wide
- Support: Somewhat inadequate

Requirement that all perpetrators receive a service or intervention

- Enforcement: Inconsistent
- Support: Somewhat inadequate

Requires development of prevention services

- Enforcement: Wide
- Support: Somewhat inadequate
Requirements for a separate attorney or advocate to represent the child’s interest
Enforcement: Somewhat inadequate
Support: Somewhat inadequate

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

Provide a specific budget for preventing CM
Enforcement: Wide
Support: Somewhat inadequate

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment

Change in number of cases over past 4 years (Q14)
Physical abuse Increase
Sexual abuse Increase
Neglect Decrease
Emotional maltreatment Increase
Exposure to IPV Don’t know

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16) Children of undocumented migrant workers, asylum seekers, children from North Korean defectors

Incidence rate of reported CM per 1,000 children per year (Q20) 1.17

% of reported cases involving (Q21)
Physical abuse 16–30%
Sexual abuse 0–15%
Neglect 16–30%
Emotional maltreatment 31–45%

% of reported cases investigated (Q22) 76–90%

% of investigated cases substantiated (Q23) 61–75%

% of substantiated cases, child removed (Q24) 31–45%

Of all CM reports, % perpetrator removed from home (Q25) 0–15%

Of all CM reports, % alleged perpetrator prosecuted (Q26) 0–15%

Child Deaths
Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Increased
Country has child death review team(s) (Q29) No
Team(s) supported by legislation (Q30) No

Services
Availability of Services (Q37)
Programs for those who neglect children Moderately
Programs for neglected children Occasionally
Therapy for those who physically abuse children Moderately
Therapy for physically abused children Usually
Therapy for those who sexually abuse Usually
Therapy for sexually abused children Usually
Case management services Moderately
Home-based services/family support Occasionally
Foster care with official foster parents Occasionally
Group homes for maltreated children Occasionally
Public shelters for maltreated children Moderately
Institutional care for maltreated children Moderately
Financial and other material support Occasionally
Hospitalization for mental illness—adults Usually
Hospitalization for mental illness—children Usually
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children Occasionally
Centers for parents to share experiences/concerns Occasionally
Universal home visits for all new parents No
Home visits for new, at-risk parents No
Free child care Occasionally
Universal health screening—children Usually
Universal free medical care—children Occasionally
Universal free medical care—all citizens No

Involvement of community sectors in supporting CM treatment and prevention (Q38)
Hospitals/medical centers Very involved
Mental health agencies Very involved
Businesses None
Schools Very involved
Public social services agencies Moderate
| Community-based NGOs                              | Very involved |
| Religious institutions                            | Very involved |
| Voluntary civic organizations                     | Very involved |
| Courts/law enforcement                             | Moderate      |
| Universities                                      | Moderate      |

**Funding for CM treatment or prevention (Q39)**

| Government                                      | Moderate      |
| Non-government                                  | Moderate      |

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

- Media campaigns
- Prosecution of offenders
- Improving or increasing local services
- Improving families’ basic living conditions

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

- Limited resources for improving the government’s response to CM
- 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

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

| Significantly |

**Major developments to address CM (Q59)**

- Promulgation of child abuse and neglect law
- Policies regarding child maltreatment
- Passage of system of legal representation for children

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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 (Q40) | Greatly      |
| Extent of programs combating CSE (Q41)          | Greatly      |

---

| Extent that agencies collaborate to stop CSE (Q42) | Somewhat     |
| Extent of policies for reporting CSE to public agency or NGO (Q43) | Somewhat     |
| Country keeps official data on CSE (Q44)           | Yes          |
| Commercial sex work (or prostitution) is legal (Q45) | No           |
| Age at which it’s legal to be a sex worker (Q46)   | At no age    |
| Extent to which victims of CSE receive mental health care (Q47) | Most of the time |
| Extent to which citizens who engage in CSE within the country are prosecuted (Q48) | Most of the time |
| Extent to which citizens who engage in CSE abroad are prosecuted (Q49) | Don’t know   |
| Extent to which foreign who engage in CSE within the country are prosecuted (Q50) | Don’t know   |
| Extent to which children who are exploited sexually are arrested (Q51) | Sometimes   |
| Arrests in the past year for engaging in sex trafficking of children (Q52) | Yes         |
| Arrests in the past year for possession or production of child pornography (Q53) | Yes         |

---

**Agencies and Organizations for More Information on CM**

**National Child Protection Agency**

781-46 Yeoksam 2-dong, Gangnam-gu
Seoul, Korea 135-515
ncpa@gni.kr
http://korea1391.org

Statistics
Romania

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 2001–2005

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) After 2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)

-Extent they are enforced (Q35)

-Adequacy of government resources (Q36)

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

Enforcement: Never or almost never
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 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

Criminal penalties for abusing a child

Enforcement: Inconsistent
Support: Somewhat inadequate
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<td>Duration system in place (Q12)</td>
<td>5 to 10 years</td>
</tr>
</tbody>
</table>

**Official labels for types of CM (Q13)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

**Change in number of cases over past 4 years (Q14)**
- Physical abuse: None
- Sexual abuse: None
- Neglect: None
- Emotional maltreatment: None
- Exposure to IPV: None

**Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)**
- Roma children

**Incidence rate of reported CM per 1,000 children per year (Q20)**
- 3.007

**% of reported cases involving (Q21)**
- Physical abuse: 0–15%
- Sexual abuse: 0–15%
- Neglect: 46–60%
- Emotional maltreatment: 0–15%
- Abandoned children: 0–15%

**% of reported cases investigated (Q22)**
- 76–90%

**% of investigated cases substantiated (Q23)**
- 76–90%

**% of substantiated cases, child removed (Q24)**
- 16–30%

**Of all CM reports, % alleged perpetrator prosecuted (Q26)**
- 0–15%

**Child Deaths**

<table>
<thead>
<tr>
<th>Government maintains count of deaths due to CM (Q27)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Country has child death review team(s) (Q29)**
- No

**Team(s) supported by legislation (Q30)**
- No

**Services**

**Availability of Services (Q37)**
- Programs for those who neglect children: Occasionally
- Programs for neglected children: Occasionally
- Therapy for those who physically abuse children: Occasionally
- Therapy for physically abused children: Occasionally
- Therapy for those who sexually abuse: No
- Therapy for sexually abused children: Occasionally
- Case management services: Moderately
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Occasionally
- Group homes for maltreated children: Occasionally
- Public shelters for maltreated children: Occasionally
- Institutional care for maltreated children: Occasionally
- Financial and other material support: Occasionally
- Hospitalization for mental illness—adults: Occasionally
- Hospitalization for mental illness—children: Occasionally
- Substance abuse treatment—parents: Occasionally
- Substance abuse treatment—children: Occasionally
- Centers for parents to share experiences/concerns: Occasionally
- Universal home visits for all new parents: No
- Home visits for new, at-risk parents: Occasionally
- Free child care: Occasionally
- Universal health screening—children: Usually
- Universal free medical care—children: Usually
- Universal free medical care—all citizens: No

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**
- Hospitals/medical centers: Minimal
- Mental health agencies: Minimal
- Businesses: None
- Schools: Moderate
Section 2: Country profiles

Public social services agencies: Moderate
Community-based NGOs: Very involved
Religious institutions: Minimal
Voluntary civic organizations: Very involved
Courts/law enforcement: Moderate
Universities: Moderate

Funding for CM treatment or prevention (Q39)
Government: Moderate
Non-government: N/A

Strategies used and thought to be effective in preventing CM (Q54)
- Home-based services for at-risk parents
- Media campaigns
- Universal home visitation for new parents
- Improving or increasing local services
- Universal health care and preventative medical care
- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

Major barriers to preventing CM (Q55)
- Limited resources for improving the government’s response 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
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56): Significantly

Major developments to address CM (Q59)
- Improvement of the child protection law in 2013 with amendments that have been expected for a long time:
  - Emergency interventions have been facilitated and legislation for case management improved
  - The law in the field of domestic violence was also improved; now a protection order can be emitted by a judge, not only by the president of the state
  - More focus on the training of professionals who work with children and in childcare

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 (Q40): Somewhat
- Extent of programs combating CSE (Q41): Somewhat
- Extent that agencies collaborate to stop CSE (Q42): Somewhat
- Extent of policies for reporting CSE to public agency or NGO (Q43): Greatly
- Country keeps official data on CSE (Q44): Yes
- Commercial sex work (or prostitution) is legal (Q45): No
- Age at which it’s legal to be a sex worker (Q46): At no age
- Extent to which victims of CSE receive mental health care (Q47): Rarely
- Extent to which citizens who engage in CSE within the country are prosecuted (Q48): Don’t know
- Extent to which citizens who engage in CSE abroad are prosecuted (Q49): Don’t know
- Extent to which foreigners who engage in CSE within the country are prosecuted (Q50): Most of the time
- Extent to which children who are exploited sexually are arrested (Q51): Rarely
- Arrests in the past year for engaging in sex trafficking of children (Q52): Yes
- Arrests in the past year for possession or production of child pornography (Q53): Yes

Agencies and Organizations for More Information on CM
Ministry of Labor, General Directorate of Child Protection
Bld Magheru, 7
Bucharest, Sector 1, Romania
office@anpfdc.ro
www.copii.ro

This is the national governmental body in charge of policies, legislation and monitoring in the field of children’s rights

Save the Children
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Abuse by another child
- Internet solicitation for sex

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution

**Laws and Policies regarding CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q17)</td>
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<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
<td></td>
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<tr>
<td>Laws/policies first established (Q33)</td>
<td>After 2000</td>
<td></td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
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</table>

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
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<tr>
<td>Duration system in place (Q12)</td>
<td>More than 10 years</td>
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<tr>
<td>Official labels for types of CM (Q13)</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>Change in number of cases over past 4 years (Q14)</td>
<td></td>
<td></td>
</tr>
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<td>Physical abuse</td>
<td>None</td>
<td></td>
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<td>Sexual abuse</td>
<td>Increase</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**Incidence rate of reported CM per 1,000 children per year (Q20)**

- Physical abuse: None
- Sexual abuse: Increase
- Neglect: None
- Overall Incidence Rate: 7.9

**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 (Q27)</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>Yes</td>
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</table>

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Moderately</td>
</tr>
</tbody>
</table>
Section 2: Country profiles

Therapy for those who sexually abuse Occasionally
Therapy for sexually abused children Occasionally
Case management services Moderately
Home-based services/family support Moderately
Foster care with official foster parents Moderately

**Group homes for maltreated children** No

Public shelters for maltreated children Occasionally
Institutional care for maltreated children Moderately
Financial and other material support Moderate
Hospitalization for mental illness—adults Usually
Substance abuse treatment—parents Moderately
Substance abuse treatment—children Moderately
Centers for parents to share experiences/concerns Moderately
Universal home visits for all new parents Usually
Home visits for new, at-risk parents Moderately
Free child care Occasionally
Universal health screening—children Usually
Universal free medical care—children Occasionally
Universal free medical care—all citizens Moderately

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

- Hospitals/medical centers Moderate
- Mental health agencies Very involved
- Businesses Minimal
- Schools Moderate
- Public social services agencies Moderate
- Community-based NGOs Moderate
- Religious institutions Minimal
- Voluntary civic organizations Moderate
- Courts/law enforcement Moderate
- Universities Moderate

**Funding for CM treatment or prevention (Q39)**

- Government Moderate
- Non-government Moderate

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

- Professional training
- University programs for students
- Advocacy for children’s rights
- Improving families’ basic living conditions

**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
- 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

**Extent of UN CRC improved policies and programs concerning CM (Q56)** Somewhat

**Major developments to address CM (Q59)**

- A national strategy toward children’s interests
- The public informational company against violence
- Regional child protection programs

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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 (Q40)** Somewhat

**Extent of programs combating CSE (Q41)** Not really

**Extent that agencies collaborate to stop CSE (Q42)** Not really

**Extent of policies for reporting CSE to public agency or NGO (Q43)** Not really

**Country keeps official data on CSE (Q44)** Yes

**Commercial sex work (or prostitution) is legal (Q45)** No

**Extent to which victims of CSE receive mental health care (Q47)** Rarely

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)** Sometimes

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)** Sometimes

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)** Rarely

**Extent to which children who are exploited sexually are arrested (Q51)** Don’t know

**Arrests in the past year for engaging in sex trafficking of children (Q52)** Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM

The Foundation of Support of Children in Difficult Life Situation

Iliinka, 21
Moscow, Russia 127994
info@fond-detyam.ru
http://www.fond-detyam.ru

Financial, organizational, coordination.
Saudi Arabia

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child

Social conditions and behaviors (Q9)
- Physical beating of a child by any adult
- Forcing a child to beg
- Abuse by another child
- Child labor—under age 12
- Child marriage

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) After 2005
This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) After 2000
Government agency to respond to CM (Q31) Yes
Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)
Mandated reporting of suspected CM for specific groups of professionals or individuals
Enforcement: Inconsistent
Support: Very inadequate

Provisions for voluntary reporting of suspected CM by professionals or individuals
Enforcement: Never or almost never
Support: Somewhat 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: Inconsistent
Support: Very inadequate

Requirement that all victims receive a service or intervention
Enforcement: Inconsistent
Support: Somewhat inadequate

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

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

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) Less than 5 years

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Change in number of cases over past 4 years (Q14)
- Physical abuse: Increase
- Sexual abuse: Increase
- Neglect: Increase
- Emotional maltreatment: Increase

% of reported cases involving (Q21)
- Physical abuse: 31–45%
<table>
<thead>
<tr>
<th>Service Category</th>
<th>Yes/No/Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>16–30%</td>
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<tr>
<td>Neglect</td>
<td>31–45%</td>
<td></td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>0–15%</td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
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<tr>
<td>Abandoned children</td>
<td>0–15%</td>
<td></td>
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<tr>
<td>% of reported cases investigated (Q22)</td>
<td>0–15%</td>
<td></td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q23)</td>
<td>61–75%</td>
<td></td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
<td></td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
<td></td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</td>
<td>0–15%</td>
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<td>Availability of Services (Q37)</td>
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<td>Home-based services/family support</td>
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<tr>
<td>Foster care with official foster parents</td>
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<td>Group homes for maltreated children</td>
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<td>Public shelters for maltreated children</td>
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<td>Institutional care for maltreated children</td>
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<td>Financial and other material support</td>
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<td>Hospitalization for mental illness—adults</td>
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<td>Substance abuse treatment—parents</td>
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<td>Universal home visits for all new parents</td>
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<td>Universal free medical care—all citizens</td>
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<tr>
<td>Involvement of community sectors in supporting CM treatment and prevention (Q38)</td>
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<td>Hospitals/medical centers</td>
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<td>Public social services agencies</td>
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<td>Funding for CM treatment or prevention (Q39)</td>
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<td>Government</td>
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<td>Non-government</td>
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<td>Strategies used and thought to be effective in preventing CM (Q44)</td>
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<tr>
<td>• Universal health care and preventive medical care</td>
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<td>• Advocacy for children’s rights</td>
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<tr>
<td>• Improving families’ basic living conditions</td>
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<tr>
<td>Major barriers to preventing CM (Q45)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lack of system to investigate reports</td>
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<tr>
<td>• Lack of trained professionals</td>
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<tr>
<td>• Decline in informal support for parents</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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<td>• Support for the use of corporal punishment</td>
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<tr>
<td>• Lack of support for children’s rights</td>
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<tr>
<td>Extent of UN CRC improved policies and programs concerning CM (Q56)</td>
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<tr>
<td>• Establishment of a child helpline</td>
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<td>• Approval of the child maltreatment and domestic violence law</td>
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<td>• Establishment of 41 hospital-based child protection centers</td>
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<tr>
<td>• Significant involvement of the media in the awareness campaign</td>
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<tr>
<td>Major developments to address CM (Q59)</td>
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<tr>
<td>Extent that there are laws concerning CSE (Q40)</td>
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<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Greatly</td>
<td></td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Greatly</td>
<td></td>
</tr>
</tbody>
</table>
### Section 2: Country profiles

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it's legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Most of the time</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>No</td>
</tr>
</tbody>
</table>

### Agencies and Organizations for More Information on CM

#### National Family Safety Program

King Abdulaziz Medical City
P.O.Box 22490 mail code 3202
Riyadh, Kingdom of Saudi Arabia 11426
NFSP@ngha.med.sa
www.nfsp.org.sa

It is a national program focusing on prevention and offering services to professionals and government and non-government institutions working in the field of domestic violence and child abuse through training, raising awareness, advocacy and research.

#### Ministry of Social Affairs
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**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 (Q17)</td>
<td>No</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>Before 1980</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Elements in laws/policies (Q34)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Extent they are enforced (Q35)</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>- Adequacy of government resources (Q36)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for voluntary reporting of suspected CM by professionals or individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</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></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</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></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</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></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions for removing alleged perpetrator from the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal penalties for abusing a child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that all victims receive a service or intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requirement that all perpetrators receive a service or intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires development of prevention services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Requires a separate attorney or advocate to represent the child’s interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Wide</td>
<td>Adequate</td>
</tr>
<tr>
<td>Support:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>More than 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q13)</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 maltreatment</td>
<td></td>
</tr>
<tr>
<td>Change in number of cases over past 4 years (Q14)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Incidence rate of reported CM per 1,000 children per year (Q20)</td>
<td>0.1</td>
</tr>
<tr>
<td>% of reported cases involving (Q21)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>31–45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>61–75%</td>
</tr>
<tr>
<td>Emotional 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>% of reported cases investigated (Q22)</td>
<td>76–90%</td>
</tr>
<tr>
<td>% of investigated cases substantiated (Q23)</td>
<td>16–30%</td>
</tr>
<tr>
<td>% of substantiated cases, child removed (Q24)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % perpetrator removed from home (Q25)</td>
<td>0–15%</td>
</tr>
<tr>
<td>Of all CM reports, % alleged perpetrator prosecuted (Q26)</td>
<td>0–15%</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 (Q27)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Remained about the same</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>Yes</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q30)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Services

<table>
<thead>
<tr>
<th>Availability of Services (Q37)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Usually</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Usually</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Usually</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sectors</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</td>
<td>Moderate</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 NGOs</td>
<td>Very involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderate</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>Minimal</td>
</tr>
</tbody>
</table>

### Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Sectors</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)

- Media campaigns
- 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
• Improving families’ basic living conditions

Major barriers to preventing CM (Q55)
• Lack of specific laws related to CM
• Lack of system to investigate reports
• Lack of trained professionals
• Decline in informal support for parents
• Support for the use of corporal punishment

Extent of UN CRC improved policies and programs concerning CM (Q56) 
Significantly

Major developments to address CM (Q59)
• Singapore ratified the UN Convention on Rights of Persons With Disabilities in 2013
• Enabling Masterplan I (2007–2012)
• Enabling Masterplan II (2012)
• Second and Third Report to UNCRC and oral presentation (January 2011)

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 (Q40) 
Greatly

Extent of programs combating CSE (Q41) 
Somewhat

Extent that agencies collaborate to stop CSE (Q42) 
Generally

Extent of policies for reporting CSE to public agency or NGO (Q43) 
Greatly

Country keeps official data on CSE (Q44) 
Yes

Commercial sex work (or prostitution) is legal (Q45) 
Yes

Age at which it’s legal to be a sex worker (Q46) 
18

Extent to which victims of CSE receive mental health care (Q47) 
Most of the time

Extent to which citizens who engage in CSE within the country are prosecuted (Q48) 
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49) 
Most of the time

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) 
Most of the time

Arrests in the past year for engaging in sex trafficking of children (Q52) 
Yes

Arrests in the past year for possession or production of child pornography (Q53) 
Yes

Agencies and Organizations for More Information on CM

Ministry of Social and Family Development
512 Thomson Rd
#10-00 MSF Building
Singapore, 298137
msf_email@msf.gov.sg
http://app.msf.gov.sg/
Child protection
Family and Juvenile Court
South Africa

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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 (IPV)

Social conditions and behaviors (Q9)
- 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 (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) Before 1990
This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) Before 1980
Government agency to respond to CM (Q31) Yes
Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

Provisions for removing child from parents/caretakers to ensure child’s safety
Enforcement: Inconsistent
Support: Somewhat 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: Somewhat inadequate

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

Penalties for professionals who fail to report CM
Enforcement: Never or almost never
Support: Very inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years
Official labels for types of CM (Q13)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Neglect</td>
<td>Decrease</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Decrease</td>
</tr>
</tbody>
</table>

% of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

% of reported cases investigated (Q22)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>61–75%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

% of substantiated cases, child removed (Q24)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

Of all CM reports, % perpetrator removed from home (Q25)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

Of all CM reports, % alleged perpetrator prosecuted (Q26)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

Child Deaths

Government maintains count of deaths due to CM (Q27)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

Over the past 10 years, the number of deaths due to CM has (Q28)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

Country has child death review team(s) (Q29)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

Team(s) supported by legislation (Q30)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

Services

Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>No</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
</tr>
</tbody>
</table>

Institutional care for maltreated children | Occasionally
Financial and other material support | Moderately
Hospitalization for mental illness—adults | Moderately
Hospitalization for mental illness—children | Occasionally
Substance abuse treatment—parents | Moderately
Substance abuse treatment—children | Occasionally
Centers for parents to share experiences/concerns | Occasionally
Universal home visits for all new parents | No
Home visits for new, at-risk parents | Occasionally
Free child care | No
Universal health screening—children | No
Universal free medical care—children | Moderately
Universal free medical care—all citizens | No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</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>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Minimal</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of system to investigate reports
- Lack of trained professionals
- 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 number of children living alone
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56) | Significantly

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Major developments to address CM (Q59)

- The passage and attempted implementation of the Children’s Act
- The acknowledgment of the need for specialised training in Child Protection
- An increased shift to prevention; law reforms have contributed to 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>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent that there are laws concerning CSE (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Rarely</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM

Childline South Africa
PO Box 51418
Musgrave
Durban, KwaZulu-Natal, South Africa 4062
admin@childlinesa.org.za
National helpline for children, therapeutic services in child protection, prevention and education programmes in child protection, analysis of law and policy and advocacy for change where appropriate, training both intra and inter-sector on child protection, research.

Child Welfare South Africa
Sri Lanka

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child

Social conditions and behaviors (Q9)

- 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

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) 1990–2000
This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
National laws/policies regarding CM (Q32) No

Government agency to respond to CM (Q31) Yes

Official Documentation of CM

Government maintains count of suspected CM (Q11) No
% of reported cases involving (Q21)
- Sexual abuse 46–60%
- % of reported cases investigated (Q22) 61–75%

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Increased
Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)

- Programs for those who neglect children No
- Programs for neglected children Occasionally
- Therapy for those who physically abuse children No
- Therapy for physically abused children Moderately
- Therapy for those who sexually abuse No
- Therapy for sexually abused children Moderately
- Case management services Occasionally
- Home-based services/family support No
- Foster care with official foster parents No
- Group homes for maltreated children Occasionally
- Public shelters for maltreated children Occasionally
- Institutional care for maltreated children Moderately
- Financial and other material support No
- Hospitalization for mental illness—adults Usually
- Hospitalization for mental illness—children Usually
- Substance abuse treatment—parents Occasionally
- Substance abuse treatment—children Moderately
- 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 Moderately
- Universal free medical care—children Usually

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Section 2: Country profiles

Universal free medical care—all citizens Usually

Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers Moderate
- Mental health agencies Minimal
- Businesses Minimal
- Public social services agencies None
- Community-based NGOs Moderate
- Religious institutions Moderate
- Voluntary civic organizations Moderate
- Courts/law enforcement Minimal
- Universities Moderate

Funding for CM treatment or prevention (Q39)

- Government Moderate
- Non-government N/A

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

- Media campaigns
- Increasing individual responsibility for child protection

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
- Lack of trained professionals
- 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 number of children living alone
- Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56) Significantly

Major development to address CM (Q59)

- Training doctors on examination of sexual assault victims—most victims are under 16
- A programme by Ministry of Justice to expedite child abuse cases in the criminal justice process—very helpful and ambitious project—to be implemented island-wide
- Development of a protocol for the examination of child abuse victims by the college of forensic pathologists of 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 that there are laws concerning CSE (Q40) Greatly
Extent of programs combating CSE (Q41) Somewhat
Extent that agencies collaborate to stop CSE (Q42) Somewhat
Extent of policies for reporting CSE to public agency or NGO (Q43) Not really
Country keeps official data on CSE (Q44) Don’t know
Commercial sex work (or prostitution) is legal (Q45) No
Age at which it’s legal to be a sex worker (Q46) At no age
Extent to which victims of CSE receive mental health care (Q47) Sometimes
Extent to which citizens who engage in CSE within the country are prosecuted (Q48) Most of the time
Extent to which citizens who engage in CSE abroad are prosecuted (Q49) Don’t know
Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) Sometimes
Extent to which children who are exploited sexually are arrested (Q51) Sometimes
Arrests in the past year for engaging in sex trafficking of children (Q52) Yes
Arrests in the past year for possession or production of child pornography (Q53) Yes

Agencies and Organizations for More Information on CM

National Child Protection Authority
No. 330, Thalawathugoda Road, Madiwela,
Sri Jayawadrenapura, Sri Lanka.
ncpa@childprotection.gov.lk
www.childprotection.gov.lk

Child protection officers are available when needed, hotline for children—24 hour access to psychosocial services, awareness programmes for children and adults islandwide.

UNICEF Sri Lanka
Sudan

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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)
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- Physical beating of a child by any adult
- Child living on the street
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Child serving as soldier
- Child labor—under age 12
- Internet solicitation for sex
- Child marriage

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) Before 1990

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

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

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

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

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

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

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

Requirement that all perpetrators receive a service or intervention
Enforcement: Wide
Support: Very inadequate

Requires development of prevention services
Enforcement: Wide
Support: Very inadequate
### Section 2: Country profiles

<table>
<thead>
<tr>
<th>Requires a separate attorney or advocate to represent the child’s interest</th>
<th>Over the past 10 years, the number of deaths due to CM has (Q28)</th>
<th>Decreased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enforcement: Wide</td>
<td>Country has child death review team(s) (Q29)</td>
<td>Yes</td>
</tr>
<tr>
<td>Support: Adequate</td>
<td>Team(s) supported by legislation (Q30)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### Services

**Availability of Services (Q37)**

- Programs for those who neglect children: Occasionally
- Programs for neglected children: Occasionally
- Therapy for those who physically abuse children: Occasionally
- Therapy for physically abused children: Occasionally
- Therapy for those who sexually abuse children: Occasionally
- Therapy for sexually abused children: Occasionally
- Case management services: Occasionally
- Home-based services/family support: Occasionally
- Foster care with official foster parents: Occasionally
- Group homes for maltreated children: Occasionally
- Public shelters for maltreated children: Occasionally
- Institutional care for maltreated children: Occasionally
- Financial and other material support: Occasionally
- Hospitalization for mental illness—adults: Occasionally
- Hospitalization for mental illness—children: Occasionally
- Substance abuse treatment—parents: Occasionally
- Substance abuse treatment—children: Occasionally
- Centers for parents to share experiences/concerns: Occasionally
- Universal home visits for all new parents: Occasionally
- Home visits for new, at-risk parents: Occasionally
- Free child care: Occasionally
- Universal health screening—children: Occasionally
- Universal free medical care—children: Occasionally
- Universal free medical care—all citizens: Occasionally

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

- Hospitals/medical centers: Very involved
- Mental health agencies: Moderate
- Businesses: Minimal
- Schools: Moderate
- Public social services agencies: Moderate
- Community-based NGOs: Moderate
- Religious institutions: Minimal
- Voluntary civic organizations: Very involved
- Courts/law enforcement: Minimal
- Universities: Minimal
Funding for CM treatment or prevention (Q39)

Government  Moderate
Non-government  Moderate

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

- Media campaigns
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of offenders
- Universal health care and preventive medical care
- Professional training
- 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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

Extent of UN CRC improved policies and programs concerning CM (Q56)  Somewhat

Major developments to address CM (Q59)

- Formation of the desk of child protection
- Enforcement of Child Right Act

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.
Section 2: Country profiles

**Switzerland**

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

**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 (Q17)</td>
<td>No</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>Before 1980</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
<tr>
<td>- Extent they are enforced (Q35)</td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q36)</td>
<td></td>
</tr>
<tr>
<td>Provisions for voluntary reporting of suspected CM by professionals or individuals</td>
<td></td>
</tr>
</tbody>
</table>

**Enforcement:** Never or almost never  
**Support:** Very inadequate

**Provisions for removing child from parents/caretakers to ensure child’s safety**

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Somewhat inadequate</td>
</tr>
</tbody>
</table>

**Provisions for removing alleged perpetrator from the home**

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

**Criminal penalties for abusing a child**

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wide</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

**Requirement that all victims receive a service or intervention**

<table>
<thead>
<tr>
<th>Enforcement</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

**Official Documentation of CM**

| Government maintains count of suspected CM (Q11) | No |
| Incidence rate of reported CM per 1,000 children per year (Q20) | No data |

**Child Deaths**

| Government maintains count of deaths due to CM (Q27) | Yes |
| Over the past 10 years, the number of deaths due to CM has (Q28) | Remained about the same |
| Country has child death review team(s) (Q29) | No |

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Program</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>No</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderately</td>
</tr>
</tbody>
</table>
Public shelters for maltreated children
Occasionally

Institutional care for maltreated children
Usually

Financial and other material support
Moderately

Hospitalization for mental illness—adults
Usually

Hospitalization for mental illness—children
Usually

Substance abuse treatment—parents
Usually

Substance abuse treatment—children
Occasionally

Centers for parents to share experiences/concerns
Occasionally

Universal home visits for all new parents
No

Home visits for new, at-risk parents
Occasionally

Free child care
No

Universal health screening—children
Usually

Universal free medical care—children
No

Universal free medical care—all citizens
No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<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</td>
<td>Minimal</td>
</tr>
<tr>
<td>Schools</td>
<td>Minimal</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Moderate</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Very involved</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderate</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimal</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Major</td>
</tr>
</tbody>
</table>

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

- Increasing individual responsibility for child protection
- Prosecution of offenders
- Advocacy for children’s rights
- Improving families’ basic living conditions

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- Public resistance to prevention efforts
- 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

Extent of UN CRC improved policies and programs concerning CM (Q56)
Slightly

Major developments to address CM (Q59)

- Law: change of statute of limitations; there is no longer a limit for the prosecution of CSA under the age of one
- Media coverage of institutional CSA in Europe—raising public awareness on a taboo topic
- Implementing of preventive strategies in institutions for handicapped persons (after a single case of a serial sex offender came to light). Twelve NGOs have issued the Charta in 2011; and now leading to a public vote on mandatory banning of pedophile offenders from working with children and juveniles

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 (Q40)
Greatly

Extent of programs combating CSE (Q41)
Somewhat

Extent that agencies collaborate to stop CSE (Q42)
Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43)
Not really

Country keeps official data on CSE (Q44)
Yes

Commercial sex work (or prostitution) is legal (Q45)
Yes

Age at which it’s legal to be a sex worker (Q46)
16

Extent to which victims of CSE receive mental health care (Q47)
Rarely

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)
Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)
Most of the time

Extent to which children who are exploited sexually are arrested (Q51)
Rarely

Arrests in the past year for engaging in sex trafficking of children (Q52)
Yes

Arrests in the past year for possession or production of child pornography (Q53)
Yes

Agencies and Organizations for More Information on CM

Kinderschutz Schweiz
www.kinderschutz.ch

Lobbying for children’s rights
Taiwan

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to Intimate Partner Violence (IPV)

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) 1990–2000

Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  - Adequacy of government resources (Q36)

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: 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: Very inadequate

Criminal penalties for abusing a child
Enforcement: Inconsistent
Support: Very inadequate

Requirement that all victims receive a service or intervention
Enforcement: Wide
Support: Somewhat inadequate

Requires development of prevention services
Enforcement: Inconsistent
Support: Very inadequate
Requires a separate attorney or advocate to represent the child's interest
Enforcement: Wide
Support: Somewhat inadequate

Penalties for professionals who fail to report CM
Enforcement: Never or almost never
Support: Very inadequate

**Official Documentation of CM**

Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

**Official labels for types of CM (Q13)**
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

**Change in number of cases over past 4 years (Q14)**

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
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<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Decrease</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

**Incidence rate of reported CM per 1,000 children per year (Q20)** 6.55

**% of reported cases involving (Q21)**

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>31–45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>0–15%</td>
</tr>
<tr>
<td>Emotional 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>
</tbody>
</table>

**% of reported cases investigated (Q22)** 76–90%

**% of investigated cases substantiated (Q23)** 61–75%

**% of substantiated cases, child removed (Q24)** 0–15%

**Of all CM reports, % perpetrator removed from home (Q25)** 0–15%

**Of all CM reports, % alleged perpetrator prosecuted (Q26)** 0–15%

**Country has child death review team(s) (Q29)** Yes
**Team(s) supported by legislation (Q30)** Yes

**Services**

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Usually</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderately</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>Usually</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Occasionally</td>
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<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>Home visits for new, at-risk parents</td>
<td>No</td>
</tr>
<tr>
<td>Free child care</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal health screening—children</td>
<td>Usually</td>
</tr>
<tr>
<td>Universal free medical care—children</td>
<td>Moderately</td>
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<tr>
<td>Universal free medical care—all citizens</td>
<td>Moderately</td>
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</table>

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>None</td>
</tr>
<tr>
<td>Businesses</td>
<td>None</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 NGOs</td>
<td>Moderate</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Minimal</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>

**Child Deaths**

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Increased
Section 2: Country profiles

Funding for CM treatment or prevention (Q39)

Government: Major
Non-government: Moderate

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

- Home-based services for at-risk parents
- Media campaigns
- Risk assessment
- Universal health care and preventive medical care
- Professional training

Major barriers to preventing CM (Q55)

- Limited resources for improving the government’s response to CM
- Lack of trained professionals
- 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

Extent of UN CRC improved policies and programs concerning CM (Q56)

Slightly

Major developments to address CM (Q59)

- Child protection manpower increase.
- Amendment of The Child and Youth Rights Protection Act
- Promoting the structured decision-making model

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 (Q40)

Greatly

Extent of programs combating CSE (Q41)

Somewhat

Extent that agencies collaborate to stop CSE (Q42)

Somewhat

Extent of policies for reporting CSE to public agency or NGO (Q43)

Greatly

Country keeps official data on CSE (Q44)

Yes

Commercial sex work (or prostitution) is legal (Q45)

No

Age at which it’s legal to be a sex worker (Q46)

At no age

Extent to which victims of CSE receive mental health care (Q47)

Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)

Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)

Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)

Most of the time

Extent to which children who are exploited sexually are arrested (Q51)

Most of the time

Arrests in the past year for engaging in sex trafficking of children (Q52)

Yes

Arrests in the past year for possession or production of child pornography (Q53)

Yes

Agencies and Organizations for More Information on CM

Department of Protection Service, Ministry of Health and Welfare

36, Tarcheng St.
Taipei, Taiwan 10341
http://www.mohw.gov.tw/cht/DOPS

The central governmental agency in charge of child protection.
Thailand

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) 2001–2005
This law applies to (Q19)

- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) After 2000
Government agency to respond to CM (Q31) Yes
Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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: 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: Inconsistent
- Support: Very inadequate

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
Section 2: Country profiles

Requirement that all perpetrators receive a service or intervention
Enforcement: Inconsistent
Support: Somewhat inadequate

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

Requires a separate attorney or advocate to represent the child’s interest
Enforcement: Inconsistent
Support: Somewhat inadequate

Provide a specific budget for preventing CM
Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM
Government maintains count of suspected CM (Q11) Yes
Duration system in place (Q12) More than 10 years

Official labels for types of CM (Q13)
• Physical abuse
• Sexual abuse
• Neglect
• Emotional maltreatment

Change in number of cases over past 4 years (Q14)
Physical abuse Don’t know
Sexual abuse Don’t know
Neglect Don’t know
Emotional maltreatment Don’t know

% of reported cases investigated (Q22) 76–90%
% of investigated cases substantiated (Q23) 76–90%
% of substantiated cases, child removed (Q24) 31–45%
Of all CM reports, % perpetrator removed from home (Q25) 0–15%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 31–45%

Child Deaths
Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know
Country has child death review team(s) (Q29) No

Services
Availability of Services (Q37)
Programs for those who neglect children Moderately
Programs for neglected children Moderately
Therapy for those who physically abuse children Occasionally
Therapy for physically abused children Moderately
Therapy for those who sexually abuse Occasionally
Therapy for sexually abused children Moderately
Case management services Usually
Home-based services/family support Usually
Foster care with official foster parents Moderately
Group homes for maltreated children Occasionally
Public shelters for maltreated children Usually
Institutional care for maltreated children Usually
Financial and other material support Moderately
Hospitalization for mental illness—adults Moderately
Hospitalization for mental illness—children Occasionally
Substance abuse treatment—parents Occasionally
Substance abuse treatment—children Occasionally
Centers for parents to share experiences/concerns Occasionally
Universal home visits for all new parents No
Home visits for new, at-risk parents Occasionally
Free child care Moderately
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 treatment and prevention (Q38)
Hospitals/medical centers Very involved
Mental health agencies Very involved
Businesses Minimal
Schools Very involved
Public social services agencies Very involved
Community-based NGOs Very involved
Religious institutions Minimal
Voluntary civic organizations Minimal
Courts/law enforcement Moderate
Universities Minimal
Funding for CM treatment or prevention (Q39)

- **Government**: Moderate
- **Non-government**: Moderate

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

- Home-based services for at-risk parents
- Risk assessment
- Increasing individual responsibility for child protection
- Prosecution of 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
- 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 number of children living alone
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56)

- Significantly

Major developments to address CM (Q59)

- Establishment of child protection system at local level in all areas
- Development of a hotline system in reporting and responding to child abuse
- Revision of the Child Protection Act after 10 years of enforcement (in process)

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 (Q40) - Greatly

Extent of programs combating CSE (Q41) - Greatly

Extent that agencies collaborate to stop CSE (Q42) - Greatly

Extent of policies for reporting CSE to public agency or NGO (Q43) - Greatly

Country keeps official data on CSE (Q44) - Yes

Commercial sex work (or prostitution) is legal (Q45) - No

Age at which it’s legal to be a sex worker (Q46) - At no age

Extent to which victims of CSE receive mental health care (Q47) - Sometimes

Extent to which citizens who engage in CSE within the country are prosecuted (Q48) - Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49) - Most of the time

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) - Most of the time

Extent to which children who are exploited sexually are arrested (Q51) - Rarely

Arrests in the past year for engaging in sex trafficking of children (Q52) - Yes

Arrests in the past year for possession or production of child pornography (Q53) - Yes

Agencies and Organizations for More Information on CM

The Center for the Protection of Children’s Rights Foundation (CPCR)
cpcrheadoffice@yahoo.com
http://www.cpcrthailand.org/
What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- Physical abuse (e.g., beatings, burning)
- Physical discipline (e.g., spanking, hitting to correct child’s behavior)
- Sexual abuse (e.g., incest, sexual touching)
- 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)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Abuse by another child
- Child labor—under age 12
- Internet solicitation for sex
- Child marriage

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Detention facility
- Religious institution

### Laws and Policies regarding CM

**Law mandating suspected CM be reported (Q17)**
- **No**

**Laws/policies first established (Q33)**
- **After 2000**

**Government agency to respond to CM (Q31)**
- **Yes**

**Elements in laws/policies (Q34)**
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

Provisions for voluntary reporting of suspected CM by professionals or individuals

**Enforcement:**

**Support:**

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

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: Don’t know

**Criminal penalties for abusing a child**
- Enforcement: Wide
- Support: Somewhat inadequate

Requirement that all victims receive a service or intervention
- Enforcement: Inconsistent
- Support: Somewhat inadequate

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

Requires a separate attorney or advocate to represent the child’s interest
- Enforcement: Wide
- Support: Somewhat inadequate

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

### Official Documentation of CM

**Government maintains count of suspected CM (Q11)**
- **Yes**

**Duration system in place (Q12)**
- Less than 5 years

**Official labels for types of CM (Q13)**
- Physical abuse
- Sexual abuse
- Neglect
Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>None</td>
</tr>
<tr>
<td>Neglect</td>
<td>Decrease</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Subgroups (e.g., refugees, Aboriginals) excluded from reporting system (Q15 & 16)

Migrant children and refugees

Incidence rate of reported CM per 1,000 children per year (Q20) Don’t know

Child Deaths

Government maintains count of deaths due to CM (Q27) No

Over the past 10 years, the number of deaths due to CM has (Q28) Don’t know

Country has child death review team(s) (Q29) No

Services

Availability of Services (Q37)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>No</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>No</td>
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<tr>
<td>Therapy for physically abused children</td>
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</tr>
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<td>Case management services</td>
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<tr>
<td>Free child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening—children</td>
<td>No</td>
</tr>
</tbody>
</table>

Universal free medical care—children No

Universal free medical care—all citizens No

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</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>Minimal</td>
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<tr>
<td>Public social services agencies</td>
<td>Very involved</td>
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<tr>
<td>Community-based NGOs</td>
<td>Very involved</td>
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<tr>
<td>Religious institutions</td>
<td>Very involved</td>
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<td>Voluntary civic organizations</td>
<td>Moderate</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Moderate</td>
</tr>
<tr>
<td>Universities</td>
<td>None</td>
</tr>
</tbody>
</table>

Funding for CM treatment or prevention (Q39)

<table>
<thead>
<tr>
<th>Source</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</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
- 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
- Lack of trained professionals
- Public resistance to prevention efforts
- Extreme poverty Very Significant
- 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 number of children living alone
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56) Slightly

Major developments to address CM (Q59)

- The involvement of the media has increased in Togo during the last three years with the case of child exploitation involving a French colonel
- The drafting and adoption of a code of the child
- The creation of the network against child abuse and sexual exploitation of children
Section 2: Country profiles

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 (Q40)</td>
<td>Greatly</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>No</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>None</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM

WAO-Afrique
Rue des Frères Franciscains-Adidogomé
Lomé, Togo 80242
waoafrique@cafe.tg
www.waoafrique.tg

Résources Humaines et Techniques
Réseau des Organisations de Lutte contre la Maltraitance l’Abus et l’Exploitation Sexuelle des Enfants (ROMAESE)
Trinidad and Tobago

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes
Year law passed (Q18) After 2005
This law applies to (Q19) Sexual abuse
National laws/policies regarding CM (Q32) Yes
Laws/policies first established (Q33) After 2000
Government agency to respond to CM (Q31) Yes

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
  Enforcement: Never or almost never
  Support: Very inadequate
- Adequacy of government resources (Q36)
  Mandated reporting of suspected CM for specific groups of professionals or individuals
  Enforcement: Inconsistent
  Support: Very inadequate
  Provisions for voluntary reporting of suspected CM by professionals or individuals
  Enforcement: Inconsistent
  Support: Very inadequate
  Provisions for removing child from parents/caretakers to ensure child’s safety
  Enforcement: Inconsistent
  Support: Very 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: Somewhat inadequate
  Requires development of prevention services
  Enforcement: Inconsistent
  Support: Somewhat inadequate
  Penalties for professionals who fail to report CM
  Enforcement: Never or almost never
  Support: Very inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) No
Incidence rate of reported CM per 1,000 children per year (Q20) No Data

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Increased
Country has child death review team(s) (Q29) No
**Section 2: Country profiles**

### Services

**Availability of Services (Q37)**

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
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<td>Occasionally</td>
</tr>
<tr>
<td>Case management services</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Occasionally</td>
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<tr>
<td>Foster care with official foster parents</td>
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</tr>
<tr>
<td>Financial and other material support</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Substance abuse treatment—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>Home visits for new, at-risk parents</td>
<td>No</td>
</tr>
<tr>
<td>Free child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening—children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Universal free medical care—children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Universal free medical care—all citizens</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

**Involvement of community sectors in supporting CM treatment and prevention (Q38)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>Moderate</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>Moderate</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>Minimal</td>
</tr>
<tr>
<td>Religious institutions</td>
<td>Moderate</td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td>Very involved</td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td>Minimal</td>
</tr>
<tr>
<td>Universities</td>
<td>Minimal</td>
</tr>
</tbody>
</table>

**Funding for CM treatment or prevention (Q39)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Moderate</td>
</tr>
<tr>
<td>Non-government</td>
<td>Moderate</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
- Lack of trained professionals
- Extreme poverty
- Decline in informal support for parents
- Support for the use of corporal punishment
- Lack of support for children’s rights
- Overwhelming number of children living alone
- Inadequate health or social services

**Extent of UN CRC improved policies and programs concerning CM (Q56)**

- Somewhat

**Major developments to address CM (Q59)**

- Formation of the Children’s Authority as a regulatory agency for child protection. However, after more than 10 years, it is not yet operational. The present government hopes it will become operational in 2014
- Passage of the Children Act to include most recommendations of the CRC
- Development of a strategic plan for children by a government ministry

### 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 (Q40)**

- Somewhat

**Extent of programs combating CSE (Q41)**

- Not really

**Extent that agencies collaborate to stop CSE (Q42)**

- Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q43)**

- Somewhat

**Country keeps official data on CSE (Q44)**

- No

**Commercial sex work (or prostitution) is legal (Q45)**

- No

**Age at which it’s legal to be a sex worker (Q46)**

- At no age

**Extent to which victims of CSE receive mental health care (Q47)**

- Rarely

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)**

- Rarely

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)**

- Sometimes

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)**

- Rarely

**Extent to which children who are exploited sexually are arrested (Q51)**

- Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q52)**

- No
Arrests in the past year for possession or production of child pornography (Q53) No

 agencies and organizations for more information on cm

Children's Authority
35A Wrightson Road
Port of Spain, Trinidad and Tobago 0 NA
info@ttchildren.org
www.ttchildren.org

It is a government agency mandated by legislation to protect children. Resources include data, research, legal and social services.

Institute of Gender Development Studies
**Turkey**

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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)
- Commercial sexual exploitation
- Abandonment
- Parental substance abuse affecting the child
- Parental mental illness affecting the child

**Social conditions and behaviors (Q9)**
- Child living on the street
- Prostituting a child
- Infanticide
- Forcing a child to beg
- Slavery
- Internet solicitation for sex

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Sporting organization

### Laws and Policies regarding CM

<table>
<thead>
<tr>
<th>Law mandating suspected CM be reported (Q17)</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year law passed (Q18)</td>
<td>Before 1990</td>
</tr>
<tr>
<td>This law applies to (Q19)</td>
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</tr>
<tr>
<td>Physical abuse</td>
<td></td>
</tr>
<tr>
<td>Sexual abuse</td>
<td></td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>Before 1980</td>
</tr>
<tr>
<td>Government agency to respond CM (Q31)</td>
<td>Yes</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
<tr>
<td>-Extent they are enforced (Q35)</td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q36)</td>
<td></td>
</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Adequate</td>
</tr>
<tr>
<td>Provisions for voluntary reporting of suspected CM by professionals or individuals</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Adequate</td>
</tr>
</tbody>
</table>

**Official Documentation of CM**

<table>
<thead>
<tr>
<th>Government maintains count of suspected CM (Q11)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of reported cases involving (Q21)</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>31–45%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>0–15%</td>
</tr>
<tr>
<td>Neglect</td>
<td>16–30%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>46–60%</td>
</tr>
</tbody>
</table>

**Child Deaths**

<table>
<thead>
<tr>
<th>Government maintains count of deaths due to CM (Q27)</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Don't know</td>
</tr>
<tr>
<td>Services</td>
<td>Funding for CM treatment or prevention (Q39)</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Programs for those who neglect children</td>
<td>Government: Moderate, Non-government: Moderate</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</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</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Usually</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderately</td>
</tr>
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<td>Home-based services/family support</td>
<td>Occasionally</td>
</tr>
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<td>Foster care with official foster parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>No</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Usually</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>No</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Usually</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Moderately</td>
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<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>No</td>
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<td>Occasionally</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Involvement of community sectors in supporting CM treatment and prevention (Q38)</th>
<th>Strategies used and thought to be effective in preventing CM (Q54)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/medical centers</td>
<td>- Media campaigns</td>
</tr>
<tr>
<td>Mental health agencies</td>
<td>- Prosecution of offenders</td>
</tr>
<tr>
<td>Businesses</td>
<td>- Improving or increasing local services</td>
</tr>
<tr>
<td>Schools</td>
<td>- Professional training</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>- University programs for students</td>
</tr>
<tr>
<td>Community-based NGOs</td>
<td>- Advocacy for children’s rights</td>
</tr>
<tr>
<td>Religious institutions</td>
<td></td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td></td>
</tr>
<tr>
<td>Universities</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.

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<thead>
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<tr>
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<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>Yes</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>21</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Sometimes</td>
</tr>
</tbody>
</table>
Section 2: Country profiles

Extent to which citizens who engage in CSE within the country are prosecuted (Q48)
Most of the time

Extent to which citizens who engage in CSE abroad are prosecuted (Q49)
Rarely

Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)
Most of the time

Extent to which children who are exploited sexually are arrested (Q51)
Most of the time

Arrests in the past year for engaging in sex trafficking of children (Q52)
Don't know

Arrests in the past year for possession or production of child pornography (Q53)
Yes

Agencies and Organizations for More Information on CM

Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN)
Necatibey cad. 19/ Sihhiye Ankara
Ankara, Turkey
figens2001@yahoo.com
www.cocukistismari.org
Training for professionals, books, youth activities, training for families

COKMED
Turkmenistan

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)

- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
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- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)

- 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

Abuse or neglect of a child within (Q10)

- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) - Yes

Year law passed (Q18) 1990–2000

This law applies to (Q19)

- Physical abuse
- Sexual abuse
- Neglect

National laws/policies regarding CM (Q32) - Yes

Laws/policies first established (Q33) - Don't know

Government agency to respond to CM (Q31) - Yes

Elements in laws/policies (Q34)

-Extent they are enforced (Q35)

-Adequacy of government resources (Q36)

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: Wide
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 child(ren)'s and family’s needs be assessed

Enforcement: Don’t know
Support: Don’t know

Criminal penalties for abusing a child

Enforcement: Wide
Support: Somewhat inadequate

Requires a separate attorney or advocate to represent the child’s interest

Enforcement: Wide
Support: Somewhat inadequate

Penalties for professionals who fail to report CM

Enforcement: Inconsistent
Support: Somewhat inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) - Yes

Duration system in place (Q12) - Don’t know
Section 2: Country profiles

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect

Change in number of cases over past 4 years (Q14)
<table>
<thead>
<tr>
<th>Type of CM</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<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 maltreatment</td>
<td>Don't know</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Don't know</td>
</tr>
</tbody>
</table>

Incidence rate of reported CM per 1,000 children per year (Q20)
<table>
<thead>
<tr>
<th>Type of CM</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Not known</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Not known</td>
</tr>
<tr>
<td>Neglect</td>
<td>Not known</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Not known</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Not known</td>
</tr>
</tbody>
</table>

Child Deaths

Government maintains count of deaths due to CM (Q27) Yes
Over the past 10 years, the number of deaths due to CM has (Q28) Don't know

Services

Availability of Services (Q37)
- Programs for those who neglect children Occasionally
- Programs for neglected children Occasionally
- Therapy for those who physically abuse children No
- Therapy for physically abused children Occasionally
- Therapy for those who sexually abuse No
- Therapy for sexually abused children Occasionally
- Case management services No
- Home-based services/family support Occasionally
- Foster care with official foster parents No
- Group homes for maltreated children No
- Public shelters for maltreated children No
- Institutional care for maltreated children Occasionally
- Financial and other material support No
- Hospitalization for mental illness—adults Usually
- Hospitalization for mental illness—children Usually
- Substance abuse treatment—parents Usually
- Substance abuse treatment—children Occasionally
- Centers for parents to share experiences/concerns No
- Universal home visits for all new parents Usually
- Home visits for new, at-risk parents Usually
- Free child care Usually
- Universal health screening—children Usually
- Universal free medical care—children Occasionally
- Universal free medical care—all citizens Occasionally

Involvement of community sectors in CM treatment and prevention (Q38)
- Hospitals/medical centers Very involved
- Mental health agencies Very involved
- Businesses Minimal
- Schools Moderate
- Public social services agencies Moderate
- Community-based NGOs Minimal
- Religious institutions Minimal
- Voluntary civic organizations Minimal
- Courts/law enforcement Very involved
- Universities Minimal

Funding for CM treatment or prevention (Q39)
- Government Don't know
- Non-government Don't know

Strategies used and thought to be effective in preventing CM (Q54)
- Prosecution of offenders
- Universal home visitation for new parents
- Universal health care and preventive medical care
- Advocacy for children’s rights
- Improving families’ basic living conditions

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
- Lack of trained professionals
- Strong sense of family privacy and parental rights to raise children as they choose
- Support for the use of corporal punishment
- Inadequate health or social services

Extent of UN CRC improved policies and programs concerning CM (Q56) Somewhat

Major developments to address CM (Q59)
- Passage of the legislation governing the wellbeing of children (family code, social protection code)
- Improvement in living standards

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 (Q40) Greatly
Extent of programs combating CSE (Q41) Somewhat
Extent that agencies collaborate to stop CSE (Q42) Somewhat
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
<td>Don’t know</td>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
<td>Don’t know</td>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
</tr>
<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
<td>No</td>
<td>Arrests in the past year for engaging in sex trafficking of children (Q52)</td>
</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
<td>At no age</td>
<td>Arrests in the past year for possession or production of child pornography (Q53)</td>
</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
<td>Don’t know</td>
<td></td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Most of the time</td>
<td></td>
</tr>
</tbody>
</table>
Uganda

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Parental substance abuse affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

**Social conditions and behaviors (Q9)**
- 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

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Detention facility
- Religious institution
- Sporting organization

**Laws and Policies regarding CM**

| Law mandating suspected CM be reported (Q17) | No |
| National laws/policies regarding CM (Q32) | Yes |
| Laws/policies first established (Q33) | After 2000 |
| Government agency to respond to CM (Q31) | Yes |

**Elements in laws/policies (Q34)**

- Extent they are enforced (Q35)

- Adequacy of government resources (Q36)

| 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: | 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: | Inconsistent |
| 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 |

| 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 to represent the child’s interest |
| Enforcement: | Inconsistent |
| Support: | Very inadequate |
Provide a specific budget for preventing CM

Enforcement: Inconsistent
Support: Very inadequate

Official Documentation of CM

Government maintains count of suspected CM (Q11) No
Duration system in place (Q12) Less than 5 years
Incidence rate of reported CM per 1,000 children per year (Q20) 0.8

% of reported cases involving (Q21)
Physical abuse 16–30%
Sexual abuse 31–45%
Neglect 46–60%
Emotional maltreatment 0–15%
Street children 0–15%
Abandoned children 0–15%

% of reported cases investigated (Q22) 0–15%
% of investigated cases substantiated (Q23) 0–15%
% of substantiated cases, child removed (Q24) 0–15%
Of all CM reports, % perpetrator removed from home (Q25) 0–15%
Of all CM reports, % alleged perpetrator prosecuted (Q26) 0–15%

Child Deaths

Government maintains count of deaths due to CM (Q27) No
Over the past 10 years, the number of deaths due to CM has (Q28) Remained about the same
Country has child death review team(s) (Q29) No
Team(s) supported by legislation (Q30) No

Services

Availability of Services (Q37)
Programs for those who neglect children Moderately
Programs for neglected children Moderately
Therapy for those who physically abuse children Moderately
Therapy for physically abused children Moderately
Therapy for those who sexually abuse Moderately
Therapy for sexually abused children Moderately
Case management services Moderately
Home-based services/family support Moderately
Foster care with official foster parents Moderately
Group homes for maltreated children No

Public shelters for maltreated children No
Institutional care for maltreated children Occasionally
Financial and other material support Occasionally
Hospitalization for mental illness—adults Moderately
Hospitalization for mental illness—children Moderately
Substance abuse treatment—parents Moderately
Substance abuse treatment—children Moderately
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 Moderately
Universal health screening—children Moderately
Universal free medical care—children Moderately
Universal free medical care—all citizens Moderately

Involvement of community sectors in supporting CM treatment and prevention (Q38)

Hospitals/medical centers Moderate
Mental health agencies Moderate
Businesses Minimal
Schools Moderate
Public social services agencies Moderate
Community-based NGOs Moderate
Religious institutions Moderate
Voluntary civic organizations Very involved
Courts/law enforcement Very involved
Universities Minimal

Funding for CM treatment or prevention (Q39)
Government Moderate
Non-government Major

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

• Media campaigns
• Risk assessment
• Increasing individual responsibility for child protection
• Universal health care and preventive medical care
• Advocacy for children’s rights
• Improving families’ basic living conditions

Major barriers to preventing CM (Q55)

• Limited resources for improving the government’s response 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
Section 2: Country profiles

- 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 number of children living alone
- Inadequate health or social services

**Extent of UN CRC improved policies and programs concerning CM (Q56)** Significantly

**Major developments to address CM (Q59)**
- The media has improved reporting on CM cases in a professional manner
- Uganda is in the process of amending the Children Act to update it with the current realities
- The National Program Plan of Interventions for OVC-2 has been developed to guide the response to children’s issues
- The National Plan of Action to eliminate all forms of child labor
- Establishment of the Anti-Trafficking Committee in the Ministry of Internal Affairs

**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 (Q40) | Greatly |
| Extent of programs combating CSE (Q41) | Somewhat |
| Extent that agencies collaborate to stop CSE (Q42) | Somewhat |
| Extent of policies for reporting CSE to public agency or NGO (Q43) | Somewhat |
| Country keeps official data on CSE (Q44) | No |
| Commercial sex work (or prostitution) is legal (Q45) | No |
| Age at which it’s legal to be a sex worker (Q46) | At no age |
| Extent to which victims of CSE receive mental health care (Q47) | Sometimes |
| Extent to which citizens who engage in CSE within the country are prosecuted (Q48) | Sometimes |
| Extent to which citizens who engage in CSE abroad are prosecuted (Q49) | Rarely |
| Extent to which foreigners who engage in CSE within the country are prosecuted (Q50) | Rarely |
| Extent to which children who are exploited sexually are arrested (Q51) | Sometimes |
| Arrests in the past year for engaging in sex trafficking of children (Q52) | Yes |
| Arrests in the past year for possession or production of child pornography (Q53) | Yes |

**Agencies and Organizations for More Information on CM**

ANPPCAN Uganda Chapter
PO Box 24640
Kampala, Uganda 256
anppcan@anppcanug.org
www.anppcanug.org
Research studies and information materials

Save the Children International
United Arab Emirates

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- 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
- 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)
- Parental substance abuse affecting the child
- Parental mental illness affecting the child
- Child exposed to intimate partner (or domestic) violence (IPV)

Social conditions and behaviors (Q9)
- 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

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility

- Religious institution
- Sporting organization

Laws and Policies regarding CM

Law mandating suspected CM be reported (Q17) Yes

Year law passed (Q18) After 2005

This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

National laws/policies regarding CM (Q32) Yes

Laws/policies first established (Q33) Don’t know

Government agency to respond to CM (Q31) Yes

Official Documentation of CM

Government maintains count of suspected CM (Q11) Yes

Duration system in place (Q12) Don’t know

Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
- Exposure to IPV

Change in number of cases over past 4 years (Q14)
- Physical abuse Don’t know
- Sexual abuse Don’t know
- Neglect Don’t know
- Emotional maltreatment Don’t know
- Exposure to IPV Don’t know
United Kingdom

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- Physical abuse (e.g., beatings, burning)
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
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- Child marriage

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

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 (Q17)</td>
<td>No</td>
</tr>
<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>Before 1980</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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 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: 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: Adequate

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

Requires a separate attorney or advocate to represent the child’s interest
- Enforcement: Wide
- Support: Adequate

Provide a specific budget for preventing CM
- Enforcement: Inconsistent
- Support: Adequate
### Official Documentation of CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>More than 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q13)</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 maltreatment</td>
<td></td>
</tr>
</tbody>
</table>

### Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Increase</td>
</tr>
<tr>
<td>Neglect</td>
<td>Increase</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Increase</td>
</tr>
<tr>
<td>Exposure to IPV</td>
<td>Increase</td>
</tr>
</tbody>
</table>

### Incidence rate of reported CM per 1,000 children per year (Q20) 45.4

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>Rate</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 maltreatment</td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
<td></td>
</tr>
</tbody>
</table>

### % of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Type of Abuse</th>
<th>%</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>31–45%</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>16–30%</td>
</tr>
<tr>
<td>Street children</td>
<td>0–15%</td>
</tr>
<tr>
<td>Abandoned children</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

### % of reported cases investigated (Q22)

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>61–75%</td>
</tr>
</tbody>
</table>

### % of investigated cases substantiated (Q23)

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>31–45%</td>
</tr>
</tbody>
</table>

### % of substantiated cases, child removed (Q24)

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–15%</td>
</tr>
</tbody>
</table>

### Of all CM reports, % perpetrator removed from home (Q25)

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–15%</td>
</tr>
</tbody>
</table>

### Of all CM reports, % alleged perpetrator prosecuted (Q26)

<table>
<thead>
<tr>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–15%</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers: Very involved
- Mental health agencies: Moderate
- Businesses: Minimal
- Schools: Very involved
- Public social services agencies: Very involved
- Community-based NGOs: Very involved
- Religious institutions: Moderate
- Voluntary civic organizations: Moderate
- Courts/law enforcement: Very involved
- Universities: Moderate

### Funding for CM treatment or prevention (Q39)

- Government: Major
- Non-government: Moderate

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

- 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
• University programs for students
• Advocacy for children’s rights
• Improving families’ basic living conditions

**Major barriers to preventing CM (Q55)**
• Limited resources for improving the government’s response to CM
• Lack of trained professionals
• Support for the use of corporal punishment

**Extent of UN CRC improved policies and programs concerning CM (Q56)**
Slightly

**Major developments to address CM (Q59)**
• Increasing awareness of and attention paid to child sexual exploitation
• Negative impact of reforms to National Health Service
• Publication of new child protection guidance

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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 (Q40)**
Greatly

**Extent of programs combating CSE (Q41)**
Greatly

**Extent that agencies collaborate to stop CSE (Q42)**
Somewhat

**Extent of policies for reporting CSE to public agency or NGO (Q43)**
Greatly

**Country keeps official data on CSE (Q44)**
No

**Commercial sex work (or prostitution) is legal (Q45)**
Yes

**Age at which it’s legal to be a sex worker (Q46)**
18

**Extent to which victims of CSE receive mental health care (Q47)**
Sometimes

**Extent to which citizens who engage in CSE within the country are prosecuted (Q48)**
Sometimes

**Extent to which citizens who engage in CSE abroad are prosecuted (Q49)**
Sometimes

**Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)**
Sometimes

**Extent to which children who are exploited sexually are arrested (Q51)**
Rarely

**Arrests in the past year for engaging in sex trafficking of children (Q52)**
Don’t know

**Arrests in the past year for possession or production of child pornography (Q53)**
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, England YO1
baspcan@baspcan.org.uk
www.baspcan.org.uk
United States

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

**Parent or caregiver behaviors (Q8)**
- 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
- 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)

**Abuse or neglect of a child within (Q10)**
- Foster care, group home or orphanage
- Daycare center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization

### Laws and Policies regarding CM

#### Law mandating suspected CM be reported (Q17)
- Yes

#### Year law passed (Q18)
- Before 1990

#### This law applies to (Q19)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment

#### National laws/policies regarding CM (Q32)
- Yes

#### Laws/policies first established (Q33)
- Before 1980

#### Government agency to respond to CM (Q31)
- Yes

#### Elements in laws/policies (Q34)
- Extent they are enforced (Q35)
- Adequacy of government resources (Q36)

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

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

### Criminal penalties for abusing a child
- Enforcement: N/A
- Support: Somewhat inadequate

### Requires development of prevention services
- Enforcement: Inconsistent
- Support: Very inadequate

### Requires a separate attorney or advocate to represent the child’s interest
- Enforcement: Wide
- Support: Adequate

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

### Provide a specific budget for preventing CM
- Enforcement: Inconsistent
- Support: Somewhat inadequate

### Official Documentation of CM

#### Government maintains count of suspected CM (Q11)
- Yes

#### Duration system in place (Q12)
- More than 10 years

### Official labels for types of CM (Q13)
- Physical abuse
- Sexual abuse
- Neglect
- Emotional maltreatment
### Change in number of cases over past 4 years (Q14)

<table>
<thead>
<tr>
<th>Category</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Decrease</td>
</tr>
<tr>
<td>Neglect</td>
<td>None</td>
</tr>
<tr>
<td>Emotional maltreatment</td>
<td>Decrease</td>
</tr>
</tbody>
</table>

### Incidence rate of reported CM per 1,000 children per year (Q20)

- 17.1

### % of reported cases involving (Q21)

<table>
<thead>
<tr>
<th>Category</th>
<th>% (0–15%)</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 maltreatment</td>
<td>0–15%</td>
</tr>
</tbody>
</table>

### % of reported cases investigated (Q22)

- 76–90%

### % of investigated cases substantiated (Q23)

- 16–30%

### % of substantiated cases, child removed (Q24)

- 16–30%

### Of all CM reports, % perpetrator removed from home (Q25)

- 0–15%

### Of all CM reports, % alleged perpetrator prosecuted (Q26)

- 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 (Q27)</td>
<td>Yes</td>
</tr>
<tr>
<td>Over the past 10 years, the number of deaths due to CM has (Q28)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Country has child death review team(s) (Q29)</td>
<td>Yes</td>
</tr>
<tr>
<td>Team(s) supported by legislation (Q30)</td>
<td>Yes</td>
</tr>
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</table>

### Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Programs for neglected children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who physically abuse children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for physically abused children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for those who sexually abuse</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Therapy for sexually abused children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Case management services</td>
<td>Moderately</td>
</tr>
<tr>
<td>Home-based services/family support</td>
<td>Moderately</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>Occasionally</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Financial and other material support</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—adults</td>
<td>Moderately</td>
</tr>
<tr>
<td>Hospitalization for mental illness—children</td>
<td>Moderately</td>
</tr>
<tr>
<td>Substance abuse treatment—parents</td>
<td>Moderately</td>
</tr>
<tr>
<td>Substance abuse treatment—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>Occasionally</td>
</tr>
<tr>
<td>Home visits for new, at-risk parents</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Free child care</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal health screening—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal free medical care—children</td>
<td>Occasionally</td>
</tr>
<tr>
<td>Universal free medical care—all citizens</td>
<td>No</td>
</tr>
</tbody>
</table>

### Involvement of community sectors in supporting CM treatment and prevention (Q38)

- Hospitals/medical centers | Moderate |
- Mental health agencies | Moderate |
- Businesses | Minimal |
- Schools | Minimal |
- Public social services agencies | Very involved |
- Community-based NGOs | Very involved |
- Religious institutions | Moderate |
- Voluntary civic organizations | Minimal |
- Courts/law enforcement | Very involved |
- Universities | Moderate |

### Funding for CM treatment or prevention (Q39)

- Government | N/A |
- Non-government | Moderate |

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

- Home-based services for at-risk parents

### 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
- 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 number of children living alone
- Inadequate health or social services
- Political or religious conflict, instability

### Extent of UN CRC improved policies and programs concerning CM (Q56)

- Not at all
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 (Q40)</td>
<td>Somewhat</td>
</tr>
<tr>
<td>Extent of programs combating CSE (Q41)</td>
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</tr>
<tr>
<td>Extent that agencies collaborate to stop CSE (Q42)</td>
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</tr>
<tr>
<td>Extent of policies for reporting CSE to public agency or NGO (Q43)</td>
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</tr>
<tr>
<td>Country keeps official data on CSE (Q44)</td>
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<tr>
<td>Commercial sex work (or prostitution) is legal (Q45)</td>
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</tr>
<tr>
<td>Age at which it’s legal to be a sex worker (Q46)</td>
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</tr>
<tr>
<td>Extent to which victims of CSE receive mental health care (Q47)</td>
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</tr>
<tr>
<td>Extent to which citizens who engage in CSE within the country are prosecuted (Q48)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which citizens who engage in CSE abroad are prosecuted (Q49)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which foreigners who engage in CSE within the country are prosecuted (Q50)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Extent to which children who are exploited sexually are arrested (Q51)</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Arreasts in the past year for engaging in sex trafficking of children (Q52)</td>
<td>Yes</td>
</tr>
<tr>
<td>Arreasts in the past year for possession or production of child pornography (Q53)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Agencies and Organizations for More Information on CM

U.S. Department of Health and Human Services
Administration for Children & Families
Children’s Bureau
370 L’Enfant Promenade, S.W.
Washington, D.C. 20447
United States of America
www.acf.hhs.gov/programs/cb
Supports programs, research, and monitoring systems that prevent child abuse and neglect while ensuring that children who are victims receive treatment and care.
Vietnam

What is generally viewed as child maltreatment (CM, term refers to both abuse and neglect)?

Parent or caregiver behaviors (Q8)
- Physical abuse (e.g., beatings, burning)
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Parental substance abuse affecting the child

Social conditions and behaviors (Q9)
- Physical beating of a child by any adult
- Prostituting a child
- Abuse by another child
- Child labor—under age 12
- Slavery

Abuse or neglect of a child within (Q10)
- Foster care, group home or orphanage
- Daycare center

Laws and Policies regarding CM

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>Law mandating suspected CM be reported (Q17)</td>
<td>No</td>
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<tr>
<td>National laws/policies regarding CM (Q32)</td>
<td>Yes</td>
</tr>
<tr>
<td>Laws/policies first established (Q33)</td>
<td>After 2000</td>
</tr>
<tr>
<td>Government agency to respond to CM (Q31)</td>
<td>No</td>
</tr>
<tr>
<td>Elements in laws/policies (Q34)</td>
<td></td>
</tr>
<tr>
<td>- Extent they are enforced (Q35)</td>
<td></td>
</tr>
<tr>
<td>- Adequacy of government resources (Q36)</td>
<td></td>
</tr>
<tr>
<td>Criminal penalties for abusing a child</td>
<td></td>
</tr>
<tr>
<td>Enforcement:</td>
<td>Inconsistent</td>
</tr>
<tr>
<td>Support:</td>
<td>Somewhat inadequate</td>
</tr>
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</table>

Official Documentation of CM

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Government maintains count of suspected CM (Q11)</td>
<td>Yes</td>
</tr>
<tr>
<td>Duration system in place (Q12)</td>
<td>5 to 10 years</td>
</tr>
<tr>
<td>Official labels for types of CM (Q13)</td>
<td></td>
</tr>
<tr>
<td>- Physical abuse</td>
<td></td>
</tr>
<tr>
<td>- Sexual abuse</td>
<td></td>
</tr>
<tr>
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<td>No</td>
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Services

Availability of Services (Q37)

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<tr>
<th>Service</th>
<th>Response</th>
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<tbody>
<tr>
<td>Programs for those who neglect children</td>
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<tr>
<td>Programs for neglected children</td>
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</tr>
<tr>
<td>Free child care</td>
<td>No</td>
</tr>
<tr>
<td>Universal health screening—children</td>
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</tr>
<tr>
<td>Universal free medical care—children</td>
<td>No</td>
</tr>
<tr>
<td>Universal free medical care—all citizens</td>
<td>No</td>
</tr>
</tbody>
</table>

Involvement of community sectors in supporting CM treatment and prevention (Q38)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Response</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>Minimal</td>
</tr>
<tr>
<td>Schools</td>
<td>Moderate</td>
</tr>
<tr>
<td>Public social services agencies</td>
<td>Minimal</td>
</tr>
</tbody>
</table>
Community-based NGOs: Minimal
Religious institutions: Minimal
Voluntary civic organizations: Minimal
Courts/law enforcement: Minimal
Universities: Minimal

**Funding for CM treatment or prevention (Q39)**
- Government: Major
- Non-government: Moderate

**Strategies used and thought to be effective in preventing CM (Q34)**
- Home-based services for at-risk parents
- Media campaigns
- Advocacy for children’s rights

**Major barriers to preventing CM (Q35)**
- 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
- Inadequate health or social services

**Extent of UN CRC improved policies and programs concerning CM (Q36)**: Somewhat

**Major developments to address CM (Q59)**
- With technical and financial support from NGOs and the UN, the government of Vietnam developed a national program on child protection for 5 years (2011–2015)
- Raising awareness among parents, particularly parents in urban areas about positive discipline
- Significant involvement of the media

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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.
Section 3: Appendices
Appendix A: Aspects of National Policies and Programs concerning CM—by Country

Each respondent provided detailed information regarding key aspects of their country’s national policies and programs concerning child maltreatment. These are summarized in the following table. The notes at the bottom explain the denotations.

<table>
<thead>
<tr>
<th>Continent</th>
<th>National Law</th>
<th>Year Law Established</th>
<th>Government Agency</th>
<th>Official Count</th>
<th>Exclusions</th>
<th>Mandated Reporting</th>
<th>Year Mandate Established</th>
<th>Child Death Review</th>
<th>Legislative Backing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Botswana</td>
<td>✓</td>
<td>1990–2000</td>
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<td>•</td>
<td>✓</td>
<td>After 2005</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Kenya</td>
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<td>Nigeria</td>
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<td>2001–2005</td>
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<td>✓</td>
<td>Before 1990</td>
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<td>Sudan</td>
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<td>Before 1990</td>
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<td>Before 1990</td>
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<td>After 2000</td>
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<td>2001–2005</td>
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<td>El Salvador</td>
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<td>After 2000</td>
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<td>After 2005</td>
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<td>✓</td>
<td>After 2000</td>
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<td>2001–2005</td>
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<td>Before 1990</td>
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<td>After 2000</td>
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<td>X</td>
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<td>Before 1990</td>
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<tr>
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**Asia**

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Notes:
1 Existence of national laws or policies implemented at the state/provincial/territorial level regarding CM. Check = yes, X = 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. Check = yes, X = no, blank = unknown.
4 Existence of a government agency that maintains an “official” record or count of all reported CM cases. Check = yes, X = no, blank = unknown.
5 Existence of subgroups systematically excluded from this reporting system. Check = yes, X = no, blank = unknown.
6 Existence of a law mandating reporting of suspected CM. Check = yes, X=no, blank = unknown.
7 Year law first took effect.
8 Existence of child death (or fatality) review teams. Check = yes, X = no, blank = unknown.
9 Existence of legislative backing for child death review teams. Check = yes, X = no, blank = unknown.
Appendix B: International and National Resources

The African Child Policy Forum (ACPF)
Off Bole Road
Behind Alem Building #2
PO Box 1179
Addis Ababa
Ethiopia
Email: info@africanchildforum.org
Website: www.africanchildforum.org
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.

American Professional Society on the Abuse of Children (APSAC)
350 Poplar Avenue
Elmhurst, Illinois 60126
USA
Telephone: 630 941 1235 or 1 877 402 7722
Fax: 630 359 4274
Email: apsac@apsac.org
Website: www.apsac.org

Asociación Afecto—Contra El Maltrato Infantil (AfecTo)
Transversal 4 No. 51 A–01
Bogotá D.C.,
COLOMBIA
Telephone: 571 2879801
Fax: 571 2459387
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.

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 and interdisciplinary approaches to identification, intervention, treatment and prevention of child abuse and neglect; as well as promoting research and practice guidelines to inform all forms of professional practice in child maltreatment.
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
Mission:

1. Contribute to the physical, psychological and social development of children.

2. Further develop interdisciplinary visions within limits established by the child protection community, especially by the Convention on the Rights of the Child.

3. Support the integration of public organizations and civil society, tied to the prevention of child maltreatment, from different regions in Argentina.

4. Facilitate the establishment of a common ethical framework that reconciles judicial, psychological and social disciplines in relation to the professional work of each discipline.

5. Protect the quality of life of the professionals and technicians who work with traumatic situations.

Against Child Abuse (ACA)
107–108, G/F, Wai Yuen House, Chuk Yuen (North) Estate
Wong Tai Sin, Kowloon
HONG KONG
Telephone: 852 2351 1177
Fax: 852 2752 8483
Email: aca@aca.org.hk
Website: www.aca.org.hk
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.

British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN)
10 Priory Street
York YO1 6EZ
UNITED KINGDOM
Telephone: 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 wellbeing 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.
**Canadian International Development Agency (CIDA)**

200 Promenade du Portage
Gatineau, Quebec K1A 0G4
CANADA
Telephone: 819 997 5456  Toll free: 1 800 230 6349
Fax: 819 953 6088
Email: info@acdi-cida.gc.ca
Website: www.international.gc.ca

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.

**Centers for Disease Control and Prevention (CDC)**

Public Inquiries/MASO, Mailstop F07
1600 Clifton Road
Atlanta, GA 30333
USA
Telephone: 1 800 232 4636
Email: cdcinfo@cdc.gov
Website: www.cdc.gov

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.

**Child Rights International Network (CRIN)**

Unit W125–127, Westminster Business Square
1–45 Durham Street
London, SE11 5JH
UNITED KINGDOM
Telephone: 44 20 7401 2257
Email: info@crin.org
Website: www.crin.org

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**

International Secretariat
4th floor, 9 Marshalsea Road
London SE1 1EP
UNITED KINGDOM
Telephone: +44 (0)20 7367 4110
Fax: +44 (0)20 7367 4129
Email: info@child-soldiers.org
Website: www.child-soldiers.org

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.
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: 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.

Defence for Children International
Rue de Varembé 1
Case Postale 88
Geneva 20 CH–1211
SWITZERLAND
Telephone: +41 (0)22 734 0558
Fax: +41 22 740 11 45
Email: info@defenceforchildren.org
Website: www.defenceforchildren.org
To foster awareness about and solidarity around children’s rights situations, issues and initiatives throughout the world. To seek, promote and implement the most effective means of securing the protection of children’s rights in concrete situations, from both a preventative and curative standpoint.

ECPAT International (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes)
ECPAT International Secretariat
328/1 Phayathai Road
Ratchatewi
Bangkok 10400
THAILAND
Telephone: +662 215 3388
Fax: +662 215 8272
Email: info@ecpat.net
Website: www.ecpat.net
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.

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
Website: www.fapmi.es
Email: fapmi@fapmi.es
ISPCAN Country Partner
President: Dr Pedro Jaén Rincón
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 to children and the prevention, detection, accusation and intervention of any situation of mistreatment that affects children, adolescents and their families.
German Society for Prevention of Child Abuse and Neglect (GESPCAN)
Stern Strasse 58
40 479 Düsseldorf
GERMANY
Telephone: 0211 4976 80 0
Fax: 0211 4976 80 2
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.

The Global Initiative to End All Corporal Punishment of Children
Email: info@endcorporalpunishment.org
Website: www.endcorporalpunishment.org

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.

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

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.

INGO “Ponimanie”
8 Leszczynski Street
Building 5, Suite 403–404
Minsk, Belarus 220140
BELARUS
Telephone: 375 29 761 1201
Fax: 375 17 259 4883
Email: office@ponimanie.org
Website: www.ponimanie.org; www.rasskazhi.net

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.
International Labour Organization (ILO)

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: www.ilo.org/ipec/lang--en

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.

International Society for Prevention of Child Abuse and Neglect (ISPCAN)

13123 E. 16th Ave. B390
Aurora, Colorado 80045
USA
Telephone: 1 303 864 5220
Fax: 1 303 864 5222
Email: ispcan@ispcan.org
Website: www.ispcan.org

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.

Italian Network of Agencies Against Child Abuse (CISMAI)

Bureau and Secretariat
Via del Mezzetta, 1 Interno
50135 Firenze
ITALY
Tel: 0039 055 6121306
Fax: 0039 055 6193818
Email: presidenza@cismai.org or cismai@infinito.it
Website: www.cismai.org

ISPCAN Country Partner

The Association CISMAI, Italian Network of Agencies against Child Abuse, 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.

Japanese Society for Prevention of Child Abuse and Neglect (JaSPCAN)

5–6–8 Minami-Azabu
Minato-ku, Tokyo 106–8580
JAPAN
Telephone: 03-3440-2581
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.
National Association for Prevention of Child Abuse and Neglect (NAPCAN)

PO BOX K241
Haymarket, 1240
AUSTRALIA
Telephone: 02 9269 9200
Fax: 02 9261 0020
Email: contact@napcan.org.au
Website: www.napcan.org.au

ISPCAN Country Partner

NAPCAN is committed to stopping child abuse by producing national campaigns and distributing free resources, which 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 and practices that are in the best interests of children.

National Family Safety Program (NFSP)

Dr. Maha Al Muneef, Executive Director
PO Box 22490
Riyadh 11426
KINGDOM OF SAUDI ARABIA
Email: mahamuneef@gmail.com
Telephone: 2520088 Ext 40102 40101
Fax: 2520088 ext 40 103
Website: nfsp.org.sa

ISPCAN Country 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 thought awareness, training and advocacy, and creation of programs to care for the victims of the violence.”

Nordic Association for Prevention of Child Abuse and Neglect (NASPCAN)

Gunnar M. Sandholt, Chair
Ráðhúsinu
IS 550 Sauðárkróki
ICELAND
Telephone: 354 455 6080
GSM: 354897 54 85
Fax: 354 455 6001
Email: sandholt@skagafjordur.is
Website: www.nfbo.com

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.

Save the Children

St Vincent House
30 Orange Street
London, WC2H 7HH
UNITED KINGDOM
Telephone: 44 (0) 208 748 2554
Fax: 44 (0) 20 8237 8000
Email: info@savethechildren.org
Website: www.savethechildren.net/alliance

Thirty member organizations work together in 120 countries, campaigning for better outcomes for children and delivering programmes to support children.
Singapore Children’s Society
9 Bishan Place, Junction 8
#05–02
Singapore 579837
SINGAPORE
Telephone: 6358 0911
Fax: 6358 0936
Email: info@childrensociety.org.sg
Website: www.childrensociety.org.sg

ISPCAN Country Partner
They are committed to protect the physical, emotional and mental wellbeing of children, particularly the disadvantaged and those at risk, through child abuse and neglect prevention efforts, social services and a children’s home.

Terre des Hommes
Terre des Hommes International Federation
31 chemin Franck 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

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.

The United Nations Children’s Fund (UNICEF)
UNICEF House
3 United Nations Plaza
New York, New York 10017
USA
Telephone 1 212 326 7000
Fax: 1 212 887 7465
Email: visit: www.unicefusa.org/about/contact
Website: www.unicef.org


Turkish Society for Prevention of Child Abuse and Neglect (TSPCAN)
Oyak sitesi 7. blok No. 7
Cankaya, Ankara 6610
TURKEY
Email: fsahin@gazi.edu.tr
Telephone: 90 312 4398947
Fax: 90 312 4413352

ISPCAN Country Partner
With more than 200 members, TPSCAN 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.
World Health Organization (WHO)
Avenue Appia 20
1211 Geneva 27
SWITZERLAND
Telephone: 41 22 791 21 11
Fax: 41 22 791 31 11
Email: inf@who.int
Website: www.who.int

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.

World Vision International (WVI)
Executive Office
1 Roundwood Ave. Stockley Park Uxbridge
Middlesex UB11 1FG
UNITED KINGDOM
Telephone: 1 888 511 6548
Email: worvis@wvi.org
Website: www.wvi.org

World Vision International is a Christian relief and development organization working for the wellbeing of all people, especially children. Through emergency relief, education, health care, economic development and promotion of justice, World Vision helps communities help themselves.
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*Some respondents and contributors chose to remain anonymous.
Appendix D: Survey

World Perspectives on Child Abuse 2014

Introduction

Thank you for taking the time to complete this survey by the International Society for Prevention of Child Abuse and Neglect. This questionnaire is part of an important international research project. Your response to the survey will be combined with those we receive from other professionals and will be reported in World Perspectives on Child Abuse: Eleventh Edition. This document will be distributed to participants at the XXth International Congress on Child Abuse in Nagoya, Japan in September 2014 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 the Next button to continue to the next page.
Click the Previous button to return to the previous page.
Click the Exit this Survey button if you need to exit the survey.

If you have any questions about the survey, please contact us at membership@ispcan.org or call 1 (303) 864-5220.

Sincerely,

Howard Dubowitz, MD, MS, FAAP
World Perspectives Editor
ISPCAN Councilor

Jenny Gray, OBE, BSc, DipSW
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 an accurate as possible picture 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 MALTREATMENT: 11th EDITION (2014).
- NO, you may not include my name as a participant in the survey for WORLD PERSPECTIVES ON CHILD MALTREATMENT: 11th EDITION (2014).
## 2. Contact information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address 1</td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City/Town</td>
<td></td>
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<tr>
<td>State/Province</td>
<td></td>
</tr>
<tr>
<td>ZIP/Postal Code</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

## 3. Professional Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title/Position</td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
</tr>
</tbody>
</table>

## 4. Please indicate your PRIMARY discipline

- Social Work/Social Welfare
- Psychology
- Education/Teacher
- Law (Lawyer/Judge)
- Law Enforcement
- Other (please specify)
- Physician (Pediatrics)
- Physician (Psychiatry)
- Physician (Other)
- Other Health Care (e.g., Nursing)

## 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 and contact information of anyone who helped complete this survey. Only list those who have given permission for their name to be included:

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
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<tr>
<td>Organization:</td>
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<tr>
<td>Address 1:</td>
<td></td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>City/Town:</td>
<td></td>
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<td>State/Province:</td>
<td></td>
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<tr>
<td>Zip/Postal Code:</td>
<td></td>
</tr>
<tr>
<td>Country:</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

7. Please list the name and contact information of any others who coordinated responses on this survey. Only list those who have given permission for their name to be included:

|          |          |
Which of the following are generally viewed as Child Maltreatment (CM) in your country? (Check ALL that apply.)

We use the broad term CM to cover abuse and/or neglect. "Child" is defined as a person under age 18.

8. Involving a parent or caregiver toward a child
   - 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
   - Abandonment
   - Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
   - Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
   - Parental substance abuse affecting the child
   - Parental mental illness affecting the child
   - Child exposed to intimate partner (or domestic) violence

9. 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
10. 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
11. Does any government agency maintain an “official” record or count of all suspected CM cases reported in your country?

- [ ] Yes
- [ ] No
12. How long has this system of counting all reported cases been in place?
- Less than 5 years
- 5 to 10 years
- More than 10 years
- Don't know

13. For each type of CM listed below, please indicate if this label is used in your official system to classify reports.

<table>
<thead>
<tr>
<th>CM Type</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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. For each type of CM, please indicate if the official records show any change over the past 4 years in the number of these cases.

<table>
<thead>
<tr>
<th>CM Type</th>
<th>More Cases</th>
<th>Fewer Cases</th>
<th>No Change</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></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 intimate partner violence</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

15. Are there any subgroups of children (e.g., migrants, refugees, Roma children, Aboriginals, immigrants) who are systematically excluded from this reporting system?
- Yes
- No
- Don't know

16. If YES, please describe this subgroup(s):
17. Does your country have a law mandating reporting of suspected CM?

- Yes
- No

18. If YES, when did this law first take effect?

- Before 1990
- 1990 – 2000
- 2001 – 2005
- After 2005

19. Does this law(s) apply to:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
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<tr>
<td>Sexual abuse</td>
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<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>
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</tr>
</tbody>
</table>
20. What is the rate of reported CM in your county per 1000 children per year? Include all those reported as possibly abused or neglected.

21. What percent of these involve each type of CM?

<table>
<thead>
<tr>
<th>Type of CM</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>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<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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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandoned children</td>
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<td></td>
</tr>
</tbody>
</table>

22. Of all children reported for suspected CM, what percent are investigated?

23. Of all cases investigated, what percent are substantiated?

24. Of all cases substantiated, what percent of children are removed from the home?

25. Of all CM reports, what percent result in the perpetrator being removed from the home?

26. Of all CM reports, what percent lead to prosecution of the alleged perpetrator?
### Child Fatalities

**27. Does any government agency maintain an "official" annual count of deaths due to child abuse or neglect?**
- Yes
- No

**28. Over the past 10 years has the number of reported deaths due to CM:**
- Increased
- Decreased
- Remained about the same
- Don't know

**29. Are there child death (or fatality) review teams in your country?**
- Yes
- No

**30. If YES, are these teams supported by law?**
- Yes
- No
31. Does your country have an identified government agency (or agencies) at the national, state or local levels that is mandated to respond to cases of CM?

- [ ] Yes
- [ ] No
### Laws and Policies Responding to Child Abuse and Neglect

32. 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
<table>
<thead>
<tr>
<th>33. When were these laws or policies first established?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Before 1980</td>
</tr>
<tr>
<td>- 1980-1989</td>
</tr>
<tr>
<td>- 1990-2000</td>
</tr>
<tr>
<td>- After 2000</td>
</tr>
<tr>
<td>- Don't know</td>
</tr>
</tbody>
</table>
### 34. Please indicate whether these elements are specified in laws or policies.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</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>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that the child(ren)’s and family’s needs be assessed</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>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
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<td>☐</td>
</tr>
<tr>
<td>Specific criminal penalties for abusing a child</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requires the development of specific prevention services</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requires that a separate attorney or advocate be assigned to represent the child’s interests</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provide a specific budget for preventing CM</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other key provisions (please specify)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### World Perspectives on Child Abuse 2014

#### 35. To what extent are these laws or policies being enforced?

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Widely enforced</th>
<th>Inconsistently enforced</th>
<th>Never or almost never enforced</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
<td>☐</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>
<td>☐</td>
</tr>
<tr>
<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that the child(ren)'s and family's needs be assessed</td>
<td>☐</td>
<td>☐</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>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Specific criminal penalties for abusing a child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that the development of specific prevention services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement that a separate attorney or advocate be assigned to represent the child's interests</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Penalties for professionals who fail to report CM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Provision of a specific budget for preventing CM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Requirement</td>
<td>Adequate</td>
<td>Somewhat inadequate</td>
<td>Very inadequate</td>
<td>Don't know</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Mandated reporting of suspected CM for specific groups of professionals or individuals</td>
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<td>Requirement that reports be investigated within a specific time period (e.g., 24 hours)</td>
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<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>
<tr>
<td>Provisions for removing the alleged perpetrator from the home</td>
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<tr>
<td>Specific criminal penalties for abusing a child</td>
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</tr>
<tr>
<td>Requirement that all victims receive some form of service or intervention</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Requirement that all perpetrators receive some form of service or intervention</td>
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</tr>
<tr>
<td>Requires the development of specific prevention services</td>
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</tr>
<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>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide a specific budget for preventing CM</td>
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</tbody>
</table>
### Services

37. Many families involved in child abuse and neglect cases need services. Please indicate whether the service is available, and if yes, to what extent.

<table>
<thead>
<tr>
<th>Service</th>
<th>No</th>
<th>Yes, occasionally available</th>
<th>Yes, moderately available</th>
<th>Yes, usually available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs for those who neglect a child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Programs 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>
<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>
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<tr>
<td>Case management support services to meet a family’s basic needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>Home-based services to support parents and family</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Foster care with official foster parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Group homes for maltreated children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Public shelters for maltreated children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Institutional care for maltreated children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Financial and other material support</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hospitalization for mental illness for adults</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hospitalization for mental illness for children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Substance abuse treatment for parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Substance abuse treatment for children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Centers for parents to share experiences/concerns</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Universal home visits for all new parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Targeted home visits for new parents at-risk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Free child care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Universal health screening for children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Universal free medical care for children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Universal free medical care for all citizens</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### Prevention Services

38. Please indicate how involved each of the following community sectors is in providing CM treatment and prevention services.

<table>
<thead>
<tr>
<th>Community 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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Businesses/factories</td>
<td></td>
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<tr>
<td>Schools</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Public social service agencies</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Community-based NGOs</td>
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<td></td>
<td></td>
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<tr>
<td>Religious institutions</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary civic organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courts/law enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Universities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. To what extent do government and non-governmental agencies fund CM treatment or prevention services?

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>No Funding</th>
<th>Moderate Funding</th>
<th>Major Funding</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-government</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following questions pertain to child sex exploitation (CSE) 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.

40. To what extent does your country have laws concerning CSE?
   - Greatly
   - Somewhat
   - Not really
   - Don't know

41. To what extent does your country have programs to combat the problem of CSE?
   - Greatly
   - Somewhat
   - Not really
   - Don't know

42. To what extent do agencies in your country collaborate to stop CSE?
   - Greatly
   - Somewhat
   - Not really
   - Don't know

43. To what extent are there clear policies for reporting CSE to a public agency or NGO?
   - Greatly
   - Somewhat
   - Not really
   - Don't know

44. Does your country keep official data on CSE?
   - Yes
   - No
   - Don't know
### World Perspectives on Child Abuse 2014

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. Is commercial sex work (or prostitution) legal in your country?</td>
<td>Yes, No, Don't know</td>
</tr>
<tr>
<td>46. At what age is it legal to be a sex worker in your country?</td>
<td>At no age, 14, 16, 18, Other (please specify)</td>
</tr>
<tr>
<td>47. To what extent do victims of CSE receive mental health care?</td>
<td>Most of the time, Sometimes, Rarely, Don't know</td>
</tr>
<tr>
<td>48. To what extent does your country prosecute its citizens who engage in CSE within your country?</td>
<td>Most of the time, Sometimes, Rarely, Don't know</td>
</tr>
<tr>
<td>49. To what extent does your country prosecute its citizens who engage in CSE abroad?</td>
<td>Most of the time, Sometimes, Rarely, Don't know</td>
</tr>
</tbody>
</table>
50. To what extent does your country prosecute foreigners who engage in CSE within your country?
- Most of the time
- Sometimes
- Rarely
- Don't know

51. To what extent does your country arrest children who are being exploited sexually?
- Most of the time
- Sometimes
- Rarely
- Don't know

52. Have there been arrests in your country in the past year of persons who were engaged in sex trafficking of children?
- Yes
- No
- Don't know

53. 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
### World Perspectives on Child Abuse 2014

#### Prevention

54. **How effective have each of the following strategies been in preventing CM in your country?**

<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>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>
</tr>
<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>
</tbody>
</table>

55. **How important are the following issues in limiting efforts to prevent CM in your country?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Not Important</th>
<th>Moderately Important</th>
<th>Very Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited resources for improving the government’s response to CM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lack of specific laws related to CM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lack of system to investigate reports of CM</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lack of trained professionals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Public resistance to supporting prevention efforts</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Extreme poverty</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Decline in family life and informal support systems for parents</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Country’s dependency on foreign investment to sustain its local economy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Strong sense of family privacy and parental rights to raise children as they choose</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>General support for the use of corporal punishment/physical discipline of children</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lack of commitment or support for children’s rights</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Overwhelming number of children living on their own</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Generally inadequate and poorly developed systems of basic health care or social services</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Political or religious conflict and instability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
56. 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

57. If significantly, please give a few examples:

58. How useful have the following ISPCAN resources been in helping you 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>
</tr>
</thead>
<tbody>
<tr>
<td>Child Abuse and Neglect: The International Journal</td>
<td></td>
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<tr>
<td>ISPCAN Bi-Annual Congresses</td>
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<tr>
<td>ISPCAN-sponsored Regional Conferences</td>
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<tr>
<td>The LINK: ISPCAN Newsletter</td>
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<tr>
<td>World Perspectives on Child Abuse</td>
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<tr>
<td>ITPI training project</td>
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<tr>
<td>Other ISPCAN trainings</td>
<td></td>
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<tr>
<td>Developing Countries Scholarships</td>
<td></td>
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<tr>
<td>ISPCAN Listserv</td>
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<tr>
<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>
<td></td>
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</tbody>
</table>
59. Countries address child abuse and neglect in different ways. What have been 3 major developments 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)?
Reputable Organizations in Your Country

60. 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. (We will add a note that we are NOT endorsing any of these resources.)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address 1:</th>
<th>Address 2:</th>
<th>City/Town:</th>
<th>State/Province:</th>
<th>ZIP/Postal Code:</th>
<th>Country:</th>
<th>Email Address:</th>
<th>Website:</th>
</tr>
</thead>
</table>

61. What resources does this organization offer?

62. Additional reputable organization:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address 1:</th>
<th>Address 2:</th>
<th>City/Town:</th>
<th>State/Province:</th>
<th>ZIP/Postal Code:</th>
<th>Country:</th>
<th>Email Address:</th>
<th>Website:</th>
</tr>
</thead>
</table>

63. What resources does this organization offer?
Thank you for taking the time to complete this survey. Your responses will be used in our next edition of World Perspectives to be published in 2014. Please click "done" to submit your responses.