



European Network of National Observatories on Childhood

Review on national systems of statistics and registration on child abuse

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Premise: the review

According to its functions of **exchange of knowledge** and information, the ChildONEurope Secretariat, on the mandate of the Network Assembly, prepared a review on national systems of statistics and registration on child abuse. The review intends to respond to the demand for more sharing of data and practices of data collection on the issue of child abuse. For the purpose of this survey, the term “**national system of data collection**” indicates an official public structure or mechanism to periodically describe the statistical profile of the phenomenon of violence against children. On the other hand, the term “**national system of registration**” refers to a system of recording in which cases of child abuse are referred to a specific local body, service or institution, which later submits systematically aggregated data or the complex of single data to a central unit/agency following common specific rules and criteria and using standard form or questionnaire (e.g. the Child Protection Register in England). The review was subdivided in two phases: the first aimed to study the different experiences and approaches to the collection of data in this area in all the countries forming the European Network of National Observatories on Childhood; the second had the aim of verifying the status of statistics on child abuse and updating the knowledge on the juridical framework. The review was realised through two questionnaires for the collection of information and documents. In the first phase a qualitative questionnaire sent to ChildONEurope Members and Associated Members pertained to two major areas: **1. the institutional framework; 2. the data systems on child abuse.** Under the first section, each country was asked to describe the institutional structure of responsibilities on this issue at a national and at a local level. The aim was to identify the subjects/institutions responsible for specific policies in this area, as potential actors for the promotion of data collection and information. The second section aimed at drawing a general picture of the present situation in the collection of general statistics on the issue and at describing more finalized systems of child abuse registration. The questions concerned both the national and the regional or local level of data collection, because the national statistical quality and consistency of data is determined at the local level. ChildONEurope received replies and, in some cases, documents from the following countries: **Austria, Belgium, Czech Republic,**

Cyprus, Denmark, Estonia, Finland, France, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, the Netherlands, Poland, Portugal, Slovakia, Spain and the UK. The degree of participation is quite high, since 80% of the EU member states replied to the questionnaire. In the second phase all the ChildONEurope Members and Associated Members were invited to provide:

1. statistics on the phenomenon of child abuse (year of reference: 2002);
2. information related to laws and legal provisions in force at the national level addressing all the various forms of child abuse.

Then, the ChildONEurope Secretariat, on the mandate of the Network Assembly, prepared a questionnaire on both issues. The questionnaire was sent back by a number of countries slightly lower than the number of those answering to the first phase of the survey: Belgium, Cyprus, Czech Republic, Denmark, Estonia, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Netherlands, Poland, Portugal, Spain. It is important to state beforehand that not all the interlocutors of ChildONEurope declared they had the competence to answer all or some parts of the questionnaire. This fact came to be an obstacle for the gathering of more precise information on the situation of data collection in EU countries. However, this was at the same time a result in itself, because it corroborated the perception of a high fragmentation and lack of coordination among all the institutional sources of data existing at a national level.

Moreover, most of the partners of ChildONEurope are countries with a decentralized system of governance in the fields of Health, Welfare and Education policies. In such fields, some of the government tasks and powers are not under the control of the central government, but of other decentralized authorities, which have different degrees of autonomy according to the different national legislations. Such a federal organization of the state collides with difficulties in organizing and coordinating methodologies and tools for the collection and aggregation of data on child abuse. Finally, some countries sent to the Secretariat documents illustrating the information given briefly in the questionnaires; their collaboration gave us the opportunity to make some concrete examples during the analysis, but this does not mean that other countries do not have experiences and initiatives that could have been cited if known, neither that only the mentioned countries have the problems highlighted in the analysis.

1. Introduction

In almost all of the EU Members, the multidimensional phenomenon of child abuse is widely underestimated due to the nature of the events which characterize it and to the severe lack of reliable statistics available as an informative background for estimating the prevalence (the number of people in a population who have been victims of child abuse) and the incidence (the number of new cases of child abuse during a period of time) of the phenomenon and for the evaluation of policies and interventions¹. Even if we do not know, and never will, the real extent of the phenomenon, nowadays the problem is well visible, and when it is ignored, the silence around it is a “noisy silence”.

An estimate from the World Health Organization shows that 40 million children aged 0 to 14 around the world suffer from maltreatment and require health and social care. About 20% of women and 5 to 10% of men have suffered sexual abuse as children². A Unicef opinion survey in 2001, conducted through interviews with 15,200 children from 9 to 17 years in 35 countries in Europe and Central Asia, indicated that 59% of children had experienced violent or aggressive behaviours within their families (61% in Eastern and Central Europe and Central Asia, 54% in Western Europe). Children reported that parents scolded, insulted or beat them “very/quite often” in 11% of cases³. In a report to the Council of Europe, Liz Kelly⁴ cited the following prevalence figures for domestic violence (wife abuse) in a selection of European countries: Belgium 25% of female population, Finland 22%, Netherlands 21%, Switzerland 20%, United Kingdom 26%. If the average number of children for women in Europe is roughly 1.5, from the previous percentage it is possible to derive an enormous number of

¹ Unicef – IRC, 2005, *Violence against children in Europe, a preliminary review of research*, Unicef Innocenti IRC.

² Krug, E., Mercy, J., Dahlberg, L., & Zwi, A., 2002, *The world report on violence and health*. Lancet, 360, 1083-88.

³ Unicef, 2001, *Young voices opinion survey of Children and Young people in Europe and Central Asia*.

⁴ Kelly L., 2000, *Vision, innovation and professionalism in policing violence against women and children*, Council of Europe.

children, teenagers and young adults exposed to the devastating effects of witnessing violence during their childhood.

The magnitude and pervasiveness of child maltreatment worldwide is amazing (Krug et al. 2002) even if the majority of maltreatments remains unreported. The urgent demand for improving our knowledge of the problem was also the result of a new awareness of the fact that during the Nineties there had been a predominant emphasis on the problem of sexual exploitation and abuse, which had led to neglect in research and, possibly in practice, all the other forms of child abuse.

For child abuse as a whole it is possible to agree with the conclusions drawn by Corinne May Chahal and Maria Herczog (2003)⁵ about sexual abuse, i.e. the common crime statistics don't describe the problem at all, because few cases are reported to the social services and the police; given that the crimes *usually happen in private, victims are often threatened or sworn to secrecy and are fearful of the consequences of prosecution for themselves and their families*. Moreover, there are also cultural dynamics which collude with secret and underestimation: some forms of physical and psychological abuse are considered legitimate as educational methods or as behaviours acceptable for a parent; other forms are acknowledged as violence if the children are not direct victims, e.g. witnessing violence; there are still a lot of professionals in social, health, education and judicial sectors who are not qualified to recognize child abuse.

In some new EU member states of central and Eastern Europe, the underestimation is still the consequence of:

- the collapse of former state services;
- previous prejudice of political incorrectness of talking about child violence in a socialist society;
- the social and institutional problems connected to the transition and new poverties.

⁵ May-Chahal, C., Herczog, M., 2003, *Child sexual abuse in Europe*, Council of Europe Publishing, Strasbourg.

1.1 Data as a tool to prevent violence: a public health issue and a topic of public policies

In 1996, the Forty-Ninth World Health Assembly adopted Resolution WHA49.25, declaring violence a major and growing public health problem across the world. The Assembly drew attention to the serious short- and long-term consequences of violence for individuals, families, communities and countries, and stressed the damaging effects of violence on public services. Since then, important results have been reached, as actions taken by States and international organizations have increased awareness of the extent of the problem, its characteristics and its effects. Researches and studies have been developed in many different disciplines, giving the chance to improve early prevention, assistance, recovery and treatment. New knowledge makes it possible to evaluate the magnitude of child abuse, not only in terms of its incidence and prevalence, but also in terms of its social, physical, developmental and psychological consequences and their associated economic costs for the individual and the whole society. Evidence shows that children who have been maltreated suffer from many short- and long-term consequences. These include physical injuries and emotional or mental disorders. There is also an interplay between physical and emotional consequences and a heterogeneity of response pattern to trauma: adaptive changes in cognition, in affects, in behaviours, in neurophysiology, in physiology (Perry, 1993⁶). It has been shown that the brain of a child who has suffered maltreatment in early life is changed structurally and the consequences may affect the brain's functioning forever⁷. Developmental experiences determine the organizational and functional status of the mature brain and, therefore, adverse events can have a tremendous negative impact on its development. In turn, these

⁶ Perry, B., 1993, *Neurodevelopment and the neurophysiology of trauma: (I) conceptual considerations for clinical work with maltreated children*, «The APSAC Advisor», 6: 1-12, 1993; Van der Kolk, B.A., McFarlane, A.C., Weisaeth, L., 1996, *Traumatic stress. The effect of Overwhelming Experience on Mind, Body and Society*, Guilford, New York.

⁷ Glaser, D., 2000. *Child Abuse and Neglect and the Brain. A Review*, «Journal of Child Psychology and Psychiatry», 41: 97-116.

neurodevelopment effects may result in significant costs to the individual, their family, community and, ultimately, society. In essence, childhood maltreatment alters the potential of a child and, thereby, robs us all. Adults who were maltreated as children suffer illnesses that are the indirect consequence of their childhood injuries⁸. There are now plenty of serious studies exploring the association between a history of child abuse and mental and physical health problems in adulthood. These studies are based on clinical samples, contextual samples (usually of students or patients of general clinics) and random community samples. Nowadays, no one denies the (possible) link between a history of child sexual abuse with higher risk in adults of depressive symptoms, anxiety symptoms, substance abuse disorders, eating disorders, post-traumatic stress disorders, arrhythmia, specific gynaecological and gastroenterological disorders, endocrine and immune problems (Herman, 1982; Luberti, 1997)⁹. Child abuse is also among the more consistently identified risk factors for perpetrating crime and violence in later life, or for the exposure to new victimization. Such dynamics feed the so called intergenerational cycle of violence.

At the individual costs must be added the costs affecting society as a whole for taking care of victims both in the short and in the long term. These costs can be placed in one of two categories: direct costs (associated with the immediate needs of abused or neglected children) and indirect costs (associated with the long-term and/or secondary effects of child abuse and neglect).

Costs associated with child maltreatment include: medical care; mental health and substance abuse care for victims, perpetrators, and families; criminal justice system expenditures; social welfare organizations costs; child protection expenses; and special education in school systems is

⁸ Kendall-Tackett, K., 2002, *The health effects of childhood abuse: four pathways by which abuse can influence health*, «Child Abuse and Neglect», 26: 715-29.

⁹ Herman, J., 1982, *Trauma and Recovery*. Basic Books, New York; Luberti, R., 1997, *Conseguenze sulle donne adulte dell'abuso sessuale intrafamiliare subito in età minore*, in Luberti, R., Bianchi, D. (eds.), *"...e poi disse che avevo sognato". Violenza sessuale intrafamiliare su minori. Caratteristiche del fenomeno e modalità di intervento*, ECP, San Domenico di Fiesole.

another cost associated with the response to the abuser. Researches on the costs of child abuse estimate that in the United States of America they range from a high of \$42,518.00 per child for treatment costs to a minimum cost of \$18,103 per child for hospitalization alone. On a social basis, the aggregate costs are significant, reaching one percent of the GDP or a total of \$94 billion dollars¹⁰.

Given the enormous costs of child abuse, the importance of taking a systematic, comprehensive approach to monitoring the phenomenon becomes increasingly evident.

Nowadays, many researchers are facing the embarrassing situation of not having the knowledge resources to understand the variations occurring in statistical data on child abuse and to evaluate the effectiveness of interventions in breaking the patterns and cycle of child abuse and neglect. Finkelhor et al.¹¹ observed that in the USA the cases of substantiated sexual abuse have declined approximately 39% nationwide from 1992 to 1999, according to estimates from the National Child Abuse and Neglect Data System (NCANDS)¹². The decline in identified cases of sexual abuse does not appear to be just an extension of a general declining trend in overall child maltreatment. Neglect cases, which make up the greatest proportion of Child Protection Services cases, have declined only an estimated 14% from a peak in 1994. Physical abuse has declined 29%

¹⁰ WHO, 2002, *Report on Health and violence*, Geneva WHO; Geen, Waters Boots and Tumlin, 1999, *The Cost of Protecting Vulnerable Children: Understanding Federal, State, and Local Child Welfare Spending*, The Urban Institute; Fromm, S., 2001, *Total Estimated Cost of Child Abuse and Neglect In the United States Statistical Evidence*, NCPA.

¹¹ Jones, L.M., Finkelhor, D., Kopiec, K., 2001, *Why is sexual abuse declining? A survey of state child protection administrators*, «Child Abuse & Neglect», 25: 1139-1158.

¹² The National Child Abuse and Neglect Data System (NCANDS) is a voluntary national data system created in response to the Child Abuse Prevention and Treatment Act (PL-93-247). The system is the primary source of information on child abuse and neglect known to child protection service (CPS) agencies. NCANDS collects and analyzes data and consists of two components. The Summary Data Component (SDC) contains data from all states, aggregated at the state level, including information on reports received, investigations, victims, and perpetrators. The Detailed Case Data Component (DCDC) compiles case-level information from child protective service (CPS) agencies in those states capable of electronically submitting data (23 states in 1999).

since a peak in 1995. Despite the striking decline, little discussion of the trend has occurred at either the national or the state level. The reason could be that a real decline in the incidence of sexual abuse has occurred. However, the researches argued that it may also be that without any real decline in incidence, changes in attitudes, policies, and standards have simply reduced the amount of sexual abuse being reported and substantiated. This would suggest the decline in cases has resulted from a decline in the intervention rate, not in the incidence rate.

Their research to gather information about possible sources of the decline in sexual abuse and to identify child protection trends that might be contributing to this decline, concluded that further steps are needed: (1) to increase confidence in the data system by both fixing its flaws and publicizing its strengths; (2) to devote more resources to the analysis and utilization of the data from these systems; and (3) to train and educate staff and policy makers, people at all levels of child welfare systems, in the importance and utility of data and research in policy making.

After an in-depth analysis of available data, the authors conducted a survey among Child Protection Service administrators. They interviewed a sample of them which would be representative at a federal level. The survey pointed out that the majority of services had spent little time considering the implications of the trend and no additional analyses were conducted. Several respondents mentioned that looking at and analysing trends was a low priority for their agency, without considering that a good understanding of changes has important implications for how well victims are being protected.

One of the most important results of this survey was an identification of the degree to which Services and administrators are not using their own data to carefully trace state trends in reports and the vast majority of those that do trace these trends have done little work to better understand them or to reason on their causes.

The policy makers and those responsible for the data systems themselves have seemed to pay little attention to the decline that has been occurring. There are a few possible reasons for the lack of attention to this issue. The authors suggest some explanations which are very important for ChildONEurope's research as well, and which support some conclusions

derived from this survey and from others developed at an international level¹³:

1. lack of faith in the data systems. The professionals and administrators who work in the child maltreatment field and even the people responsible for the data systems may lack faith in their systems and the numbers they produce.
2. lack of funding for data interpretation.
3. lack of an evaluation orientation. The field of child maltreatment has a very weak orientation in general using statistics and research to evaluate its practice in a systematic way, preferring cases and anecdotes to drive policies
4. fear. Some of the unwillingness to look at the decline more straightforwardly may also be related to fears among those who collect and disseminate the data or are in a position to interpret it. One fear may be that, if declines are publicized, politicians and policy makers will use them as an excuse to reduce funding.

1.2 Collecting data as a problem of children's rights

The availability of reliable, shareable and comparable data on childhood is a crucial and adequate problem which is underlined constantly at an European and international level. The lack of coordinated and adequate data on child abuse is often a symptom of a more general weakness in the collection of data on children and for the monitoring of the programmes and policies affecting them.

If we consider the need for data in the framework of the Convention on the Rights of the Child (CRC), it appears clearly as a tool for implementing the CRC, in particular for translating in concrete reality the principle of the best interest of the child, which must be a primary consideration in all actions concerning children (article 3). It is evident, in fact, that if all public and private bodies and administrative authorities are required to consider the impact of

¹³ Gelles, R.J., 2000, *How evaluation research can help reform and improve the child welfare system*, «Journal of Aggression, Maltreatment, & Trauma», 4(1): 7-28.

actions on children in order to ensure that their best interests are properly considered, basic data on juvenile population and specific data on vulnerable groups, critical problems and special needs constitute the fundamental basis on which the impact can be properly evaluated. The UN Committee on the implementation of the CRC underlines continuously the issue.

As the recent ChildONEurope's *Survey on the committee's concluding observations on the last EU countries' reports* shows, the issues of data collection and of the definition of indicators on childhood and related issues have been largely discussed by the Committee with all the EU Countries (25 EU Member Countries and 4 Acceding / Candidate Countries)¹⁴. The Committee considers data collection as a tool for implementing the CRC and a crucial effort for the monitoring and evaluation of progress achieved and the assessment of the impact of policies with respect to children. In particular, the Committee deems that the availability of statistical data is essential in order to identify and combat specific dramatic issues affecting children's lives, such as violence, exploitation and discrimination. Several EU Countries have achieved positive results, but only few countries have established specific instruments, programmes or bodies dealing with the collection of statistical data on children (5 EU Member Countries and 1 EU Acceding / Candidate Country)¹⁵. The most frequent concern of the Committee is the insufficient, or absent, disaggregation of data in a comprehensive way, i.e. on age, on gender, on children belonging to minority groups and on children in need of special protection.

The availability of data on childhood is an important step towards integration and cohesion of national EU policies for this population target. Even if there is no comparable information, it is necessary to have at least information good enough to represent the situation of each country, in order to promote the role of the European Union as a dimension that can bring a fundamental added value in the field of children's rights and to

¹⁴ Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, The Netherlands, United Kingdom, Bulgaria, Croatia, Romania, Turkey.

¹⁵ Cyprus, Italy, Lithuania, Poland, United Kingdom, Turkey.

identify the main priorities for future action. It is a function that the Commission takes on itself, with the task of analyzing the obstacles which prevent children from fully enjoying their rights, as stated in the Communication of the Commission **Towards an EU Strategy on the Rights of the Child** (COM(2006) 367 final). The ChildONEurope Network is identified as one of the partners in assessing the effectiveness of actions taken and in overcoming gaps in critical areas.

As regards violence against children, the European Union¹⁶, the Council of Europe¹⁷, the WHO¹⁸ and the UN¹⁹ have even recently called for the implementation of national systems of statistics on child abuse, in order to gather good information on the incidence and prevalence of the phenomenon in our societies, and to elaborate evidence-based prevention strategies. Data collection can be a powerful tool to enable institutions to prevent violence as one of the priorities and an issue of children's rights and citizenship. This idea is one of the pillars around which the Council of Europe has built the Programme of Action on **Children and violence** (2005-2007), which "*seeks to assist the member states fulfil their commitments made under the various relevant international legal instruments, principally by developing interdisciplinary national prevention policies and strategies for the protection of children*". The implementation of the important legal instruments protecting children from violence, which have been drawn up by the Council of Europe, cannot be assessed only by their formal ratification. It is also necessary to measure the real change in the diffusion and severity of the problem they want to prevent and counteract. Measuring violence against children is a challenging task. There is a wide variability in the stages of development of local, regional and national data

¹⁶ Decision of European Parliament and Council for the institution of a second phase of Daphne Programme, 21 April 2004.

¹⁷ Commitment and Action Plan approved on the occasion of the Conference for Europe and Central Asia (20-21 November 2001, Budapest, Hungary); Regional Consultation for Europe and Central Asia for the UN Secretary General's Study on Violence Against Children (Stop Violence Against Children - Act Now!, 5-7 July 2005 in Ljubljana, Slovenia).

¹⁸ WHO, 2002, *Report on Violence and Health*.

¹⁹ *World fit for children* (2002) and the first results from UN Study on violence against children.

systems. Each country adopts its own definitions, rules of classification and registration. Problems of definitions derive also from the different use of the terminology across the various disciplinary fields and, last but not least, from the specific social representation and national culture regarding children and the use of power and force in relationships.

The recent Report of the Independent Expert for the United Nations study on violence against children (UN, 2006) recognizes child abuse as a hidden, unreported and unrecorded global problem on which many progresses have been made in the last decades, especially with respect to legislative reforms. However, there is still a strong delay in translating clinical evidence into information to be extensively used for setting evidence-based policies and actions. The analysis contained in the Report shows that, in most of the world, such a delay is caused by the lack of extensive data on the phenomenon, on risk and protective factors, and information driven by differential analysis according to different target groups. Among the overarching recommendations of the Independent Expert we find also the development and implementation of systematic national data collection and of research efforts. These recommendations are addressed primarily to Governments, because of their legislative, administrative, judicial, policy-making roles and institutional functions:

“I recommend that States improve data collection and information systems in order to identify vulnerable sub-groups, inform policy and programming at all levels, and track progress towards the goal of preventing violence against children.

States should use national indicators based on internationally agreed standards, and ensure that data are compiled, analysed and disseminated to monitor progress over time. Where not currently in place, birth, death and marriage data registries with full national coverage should be created and maintained. States should also create and maintain data on children without parental care, and on children in the criminal justice system. Data should be disaggregated by sex, age, urban/rural, household and family characteristics, education and ethnicity. States should also develop a national research agenda on violence against children across settings where violence occurs, including through interview studies with children

and parents, with particular attention to vulnerable groups of girls and boys”²⁰.

Then, the establishing of Monitoring or Surveillance systems is crucial to enhance the capacity for a continuous analysis of the phenomenon and in order to set priorities, guide programme design and monitor progress achieved. Now, taking a worldwide understanding of the problem, some questions arise: how does the existence of institutional centres addressing the issue help in improving the establishment of specific data collection and monitoring? How does the approval of specific action plans against violence on children help in raising awareness on the importance of an extensive and systematic data collection?

1.3 Definition of child abuse and some other technical problems

Data collection on child abuse must be based on accepted definitions in order to allow for uniform categories of data collection.

Most professionals are fairly certain they know what child abuse is, and there is a fair amount of agreement about the main typologies, but even today some people would question the inclusion of witnessing violence among child abuse, and sexual acts that do not involve penetration into child sexual abuse. Despite a minimum level of consensus, it remains essential to define what child abuse is, because there are variations in definitions across professional disciplines.

The problem of definition is at the same time a problem of recognition of the facts and of awareness of the complex interaction among different forms of abuse. It is by now well-known that there is a considerable overlap between physical, emotional and sexual abuse, and children who are subject to one form of abuse are significantly more likely to suffer other forms of child abuse (Briere and Runtz 1990; Fergusson et al. 1997a and

²⁰ Pinheiro, P.S., 2006, *Report of the independent expert for the United Nations study on violence against children.*

1997b; Di Blasio 2002)²¹. Mullen et al. (1996)²² found women with histories of child sexual abuse had over five times the rate of physical abuse, and were three times as likely to also report emotional deprivation.

The results of the present survey reflect the multidimensional nature of each case of child abuse, which creates difficulties in the conceptualization of the phenomenon (which definition should we use, the legal one or the clinical one?), in its practical definition (which behaviours are child abuse?), and registration (e.g. all the children reported to child protection services or only the ones for whom an investigation was open; or all the denounced cases or only those for which legal proceedings started?).

Basic operational issues

- A.** Definitions of child abuse (acts, contexts – in family, school, residential institutions and community-, additional characteristics, etc.).
- B.** Sources: Health sector; Social sector; Judicial sector; Other.
- C.** Type of cases considered:
 1. CHILD: child referred to services for suspected child abuse; child victim of cases validated; child victim of crimes reported; child victims of crimes substantiated.
 2. CRIMES: crimes of child abuse reported; crimes of child abuse substantiated.
- D.** Frequency of data collection: continuous; periodical.
- E.** Extension: census; sample.
- F.** Organization and responsibility for the collection of data: centralized or decentralized agencies; public or private management.
- G.** Characteristics of the flows of data from local to regional/national: aggregated data; single data, etc.

²¹ Briere, J., Runtz, M., 1990, *Differential adult symptomatology associated with three types of child abuse histories*, «Child Abuse and Neglect», vol. 14: 357-364; Fergusson, D.M., Lynskey, M.T., 1997a, *Physical punishment/maltreatment during childhood and adjustment in young adulthood*, «Child Abuse and Neglect», vol. 21: 617-630; Fergusson, D.M., Horwood L.J., Lynskey, M.T., 1997b, *Childhood sexual abuse, adolescent sexual behaviours and sexual revictimisation*, «Child Abuse and Neglect», vol. 21: 789-803; Di Blasio, P., 2002, *La prevenzione della violenza all'infanzia tra fattori di rischio e fattori protettivi*, in *La prevenzione del disagio nell'infanzia e nell'adolescenza*, Istituto degli Innocenti, Firenze.

²² Mullen, P.E., Martin, J.L., Anderson, J.C., Romans, S.E. and Herbison, G.P., 1996, *The long-term impact of the physical, emotional and sexual abuse of children: a community study*, «Child Abuse and Neglect», vol. 20: 7-22.

- H.** Technological support: centralised data base; multicentered platform
- I.** Legal guarantees for privacy (to protect the confidentiality and ensure the safety of the child)
- L.** Respect of general quality dimensions and standards^(a):
 1. *institutional environment*: Legal and institutional framework; Ethics (no discrimination, respect for diversity/gender; professional independence); Adequacy of resources; Statistical confidentiality; Impartiality and objectivity (transparency).
 2. *statistical processes*: Methodological soundness (the methodological basis follows national – and international – accepted standards, guidelines, good practices); Non excessive Burdens on the respondents (Simplicity); Cost effectiveness; Acceptability; Flexibility.
 3. *statistical output*: Relevance in terms of improving the knowledge because data capture significant aspects of the phenomenon; Specificity; Accuracy; Timeliness; Coherence; Accessibility.

^(a) See: Havinga et al., 2004, *Squaring the cycle. Towards a quality framework for international official statistics*. Paper presented at the Conference on Data Quality for International Organization, Wiesbaden, 2004; European Statistics Code of Practice, 2005; Wolfe, D.A., Yuan, L., 2001, *A conceptual Epidemiological framework for Child Maltreatment Surveillance*, Ottawa Minister of Public Works and Government Services.

As Jenny Gray explained for the English Child Protection Register, during the ChildONEurope Seminar held on 3 December 2004 in Florence, the collection of data needs an interdisciplinary approach for the definition of the cases that become the focus of statistical analysis. This is the case for the children considered in the English Protection Register, who are only the ones who have been the subject of a multi-agency child protection conference and who have been registered.

Within our review, the term “child abuse” refers to the following definition given in 1999 by the WHO Consultation on Child Abuse Prevention: *Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.*

The definition encompasses a wide variety of behaviours which harm the normal development of a child, and it underlines the dual nature of child abuse, which can be active (e.g. blows) or omissive (e.g. neglect).

Using the traditional typologies, all the ChildONEurope Members and Associated Members were asked to provide information on the existing systems both for collecting data and for registering cases of child abuse, in particular:

- sexual abuse
- sexual commercial exploitation (child pornography, child pornography on web, prostitution)
- emotional neglect
- physical neglect
- physical ill-treatment
- psychological ill-treatment
- witnessing violence
- trafficking for sexual exploitation.

The specific acts of child abuse can be defined both from a legal and socio-clinical perspective, as shown in this survey, where the Judicial and Social sectors are the main providers of information and data.

Two main problems have been encountered in this survey, and in general by professionals and researchers, when trying to define child abuse with the aim of collecting data. Firstly, which approach should be preferred: the administrative one, which, at least in theory, ensures a more continuous gathering of data from the ordinary activities of services and institutions, or a case-centred analysis which derives estimates from systematic research on standardized and statistically representative samples? The problem with statistics collected at an administrative level is that researchers have to take into account that administrative statistics can be affected by changes in the identification of cases, reporting behaviour, and agency procedures. The second problem is the choice of the best disciplinary approach to define the various aspects of the phenomenon for the purpose of data collection. The main choice is between the legal meaning and the socio-clinical one. The survey clearly shows that all countries have serious difficulties in integrating

data coming from the social and the judicial sector because of the different collection criteria and because of the lack of an integration mechanism. From a statistical point of view, the legal approach seems to have some advantages compared to the latter: it can be explained with specific behaviours which are sanctioned by law; the judicial authorities collect data on their functions, so in many countries there are quite good historical series of statistics regarding child abuse as crimes which led to legal proceedings; the meaning is pre-defined and stated in national laws which (should) ensure uniformity of interpretation and understanding. There are three types of judicial statutes in which definitions of child abuse can be found: child protection regulations, the civil code and the criminal code. The purposes of these laws are different. Child protection regulations focus on abuse as a condition from which children need to be protected before and after the risk has become an effective harm. Therefore, these regulations include child abuse as a behaviour which designated professionals must (or are requested to) report in order for child protection agencies to investigate. However, sometimes child protection regulations apply only to situations in which offenders are the children's caretakers. The juvenile and family courts handle a considerable number of cases of child abuse and neglect. However, information on the decisions taken in these cases is rarely summarized at the state level and is not available anywhere in a national database. Another problem deriving from the juvenile judicial system is that statistics often refer to administrative acts and not to the subjects involved. For instance, in Italy there are "numbers" on the provisions approved by the Civil court or by the Juvenile Court, but they don't indicate the number of children involved. As a consequence, it is possible to know the number of emergency provisions (usually involving the child's removal from their home) or the number of provisions which imply the suspension or loss of parental authority, but it is not possible to know how many children are affected by those provisions.

As regards the criminal code, the major problem is that it refers only to the most evident kind of child abuse and neglect, such as sexual abuse, sexual commercial exploitation or very harmful physical abuse. Many other forms, such as witnessing violence, psychological abuse or emotional and physical neglect, are not included among crimes. In some countries data on such

forms can be derived from statistics referring to the civil judicial system, but in other countries they are ignored at all, with a clear underestimation of the phenomenon and an extremely incomplete picture. Moreover, there are also procedural problems that reinforce this limit: while physical injuries are easy to prove in court, simply because they are visible, the same is not true in cases of mental injuries. Therefore, the recognition of mental cruelty and mental injuries to the child is not infrequently determined by the culture and sensitivity of the individual judge who examines the case.

Another aspect emerging from the survey is that some countries still do not have specific legislation on child abuse. This is the case for Greece, where the legislative references are the article 312 of the Criminal Code and the UN Convention on the Rights of the Child (ratified on 2 December 1992 Law 2101/1992). Nor there is any legislation on child sexual exploitation, child pornography and sex tourism; reference to minors with regard to the above crimes is made only in most articles of the Criminal Code.

The researchers suggest that the clinical and social sectors are the most appropriate ones for collecting a wide variety of data, because they can detect cases that could remain covered if considered only from a legal perspective. Health and Child protection agencies and the social services are key points for intercepting all the situations of risk and abuse that become a real burden of pain for the individual and the community. In the best possible scenario, the health and social services could contribute to registering all the situations affecting the resilience capacity of a human being, which Felitti (2002)²³ defines as Adverse Childhood Experiences (ACE). ACEs, which are experienced as children, have a powerful link with our adult emotional and physical health and they can even be major causes of mortality. ACEs cover a broad range of hurtful experiences, including traumas that involve the physical, sexual, mental or emotional realms of our being. Talking about ACEs means taking into consideration traumas that may have short- and even long-term consequences on the individual's life, especially if their intensity is such to overcome the normal capacities of

²³ Felitti, V.J., 2002, *The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead*, «Focus on Pediatrics», vol. 6, 1.

resilience. These events affect society as a whole as well, because they have an economic impact on the victim's life, as well as on the entire community, and possibly on future generations.

Data on most forms of child abuse may be collected by the social and clinical services, where children and families go to look for help not only for evident episodes of violence, but also for situations of risk for children which are not perceived as such by parents. In brief, at this level it is possible to highlight situations which, in the absence of a filed complaint, would otherwise remain covered and invisible to the criminal judicial system, except in case of a very tragic evolution.

The main advantage of data collected essentially by the social services is that this kind of information is more useful to better estimate the magnitude and general characteristics of child abuse, and also to draw a picture of the complex system of interventions which are (or should be) put in place to meet children's needs.

A complete representation of child abuse as a social issue needs data regarding:

- socio-demographical characteristics of child victim;
- socio-demographical characteristics of author;
- characteristics of child abuse perpetrated;
- interventions taken;
- professionals or services involved
- length of interventions
- costs.

It is clear that only a structured surveillance system, as the one created for some child diseases could carry out a collection of data coherent with an approach to violence as a Public Health issue. Surveillance systems try to identify the extent of the problem under scrutiny by showing who is most affected in terms of age, sex, and other demographic variables. This provides information on who, how, where, when and why with regard to those affected by the problem. This information can be used to formulate a research approach to determine the differences between the circumstances

surrounding the occurrences of the problem and the situations where it does not occur.

Anyway, as current experiences have shown, from social activities it is possible to collect enough information to analyze the situation, to support prevention programmes, to determine the vulnerability and protection factors and to evaluate interventions and policies.

No matter how well the statistical system has been designed, data collection will not be enhanced if the professionals involved in gathering it do not understand the rationale for collecting it, if they do not find a direct advantage in their daily work and if they don't know how to use the information to meet their various needs and interests.

The collection of statistical data must meet several needs expressed by the local or national authorities, as well as by professionals and local organizations:

1. **administrative interests**, such as monitoring the impact of policies, policy measures and plans in order to program economic and human resources or to evaluate the effectiveness of action plans;
2. **political and institutional interests**, connected to the necessity of promoting innovation and reform of legislative framework, services organization, and verifying the relevance (political importance) of the problem;
3. **scientific interests** (clinical and social ones), for knowing better the phenomena, their changes in time, verifying hypothesis;
4. **professionals and organizational interests**, such as the supervision of work done with children and families, evaluate the effects of protection measures and treatments, supervise the case's management and coordination between all the agencies having specific responsibilities for the child's care, verify the numbers of interventions for quantifying their costs.

The Dutch experience of ARCAN (Advise and Reporting Centres for Child Abuse and Neglect), presented by Mr Hendriks during the seminar held in Florence in December 2004, could be taken as an example of the different objectives that data collection can achieve separately, or at the same time: the Dutch system satisfies the need for information of the local and provincial authorities, and of the Ministry of Health, Welfare and Sport,

because for the first time it offers a nationwide registration system and it is a useful system to give insight in the occurrence of child abuse and neglect. Moreover, it answers positively to management's needs as well, because *the system itself is not only developed to register child abuse and neglect, but also to be used as an individual dossier for the intervention (patient dossier) and as a management tool.*

1.4 From specific data to indicators

In discussing the problem of data collection, it is natural to consider the issue of putting together data from different sources and on relating topics to build a broader picture of the trend, impact and variations of a multifaceted phenomenon and related policies. This means defining indicators, which are conceptual tools indicating a state or a condition of an "event" and/or situations at a particular time or place. The aim is to facilitate a wider analysis of the determinants of the phenomenon, of other related phenomena, and of events that are proxy for the appraisal of the effect of policies, actions and interventions. Anyway, the first step is to determine to what questions the indicators must give (or contribute to give) an answer. We can imagine at least four areas of concern:

1. changes in the inherent characteristics of the phenomenon, e.g. incidence of each specific form of abuse, composition by age and ethnicity of the children victims for each type of abuse, features of the networks of subjects acting as sources of referrals, etc.;
2. the systems of interventions and their impact at the level of primary, secondary and tertiary prevention, and regarding specific targets, the community, the whole society;
3. influence of policy and programmes on the systems of determinants and protective factors;
4. the effectiveness of networking among agencies involved in child protection.

The fundamental problem, afterwards, it is to assure coherence between the set of chosen indicators and the questions to be faced and the policy's objectives that must be satisfied, on the other.

There are different views about what an indicator is. Firstly, an indicator can be seen as a quantitative measure, generated from aggregated data collected for administrative purposes, e.g. the number of children reported to protection agency for child sexual abuse. Secondly, the term indicator can be applied to different types of information that are considered to be indicative of a particular state or condition, the evidence may be both qualitative or quantitative, e.g. the level of trust of victims in the protection agencies. Lastly, in a dynamic approach the term indicator can mean a measure of synthesis of different kinds of data, and also from this point of view, indicators can be both qualitative and quantitative.

Indicators are generated at different points in time and it is the difference between them at different times which indicates change. Setting indicators requires clear protocols, which amongst other things determine what sort of information and data should be collected at the outset²⁴ and a clear definition of the meaning and effective content of each kind of data *“If existing routine data are not fit for purpose or do not satisfy some of the desirable criteria to be discussed then it may be necessary to generate specifically constructed ones that do. Whatever the nature of a suggested indicator its usefulness is constrained by the extent to which it satisfies the requirements of “concept validity”. This relates to the extent to which a chosen indicator is a satisfactory operational definition of some phenomenon it is desired to assess”*.²⁵

As indicators regarding changes and trends of a phenomenon, it is possible to use data related to other problems which are in some way connected to the former. For instance, in order to understand an increase in child abuse, researchers can try to verify if its changes are reflected also on related social problems, such as domestic violence against women, rape and general criminal behaviours. Moreover, since child abuse occurs because of a complex interaction of personal, family and social difficulties and since

there are also factors that increase the risk and vulnerability of a child, indicators of the phenomenon may be represented by data connected to the whole of the individual, family and social risk factors recognized as more specific. For child abuse some of them are: the level and characteristics of unemployment, number of teen mothers, the degree of alcohol and drugs abuse, the number of children with disabilities, number of early deaths of young children and so on.

If the approach enhances the understanding of the phenomenon as a public policy issue, there are different types of data and several sources (or potential sources) that can help the researcher and the policy maker, as shown in the table below.

Type of data and potential sources for collecting information (Krug, 2002)

Type of data	Data sources	Examples of information collected
Mortality	Death certificates, vital statistics registries, medical examiners', coroners' or mortuary reports	Characteristics of the decedent, cause of death, location, time, manner of death
Morbidity and other health data	Hospital, clinic or other medical records	Diseases, injuries, information on physical, mental or reproductive health
Self-reported	Surveys, special studies, focus groups, media	Attitudes, beliefs, behaviours, cultural practices, victimization and perpetration, exposure to violence in the home or community
Community	Population records, local government records, other institutional records	Population counts and density, levels of income and education, unemployment rates, divorce rates
Crimes	Police records, judiciary records, crime laboratories	Type of offence, characteristics of offender, relationship between victim and offender, circumstances of event
Economic	Programme, institutional or agency records, special studies	Expenditures on health, housing or social services, costs of treating violence-related injuries, use of services
Policy or legislative	Government or legislative records	Laws, institutional policies and practices

²⁴ RSS, 2003, *Performance Indicators: Good Bad and Ugly*. Working party on Performance Monitoring in the Public Services, London. Royal Statistical Society.

²⁵ Barnes, M., 2004, *Assessing the impact of the children's fund: the role of indicators*, National Evaluation of the Children's Fund team, 3.

Another problem in defining indicators is the type of data desegregation which is available. Often the available data is aggregated only at a national level, and this could make impossible to use the information for more operational evaluation, e.g. the data cannot satisfy knowledge's needs connected to specific targeted groups or to let assess what really is happening at the level of individual families or specific children. Sometimes it is preferable to handle more desegregated data as basis for very high aggregation (for example at an European level) because it is much easier to know the content of data when they are articulated at lower level than when they are highly aggregated.

The problem of appropriate levels is important because the indicator must be contextualised. Measures can assume different magnitude and meaning according to the level to which they are related. We can find relevant difference in the relationship between a risk factor and a child abuse rate if we look at the level of specific target groups or at the level on single individual and, in a geographical perspective, at a territorial level: this difference is called "ecologic fallacy" (Greenland and Robins, 1994²⁶). There is also the danger that data may be over-interpreted. There is a dimension of uncertainty influencing the understanding of values, trends and changes. Some variations we find in direct measures of a phenomenon (e.g. number of children reported for sexual abuse) must be take carefully because we could mistake in attributing them to some real change in the phenomenon. The construction of a set of indicators may help in estimating a more probable answer but: *"Making such judgements is a technical one of recognising and assessing such uncertainty against the values we observe and not over attributing such changes in indicator values to a real change in circumstances. However, some means should be found of presenting this uncertainty against which we judge the indicator value. We may also note that the use of descriptive data which may not be regarded as sample based (e.g. ward level census data) does not preclude the necessity of recognising such inherent variability giving rise to this*

²⁶ Greenland, S., Robins J., 1994, *Invited commentary: ecological studies – biases, misconceptions and counter examples*, «American Journal of Epidemiology», 139, 8: 747-760.

uncertainty (RSS, 2003). When as may be necessary, special sample surveys, must be organised to construct indicators then this is further compounded by the necessity to take into account sampling error in our indicator estimates. This again is a source of uncertainty that must be assessed before conclusions about what an indicator is telling us can be made" (Barnes, 2004)²⁷.

As underlined by the WHO (2002), special attention must be paid to the local level, where *the quality and completeness of data will be determined*. The responsibilities on data and data collection rely on a regional or local level: it is only through recording of information at the local level that the magnitude and severe consequences of child abuse have been acknowledged.

But, the supranational dimension is important because it gives us basic definitions of the phenomenon which can be taken as a minimum common denominator for each national system (e.g. the WHO classification); and secondly, a significant improvement in the practice will be guaranteed by the possibility to compare and integrate national data.

In addition, due to the characteristics of some forms of child abuse (e.g. sexual exploitation, Internet rooming, etc.), but, most of the European States' have commitment to implementing European and International legal instruments which call for cooperation.

The point is that thinking and acting globally may help thinking and acting locally, but the opposite is not possible if there are no opportunities to share experiences and if the local thinking and acting are not made understandable to others according to international standards (criteria, language for communication, format of data presentation, etc.).

The global dimension is relevant also from an ethical point of view, since in the discussion on data the world we have in mind is not infrequently only the one represented by Western industrialized countries. As Balagopal and Engelhardt write (2006)²⁸, *"despite an urgent need for data, a dearth of*

²⁷ *Assessing the impact of the children's fund: the role of indicator. A paper prepared by the National Evaluation Team*, edited by M. Barnes, 2004.

information exists on valid and globally applicable indicators able to provide insights into the issue of violence against children. Although a number of high – quality indicators are currently in use, most of them are not comparable (e.g. focus on different target populations or employ different definitions of abuse and violence) In addition, most surveys and scientific activity focus on the situation of children in Western Europe or North America despite the fact that violence against children is a global dilemma”. In this perspective, it is significant to mention the Unicef study on indicators of violence towards children, which goes beyond the traditional analysis focused on incidence and prevalence (Balagopal and Engelhardt, 2006) by proposing indicators covering five dimensions: incidence of victimization experiences, attitudes towards violence against children, effectiveness of law enforcement in case of victimization, children’s life skills, and the existence and capabilities of recovery and support services.

At this point it is interesting to add a short observation on the use of data for monitoring and evaluation. Monitoring trends in child abuse and the outcomes and the impact of specific policy initiatives aiming to affect it, is not straightforward it asks for a multidimensional approach including the evaluation of multiple context variables, as it is happening in the field of Health’s monitoring, where *the importance of the physical and the socio-economic environments as factors that may determine health and health inequalities is now explicitly recognized. [and] It is now widely accepted that “health” encompasses more than physical well-being, and recent policies have adopted a more “holistic” definition of health including elements of psycho-social functioning and the maximization of an individual’s potential* (Barnes, 2004). For example, issues such as child poverty, education, nutrition, housing, and social and emotional support are among the determinants of child’s condition of life from health to protection from violence, indicators, then it is essential that they should be

²⁸ Balagopal, G., Engelhardt, K., 2006, *UNICEF’s indicators and participatory assessment development for “violence against children at home” and “violence against children at school”*, in ISPCAN, 2006, World Perspective on Child Abuse.

included in a process of monitoring the potential impact of programmes and policy on child’s condition.

Monitoring and evaluation of programs are required to determine the effectiveness of a universal, selected or indicated intervention in terms of clinical efficacy, economic costs and population most likely to benefit from it. They rely on qualitative and quantitative data collected at a local, national and even international level. It is useless to just say that monitoring and evaluation processes are essential to provide information for related prevention strategies and to develop and modify policies and practices. Nevertheless, this field of data application is still less developed than the statistical one.

The core of monitoring²⁹ is the definition of clearly measurable outcomes, that is the actual impact of a services, programmes or interventions, which can be assessed at an individual, family, community or population level, such as:

- the number of requests/referrals for services and if assistance for the child/family was provided within a reasonable period of time;
- the number of children and families receiving service;
- progress toward the documented outcomes of the service plans formulated for children and families;
- why children and families have withdrawn from services before goals are met;
- if services are provided according to set timelines (which may have considerable impact on staffing patterns and/or how service providers engage and help to motivate clients);
- the client population served and clinical efficacy of the program against the economic cost;
- if funding has an impact on services provided;
- if the program is meeting its mandate;
- how well accepted the program is by clients, the community and other service providers;
- in an intersectoral program, the effectiveness of each sector’s

²⁹ ISPCAN, 2003, *Intersectoral Approach to Child Maltreatment. Introduction and core module: General Information.*

- interventions and whether the services provided are coordinated; and
- any difficulties, negative aspects or gaps in service that indicate the service needs review for possible modifications, discontinuation or expansion.

1.5 Problems of comparison

Differences in languages and cultures will affect the ability to collect comparative data in various settings. As widely stated by researchers, local, national and international capacity to compare data across countries and cultures in order to set priorities and to design, implement and monitor appropriate strategies of interventions is hampered by the lack of accepted standards for data collection, as discussed above.

As well illustrated by Monique Borsenberger of the Luxembourg Institute CEPS/INSTEAD, in order to be able to make a comparison among countries it is necessary to provide a complete set of information about:

- the concepts and definitions used in each case
- the organization which provides data
- the way data were collected
- the law in force in each country
- the limits of each data set
- the documentation on comparability of data.

To give an example of the problems arising from differences in conceptualizing child abuse, it is worth mentioning one of the results of the 2004 edition of *World perspectives on child abuse*³⁰. The participants to this study were asked to indicate whether a series of parental or caretaker behaviours and social or institutional conditions were considered to be child abuse and neglect in their country. The most common behaviours considered child abuse and neglect were sexual and physical abused by parents or caretakers; these were considered child abuse and neglect in all but one country. Other behaviours also frequently mentioned as abusive include children living on the street,

³⁰ ISPCAN, 2004, *World perspectives on child abuse*.

child prostitution, abuse or neglect within foster care, and abandonment by parents or caretakers. The survey highlights considerable regional variation in what is viewed as child abuse behaviours for several specific items: failure to secure medical care based on religious beliefs, female circumcision, and physical discipline. The behaviour less mentioned by respondents as being considered child abuse in their country was physical discipline. Only 46% of the respondents reported that this practice is considered abusive.

As regards comparability, we can learn a lot both from the experience of Eurostat, the agency which in the last decades has provided the most important information on the economic and social conditions of Europeans, and from the efforts made by the United Nations in this field, as demonstrated by the recent UN Study on violence against children. When considering the efforts to create synergies between researchers and policymakers to develop Child Maltreatment Data in an international perspective, we should not forget the contribution of the ISPCAN Working Group on Child Maltreatment Data³¹. Its work highlights *the need of a global perspective to understand the scale of the problem the intervention community is addressing, the gaps in those systems, their successes and challenges, and relevant trends*. Their experience confirms the influence of the institutional framework and the importance of a political consensus and of a legal framework for those systems. Indeed, nowadays one the main obstacles in achieving a representation of the state of the art on Child Maltreatment Data Collection is represented by *difficulties of identifying key governmental representatives who are involved in data collection. In some cases, the data collection program may be marginal to the typical child protection or law enforcement agency; it may be housed in another agency with a broader mandate for national data collection of various kinds, and, finally, when there is a fragmentation of competencies or there is not a specific mandate to a unique agency, sharing and comparison are also limited by the turnover of governmental staff.*

³¹ Tonmyr, L., Gray, J., Fluke, J., 2006, *ISPCAN Working Group on Child Maltreatment Data (ISPCAN-WGCMD)*, in ISPCAN, 2006; Tonmyr, L., DeMarco, R., Hovdestad, W., Hubka, D., 2004, *Policy makers' perspectives on the utility of a national study of child maltreatment*, «Child Maltreatment», 9(3): 304-308.

2. The analysis of review's results

2.1 The institutional framework

As regards the replies to the first part of the questionnaire, it is important to anticipate that the information describes a complex institutional situation influenced by the more or less federalist nature of the States. Most of the ChildONEurope partners are countries with a decentralized system of governance in the fields of Health, Welfare and Education policies. In such fields, some of the government tasks and powers are not under the control of the central government, but of other decentralized bodies, which have different degrees of autonomy according to the national laws. The decentralized bodies are constituted by two main administrative entities: Provinces (Regions or Departments) and, in some countries, large municipalities, which may have a certain degree of autonomy in respect of the formers, regarding social, educational and health policies. Only the judiciary remains a “national matter” along with the control of the police. Among other factors, this may account for the inadequate availability of national judicial statistics, which represent the “famous” tip of the iceberg that is detected and reported to the judicial authorities. In general, the central government is responsible for addressing and prioritising general issues for the promotion of children's and families' welfare, which may support specific targets against child abuse. National actions against child abuse are rarely addressed by specific national

bodies on the basis of a national action plan, as emerges from collected data.

Undoubtedly, today we face different theoretical models for policy management in this field, according to which kind of violence prevails in the attention of policy makers or researchers: for child trafficking and sexual exploitation, the dominating model is still based on the creation of a national specific body for a targeted national strategy, as recommended in the Stockholm Agenda of 1991; for the general problem of child abuse, countries tend to include it in the tasks of child protection and family local services.

The two models lead to a critical situation, which is for example very clear in Italy: trafficked and sexually exploited children, namely in prostitution, may have fewer opportunities to benefit from long care and specialised services, because the measures implemented in this field are likely to be provided by NGOs, which work on projects limited in time and with financial constraints that influence the type and quality of services to these children who are often migrants.

2.1.1 Governmental authorities, structures and mechanisms, including at federal, state/provincial, municipal and local level which are currently responsible for addressing violence against children

In general, the responsibility for addressing the problem of violence against children is fragmented at the governmental level among several ministries, mainly according to the different definitions used in each country: Ministry

Authorities, structures and mechanisms responsible for addressing violence against children

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
y	y	y	n	y	y	y	y	y	y
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	United Kingdom
y	y	y	y	y	x	y	n	y	y

of Labour and Social Affairs, Ministry of Health, Ministry of Education, Youth and Sports, Ministry of the Interior and Ministry of Justice. Each of them deals with specific aspects of the problem: primary prevention, recovery and protection, actions against crimes, legal protection of children at risk or in danger, etc. Co-operation among them is rarely ensured by means of governmental focus groups, interministerial committees or specific national action plans.

Some of them are the same institutions which manage the existing systems for data collection, as a result of the administrative tasks they exercise at a decentralized level.

At the local level, the decentralized bodies in the Social, Health and Judicial sectors are responsible for child welfare and protection in general, while specialized services on child abuse are less common.

The questionnaire points out that in most of the Member and Observer states the Social Sector is, both at a national and especially at a local level, the main institutional context bearing specific responsibilities for addressing the issue of violence against children within the activities of services for child protection.

Almost all the respondents identify home authorities with a specific duty to address violence, but only few of them mention dedicated bodies. **Belgium** indicates the Equipes SOS enfance established in the French community and Child Focus at a federal level.

The mission of the Equipes SOS Enfants is to prevent, diagnose and take care of children victims of all forms of child abuse: physical and psychological ill-treatment, sexual abuse, neglect and children at risk. The units work with a multidisciplinary approach, thus making it possible to intervene on the social, psychological, health care and legal aspects of the child's situation.

There are two types of equipes: those that work with parents and single mothers before childbirth (Equipes SOS Enfants anténatales), and the equipes which intervene after birth (Equipes SOS Enfants postnatales). The Equipes SOS Enfants anténatales offer assistance to mothers with social, relational or psychological difficulties, when there is evidence of a potential risk of child abuse for the future child. SOS enfance were established in 2004 with the «12 mai 2004 Décret relatif à l'Aide aux

enfants victimes de maltraitance». The Belgian situation is similar to the Italian one, at least for some aspects: in **Italy** some regions have specialized units on child abuse, which are part of the general system of local services for child protection, but they have a specific role in the phases of diagnosis and treatment. Similar units seem to exist also in **Spain** at a regional level (nivel autonómico), where there are territorial services for the protection of children at risk. They have specialized functions of diagnosis, treatment, support and rehabilitation of children. In particular, in Spain the Statutory law 1/1996 on legal protection of children, recognizes the principles of the International Convention on the Rights of the Child (1989) as a fundamental basis of child protection at the national level. Moreover, it also recognizes the specific competence of the public authority in the field of child abuse.

During the last year a huge methodological effort has been made in order to outline the different typologies of maltreatments, with the aims to offer guidelines to help professionals and to promote the sharing of experiences and good practices.

In this framework, the Independent Communities (regional administration) have the legislative competence on child abuse and they set up teams of specialized professionals dealing with childhood, with the mandate to identify cases of violence, to define the most appropriate kind of intervention and to rehabilitate victims. On the other hand, the Ministry of Labour and Social Affairs is collaborating with the Independent Communities in carrying out experimental programmes of prevention and monitoring on child abuse. At the same time, the Ministry also collaborates at a technical and financial level with the Nongovernmental Organizations working on childhood in order to develop programmes addressing this issue.

France refers to the Observatoire national de l'enfance en danger (ONED – this body was mentioned in the answer to the second question, but it seems to fit better the content of the first question). The ONED was established with the Act of 2 January 2004 on the protection of children. Its aims are to improve knowledge on the issue of child abuse and to enhance prevention policies and strategies. ONED has five basic tasks:

- to improve the collection of data in order to better coordinate interventions among government administrations, departments and associations;
- to ascertain and evaluate the ongoing practices for prevention, diagnosis and assistance to children victims of abuse;
- to develop studies and researches;
- to participate into the network of European Observatories;
- to favour the diffusion and sharing of information.

In some countries the local (municipal) services for children and families act in this field according to specific norms and guidelines established at a regional or federal (national) level. This seems to be the case in **Poland** with the Poviats Centres for Family Support (active at a provincial/municipal level) and the Municipal Social Welfare Centres (local level). They are established and coordinated by relevant legal provisions included in the Law on Social Protection of March 12, 2004. The situation in the **United Kingdom** is more complex, as illustrated in the box below.

In the UK coordination is ensured by the Inter-Departmental Working Group on Young People Who Sexually Abuse, the Inter-Departmental Ministerial Group on Sexual Offending MISC9 – a ministerial group which coordinates policies on children, young people and families with the aim to prevent poverty and underachievement – and MISC9 (D), a sub-committee which co-ordinates the provision of services to children, young people and families.

National guidelines were adopted in **Ireland**. The *First National Guidelines for the Protection and Welfare of Children 1999* establish coordinated tasks and duties at a local and departmental level in this field. These guidelines put the basis for a national statistical system related to Child Care Area and give definitions of the categories of abuse to be used for registration by services, and, consequently, in the presentation of statistics. To give an example of the decentralized system of responsibilities in this field, it is important to mention that eight regional authorities have approved regional guidelines for the detection, protection and assistance to children victims of abuse – notice that in most cases the documents are related basically to sexual abuse.

The Children Act 1989

In October 1991, the Children Act 1989 became law. It was designed to promote the interests of all children; representing the most fundamental reform of legislation affecting children. The Act draws together the private and public laws relating to children to produce a more practical and consistent code. It brings together the laws relating to individuals and the law relating to public authorities, and strikes a balance between family autonomy and the rights of children.

Section 47

Local authorities have a statutory duty, under Section 47 of the Children Act 1989, to make enquiries where they have reasonable cause for concern that a child may need protection. All referrals and allegations, whatever their origin, must be taken seriously. The main objectives of such enquiries are to establish the facts about the circumstances giving rise to the concern; decide if there are grounds for concern; identify sources and level of risk and decide protective or other action in relation to the child and any others.

Government guidance – “Working Together to Safeguard Children” and “The Framework for Assessing Children in Need and their Families”

In December 1999, the Government issued revised guidance on how all agencies with child protection responsibilities – social services, NSPCC, police, health, education, probation and the voluntary sector – should work together to safeguard children and promote their welfare. *Working Together to Safeguard Children*, emphasizes the importance of agencies working together to help families and children before abuse and neglect has taken place.

In parallel with *Working Together*, the new *Framework for Assessing Children in Need and their Families* was produced in April 2000. This assessment guidance focuses on assessing the development needs of children and the capacity of their parents and families to respond to these needs in the short and longer term. It is underpinned by a knowledge of the impact that adult problems such as alcohol and drug misuse, domestic violence, mental health and sex offending can have on children’s development.

The *What To Do If You’re Worried A Child Is Being Abused* booklet

In May last year, the Government launched a clear and concise set of recommendations for practitioners who have concerns about the welfare of children. The booklet “*What To Do If You’re Worried A Child Is Being Abused*” was published jointly by the Department of Health, Home Office, the Department for Education and Skills, the Department for Culture, Media and Sport, the Office of the Deputy Prime Minister and the Lord Chancellor’s Department and is aimed at all practitioners who come into contact with children, parents and/or families in the course of their work.

Leading governmental authority

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
Ministry for Social Security, Generations and Consumer protection	n	Social Welfare Services of the Ministries of Labour and Social Insurance	n	n	Ministry of Social Affairs have a leading role for the co-ordination of the issue of children's rights	–	y (not specified)	n	n
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	United Kingdom
Department of Health and Children. The primary tasks of the Department includes drafting legislation, implementing policy and guidelines to protect children	Ministry of Labour and social policies; Ministry of Equal Opportunities for trafficking and sexual exploitation	Ministry for children and family affairs is the main institution in Latvia responsible for taking measures, with Ministry of Welfare and Municipality	n	n	n	National Commission for the Protection of Children and Youths at Risk, established by Decree Law nº 98/98, of April 18	n	Ministry of Labour and social policies*	Minister for Children, Young People and Families based in the Department for Education and Skills has overall responsibility for children and their wellbeing

* "Nivel estatal: Según el RD 1600/2004 de 2 de julio corresponden a la Dirección General de las Familias y la Infancia del Ministerio de Trabajo y Asuntos Sociales, funciones de prevención de las situaciones de dificultad o conflicto social de este colectivo, en el marco de las competencias estatales y de la cooperación con las Comunidades autónomas, promoviendo la coordinación interinstitucional sobre estas materias".

In 2003, in **Italy**, was established an Interministerial Committee against Paedophilia (CICLOPE), formed by the representatives of eleven ministries and coordinated by the Ministry of Equal Opportunities³². Together with the National Observatory for Childhood and Adolescence led by the Ministry of Welfare, this body shares responsibilities for addressing the problem of child abuse. The Observatory is called to propose action plans and set

political priorities on the general wellbeing of children, including children at risk and victims of abandonment and ill-treatment, while CICLOPE called for the co-ordination of Government actions against child abuse and trafficking in minors and women for sexual purposes. CICLOPE prepared the First National Plan for the Fight against Paedophilia, which contains extensive and important suggestions in the field of primary, secondary and tertiary prevention of child abuse. In addition to these two bodies, there are two Parliamentary Committees with a consultative role working on matters related to childhood. In Italy, there are also important experiences of coordination networks established at a local level with the participation of the representatives of social, health care and judicial services. Their main objective is to promote coordinated procedures for cases of child abuse,

³² The Ministries participating into CICLOPE are: Ministry of Equal Opportunities, Ministry of Foreign Affairs, Ministry of the Interior, Ministry of Justice, Ministry of Labour and Social Policies, Ministry of Health, Ministry of Education, Ministry of Communications, Innovations and Technologies, Ministry for Relations with Parliament, Ministry of Production and Community Policies.

training and information on this topic. Specific initiatives have been taken in the field of the fight against sexual exploitation, with the law n. 38 of 6 February 2006 “Provisions for the fight against sexual exploitation of children and child pornography, even via Internet”, the Italy established two new bodies: the first one is the Observatory against paedophilia and child pornography, with the task of collecting information and data on the activities of all the public and private agencies for the prevention and the fight against those kind of child abuse. An additional aim of this body settled under the Presidency of the Council of the Ministers, is the creation of a general database integrating all the data generated by all the Central Administrations; the second body is the national Centre for the counteracting child pornography on Internet, settled under the Ministry of the Interior, whose basic aim is to collect all the referrals regarding child pornography on the web and to make research on this topic.

In **Austria**, with the approval of the Protection Against Violence Act – which came into force on 1 May 1997 – the security services and police officials have been entrusted with additional responsibilities in cases of domestic violence. Cooperation between courts, the police and the security services in the field of domestic violence has been improved. Austria made a big effort to face violence against women and children, which is summarized in particular in the “25-Point Action program of the Federal Government Against Violence in Society” of September 1997. Furthermore, the “Action Plan to Combat Child Abuse and Child Pornography on the Internet” of 1998 called for concerted action by the political decision-makers to strengthen children’s protection from abuse. The “Platform Against Violence in the Family” was established to better coordinate the efforts of governmental and non-governmental offices dealing with prevention, intervention and follow-up of violence. The committee addressing fundamental matters concerning violence prevention (prevention committee) was created in the framework of the legislative provisions enacted by the Federal Ministry of the Interior for protection against violence. It is an advisory body which prepares general strategies for an effective cooperation between the police and centres for the protection of victims. At a local level, in addition to public and private social services, assistance and counselling are provided

by child protection centres and by the children’s and adolescents’ ombudsman system.

In **Austria**, beside the “Platform Against Violence in the Family”, there is a “Steering Committee on the Implementation of the Rights of the Child”, which was set up in 1999 on the initiative of the department responsible for children’s rights of the Federal Ministry of Social Security. This Committee is a body comprising representatives from government departments, non-governmental organizations, children, experts on children’s rights and the children’s and adolescents’ ombudsman systems of the Bundesländer. Its aims are to ensure the effective coordination and monitoring of activities for the implementation of the Convention at all legislative and administrative levels, to promote an extensive observation of all childhood issues, to develop synergies and to avoid duplication and multiplication. The Committee must facilitate the cooperation between the various sectors and curb counterproductive procedures in policies affecting children.

Other countries have underlined the presence of a Committee or of an Interministerial coordination mechanism: in **Portugal** there is the National Commission for the Protection of Children and Youths at Risk, established by the Decree no. 98/98, of April 18, which includes representatives of public and private entities involved in this field; in **Cyprus** coordination among the Governmental authorities responsible for addressing violence against children (Ministry of Labour and Social Insurance, Ministry of Health, Ministry of Education, Central administrations of Police and the Legal Office) is ensured through a manual of interdepartmental procedures. Its implementation is approved by the Council of Ministers and unofficially by the Advisory Committee for the prevention and combating of family violence which is set up according to the law.

In **Belgium** the Décret 12 mai 2004 called for the institution of a local coordination group, including representatives of the social, judicial and health services, in each judicial department (arrondissement judiciaire) in the French speaking region. The main aim of these groups is to improve intervention procedures in cases of violence against children. The same Décret called for the creation of a Comité d’accompagnement de l’enfance maltraitée, as a consultative scientific body within the Office for Childhood

and Adolescence. In the text of the Décret there is only a small reference to data, when the Legislator states that one of the tasks of the Comité d'accompagnement de l'enfance maltraitée is to define standardized forms for the registration of cases and collection of data from Equipes SOS Enfants. Despite the inclusion of specific articles on training and awareness campaigns for the public opinion, and despite the establishment of a coordination body, there is no paragraph dedicated to the complex task of collecting and integrating statistical data from the multiple sources existing at a local and regional level.

In **Poland**, there are two standing committees within the Polish Parliament: the Social Policy and Family Committee, the Justice and Human Rights Committee and the Special Committee for Amendments of Codification. According to the provisions on procedures in the Sejm, the main role of the ordinary parliamentary committees is to examine issues which are currently under debate in Parliament and to give opinions on matters which have been referred to them by the Sejm, the Marshal or the Presidium. Within the limits established by the Constitution and the statutes, the committees also work as bodies of parliamentary control.

Among the new EU members, **Slovakia** answers that the Ministry of Labour, Social Affairs and Family has established a consultative and coordination body for issues concerning protection of children's rights, which also supervises observatories on children's rights. It is responsible for interdepartmental coordination and cooperation with the non-governmental organisations working for the protection of children's rights. Special attention shall be given to: a) the protection of children against physical torture and

psychological anxiety, sexual abuse, drug addiction and other socio-pathological phenomena; b) the development of children in institutional care or protective care and in some forms of substitute family care; c) children in social and material distress; d) children with behavioural problems and children involved in criminal proceedings in the capacity of witnesses or victims. In Slovakia there is also a parliamentary structure addressing the problem of violence against children: within the parliamentary Committee for Social Policy and Health, the Subcommittee for Issues of Socially Vulnerable Groups elaborates proposals for legislation to protect children from violence. In Latvia, coordination is ensured by the Children's rights Subcommittee of the Human Rights and Public Affairs Committee in Saeima, and by the Children rights protection committee, which was established on 19th October, 2004 by the Cabinet of Ministers as an intergovernmental committee. Some countries identify the National Action plans on children as the tool to ensure coordination among the various Ministries responsible for addressing violence against children.

Coordination could be ensured by a Committee on general matters. for instance, in Estonia the Government created a governmental committee for crime prevention.

No coordination at all among competent governmental authorities is mentioned by **Greece, Denmark, Hungary and the Netherlands**. In most of them there is no permanent mechanism or legal framework ensuring the coordination of these authorities, but, from time to time, there are interministerial committees, or other ad hoc initiatives.

Specific parliamentary structures (for example special committees) to address violence against children

Austria	Belgium	Cyprus	Czech Rep.	Denmark	Estonia	Finland	France	Greece	Hungary
n	n	y	y	n	n	-	n	n	y
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	United Kingdom
n	y	y	n	n	n	n	y	n	y

2.1.2 National or federal / regional / provincial / municipal / local human rights institution, such as a human rights commission or ombudsman, or a child-specific human rights institution, which has any role or competence in the area of violence against children, including receiving complaints

In seventeen countries out of the twenty which replied to the question of the questionnaire, there is a body in charge of promoting and protecting children's rights. This body may be the well known National Ombudsman on human rights and/or on children's rights, or a Regional entity. There are also special agencies or bodies, such as: the Children Commissioner for England and the Commission for social care inspection in England; the National Centre for human rights in Slovakia.

There are specific Ombudsmen (or comparable Offices) on children's rights, at a national or regional level, in Poland, UK, Italy, Ireland, Hungary, Latvia, Luxemburg, Spain, Austria, Belgium, France.

The institutions described above operate at a national and at a decentralized level in Austria, Belgium, Hungary, Spain, UK.

In Italy there are only Regional Ombudsmen for children.

Portugal and the Slovak Republic mention institutions which are different from an Ombudsman's Office: in Portugal, the "Human Rights Commission of the Bar Association" is an operational structure set up within the scope of the institution representing the Portuguese Barristers, which primarily defends the individual fundamental rights. In Slovakia there is the Slovak National Centre for Human Rights, which was established in accordance with the Act No. 308/1993 as an independent institution. Its main mission is to help develop an effective system of human and citizens' rights in

Slovakia. The Centre performs its activities in the following fields: research, education, publishing, documentation, information and monitoring, specialized guidance, co-operation with other organizations and mass-media.

In Poland, the law on the Ombudsman for Children of January 6, 2000 created the Ombudsman for Children to protect the rights of the child stated in the Polish Constitution, in the Convention on the Rights of the Child, and in other relevant national laws. Article 3.3 states that the Ombudsman for Children shall undertake activities aimed at the protection of children against violence, exploitation, neglect, and other forms of maltreatment.

The Ombudsman carries out his activities through the Ombudsman for Children Office, which is organized on the basis of two teams: the Research and Analyses Team and the Information – Intervention Team. Among the individual complaints submitted to the Ombudsman for Children about 20% of cases are related to child abuse (data of the years 2002 and 2003). It is worth mentioning that in 2001 the Ombudsman for Children submitted to the Polish Parliament and to the Polish President the draft "Project for counteracting violence against children", which is based on the local government structures, poviats (polish local authorities) centres for family support, with a nation-wide hotline for reporting cases of child abuse. Some of his ideas were included in the aforementioned law on social protection of 2004. Unfortunately, no consistent efforts have been made to build an integrated system for preventing and reporting cases of child maltreatment. However, some local governments can serve as examples of best practice in this field.

Austria	Belgium	Cyprus	Czech Rep.	Denmark	Estonia	Finland	France	Greece	Hungary
y	y	y	y	n	y	-	y	y	y
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	United Kingdom
y	y	y	y	n	y	y	y	y	y

In the United Kingdom, the 2004 Children Act establishes the role of a Children's Commissioner for England. Wales, Scotland and Ireland have already appointed Children's Commissioners.

In Austria, the Ombudsman system for children and adolescents is present in each of the nine regions (Bundesländer) and at a national level. The efforts to coordinate governmental and non-governmental offices dealing with prevention, intervention and follow-up of violence, have been strengthened in "the Platform against violence in the family".

In Cyprus there are an Ombudsman who examines complaints for merely administrative decisions and a national Commission for Human rights which accepts complaints regarding violence against children.

In Estonia, there is the Chancellor of Justice, an official, independent in his activities, who supervises the guaranteeing of constitutional rights and individual freedoms by state agencies and who reviews the conformity of the initiatives of the legislative and executive powers and of local governments with the Constitution and legislation.

The Greek Ombudsman is an independent authority mediating between the Public Sector and the citizens. Since July 2003, the Greek Ombudsman's Office includes the Department of Children's Rights for the protection – promotion and application of the rights of all children (0-18). The Department of Children's Rights within the Greek Ombudsman is receiving written-signed complaints of such violations. However, due to its short life, only minimal data has been collected.

Hungary describes a system in which there is a specific role for this entity also at a municipal level: Children's rights representatives work in every province and in Budapest city. Children can apply to them, and they give information to the child about the matters affecting him/her. These representatives take the child's views into consideration, provide guidance, advice, and assistance to the child in exercising his or her rights, take the necessary measures to assert the rights of the child, cooperate with the people and agencies participating in the care of the child as well as with the authorities.

The Latvian National Human Rights Office (LNHRO) is an independent national institution aimed at promoting the observance of human rights. The LNHRO Section for Protection of the Rights of the Child began to work

on 2 May 2003. In October 2003 the Section for Protection of the Rights of the Child became a member of the European Network of Ombudsmen for Children (ENOC). The Section for Protection of the Rights of the Child, in accordance with its competence, deals with complaints concerning infringements of the legal rights and interests of children, including infringements of human rights and abuse of power by national and local institutions. In Latvia, as in Hungary, in compliance with article 65 of the Protection of the Rights of the Child law, ten state inspectors on children's rights began to work on 1 January 2004. Their duty is to supervise observance of children's rights in certain municipalities. For every inspector the Ministry determines the municipalities in charge, in order to cover the whole territory of Latvia. Inspectors provide recommendations on prevention of children's rights violations, make proposals to eliminate them or to take disciplinary measures against officials.

United Kingdom

Children's Commissioner for England

The Children Act 2004 establishes the role of a Children's Commissioner for England. Wales, Scotland and Ireland have already appointed Children's Commissioners.

Local authority complaints procedures and the Local Government Ombudsman

As a first and general point, it is for local authorities to decide how they should carry out their statutory responsibilities and which staff they should employ. The legislation requires that they have in place complaints procedures that the public can use when they are dissatisfied with the service which is provided. It may be appropriate for the local Government Ombudsman to be involved if there are failures in carrying out administrative arrangements, such as those in relation to the statutory duties local authorities have to safeguard children.

Local authorities have a statutory duty, under Section 47 of the Children Act 1989, to make enquiries where they have reasonable cause for concern that a child may need protection. All referrals and allegations, whatever their origin, must be taken seriously. The main objectives of such enquiries are to establish the facts about the circumstances giving rise to the concern; decide if there are grounds for concern; identify sources and level of risk and decide protective or other action in relation to the child and any others.

Commission for Social Care Inspection

Launched in April 2004, The Commission for Social Care Inspection is the single, independent inspectorate for social care in England. The Commission was created by the Health and Social Care (Community Health and Standards) Act 2003.

CSCI incorporates the work formerly done by:

- the Social Services Inspectorate (SSI);
- SSI/Audit Commission Joint Review Team;
- the National Care Standards Commission (NCSC).

The Commission has a much wider remit than its predecessor organisations. And its creation is a significant milestone for social care bringing together the inspection, regulation and review of all social care services into one organisation, allowing for a more rational and integrated system.

For the first time, one single organisation has a total overview of the whole social care industry. The Commission will be able to provide a complete picture of social care in England:

- locally and nationally ;
- in adult services and children's services;
- for people who use social services;
- for local councils, voluntary and private providers;
- for government.

The Commission for Social Care Inspection's primary function is to promote improvements in social care. It will do this by putting the people who use social care services firmly at the centre of its work. It will be guided by what social care services tell them and it will act in their interests. Within CSCI, there is the post of Children's Rights Director who is responsible for responding to those children who are most in need of safeguarding. Listening to children helps to protect children from harm – if children can speak up and be heard then abuse is much less likely to happen. The Children's Rights Director ensures that vulnerable children have a voice in all decisions that affect them.

2.1.3 Is there a legal obligation to report cases of suspected "child abuse"?

In all countries, except for Luxembourg, the United Kingdom and Belgium, there is a legal obligation to refer situations of neglect, sexual abuse or ill-treatment suffered by children to judicial or public authorities. The formulation of law doesn't involve a legal obligation in Belgium

(Professionals in contact with children are required "to bring help and protection to children victims of abuse or suspected to be victims of abuse". See Art. 1.3° and Art. 3 § 1 of "Décret relatif aux enfants victimes de maltraitance – 12/05/2004") and in the United Kingdom (*There is a moral, ethical and professional responsibility but not a legal one*).

It is particularly interesting to note that four countries (Cyprus, France, Netherlands and Slovak Republic) declare that their legislations call for a mandatory referral in case of emotional neglect and psychological ill-treatment, two of the most indefinite forms of child abuse, not only from the point of view of law, but also of social interventions.

The questionnaires clearly highlight a delay in paying attention to witnessing violence, a devastating form of primary abuse in terms of psychosomatic and psychological consequences. Indeed, no country has a legal definition of this harmful type of child abuse, and consequently, no obligation to refer it.

Sexual abuse, sexual exploitation, physical ill-treatment, abandonment, trafficking are the forms of child abuse which appeared to be better specified in legislations as crimes for which there is a legal obligation to report.

The legal obligation can be *universal*, i.e. all citizens are requested to report a suspected case of child abuse to the authorities, or selected when it applies exclusively or more strongly to professionals working with children, i.e. all those who work in the social, health or educational sectors. In some countries (e.g. Austria, Italy, Greece, Portugal) selected obligation is connected to the definition of some professionals as public officials or civil servants.

Except in few cases (United Kingdom, Ireland) the information gathered does not allow us to define if the professionals working with children in the social, educational, or health sectors have to submit a child-specific record for each report alleging child abuse or neglect. The elaboration and diffusion of such a tool seems to be, at present, one of the main aims of the Spanish *Observatorio de la infancia*, which created a form including demographic data of children and of criminals, types of maltreatment, investigation or assessment provisions.

In Ireland there are guidelines outlined in "Children First" and "Our Duty to care" published by the Department of Health and Children.

In the United Kingdom the Government guidance “Working together to Safeguard Children” (1999) states how all agencies with child protection responsibilities (social services, National Society for the prevention of Cruelty to Children, police, health institutions, the education system, the judiciary and the voluntary sector) should work when there is a case of child abuse. “The Framework for Assessing Children in Need and their Families” (2000) states how to assess the development needs of children and the capability of their families to support them. Besides these documents, in May 2004, the Government launched a new clear and concise set of recommendations for physicians who are worried about the welfare of children, “What to Do If You’re Worried A Child Being Abused”.

2.1.4 To whom must the professionals report?

The Police and Social services are, as expected, the main addressees of reports by citizens and professionals. Where the social services prevail, we can wonder whether the child abuse has always a criminal relevance according to national legislation.

It is interesting to note that some countries, namely Poland, Netherlands, Latvia, Portugal and Greece, indicate police as the preferable addressee in case of sexual exploitation.

In the Social sector, there can be “special agencies” for reporting:

- in Ireland, an officer designated by the Chief Executive Officer of Health Board;
- in the Netherlands all the citizens are obliged to report cases of suspected child abuse to the police, especially on sexual exploitation, otherwise they can report cases to the provincial Advice and Reporting Centre for Child Abuse and Neglect (ARCAN);
- in the United Kingdom, in addition to the social services and the police, citizens and professionals have the option to report to the National Society for the prevention of Cruelty to children.

From the UK Questionnaire

Referrals to social services departments where there are child welfare concerns

The Government’s child protection guidance, *Working Together to Safeguard Children* (1999), clearly states that if somebody believes that a child may be suffering, or may be at risk of suffering significant harm, then s/he should always refer his or her concerns to the local authority social services department. In addition to the social services department, the police and the NSPCC have powers to investigate and intervene in these circumstances. While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to social services, this should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm.

When a parent, professional, or another person contacts a social services department with concerns about a child’s welfare, it is the responsibility of the social services department to clarify with the referrer (including self-referrals from families): the nature of concerns; how and why they have arisen; and what appear to be the needs of the child and family. This process should always identify clearly whether there are concerns about abuse or neglect, what is their foundation, and whether the children may need urgent action to make them safe from harm.

When responding to referrals from the wider community, it should be borne in mind that personal information about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. In all cases where the Police are involved, the decision about when to inform the parents will have a bearing on the conduct of Police investigations.

Referrals may lead to no further action, directly to the provision of services or other help – including from other agencies – and/or to a fuller initial assessment of the needs and circumstances of the child which may, in turn, be followed by full section 47 enquiries.

Where social services decide to take no further action at this stage, feedback should be provided to the referrer. In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child.

Furthermore, although it is not statutory guidance, the Government’s booklet *What To Do If You’re Worried A Child Is Being Abused*, makes clear that everyone working with children must refer any concerns about child abuse or neglect to social services or the police.

2.1.5 Some conclusions on the Institutional framework

The survey highlights that in each country there are national or decentralized administrations or public agencies, which, by law, address the problem of child abuse with a certain degree of specialization. However, there is a general lack of coordination, in particular at the more appropriate level for the approval of compulsory, integrated and coherent guidelines and procedures.

Even if there is a legal obligation in most of the countries, this does not mean that the referrals produce information used for statistics and for monitoring the phenomena which came to the attention of services and public authorities.

Central governments must maintain their coordinating role, by addressing priorities and by ensuring coherence and homogeneity to the child protection system also from the point of view of data collection.

The problematic picture on the state of the institutional framework is a result in itself, which could be confirmed by the analysis of legislation or not.

2.2 Collecting data on child abuse

In all the respondent countries there are institutions or agencies or governmental units which collect data on child abuse. The collection may take place at a national or local level, but at every level the information on protection or judicial activities is transformed into statistics. The main problem is the quality and reliability of the collected information, as stated clearly by France or Finland; the latter underlines the mutual influence between the quality of data and the nature of interventions to families and children:

“Municipal social agencies do not collect systematically data of child abuse. Those issues belong to a wider group of child welfare customers and quite often it’s hard to specify what is the main reason for intervention to the family in one special case. At the moment we have a working group which tries to clarify how we could change our statistical system from this point of view”.

The general overview tends to confirm the existing discrepancies in European statistics on child abuse, as the Council of Europe and the European Union have highlighted several times.

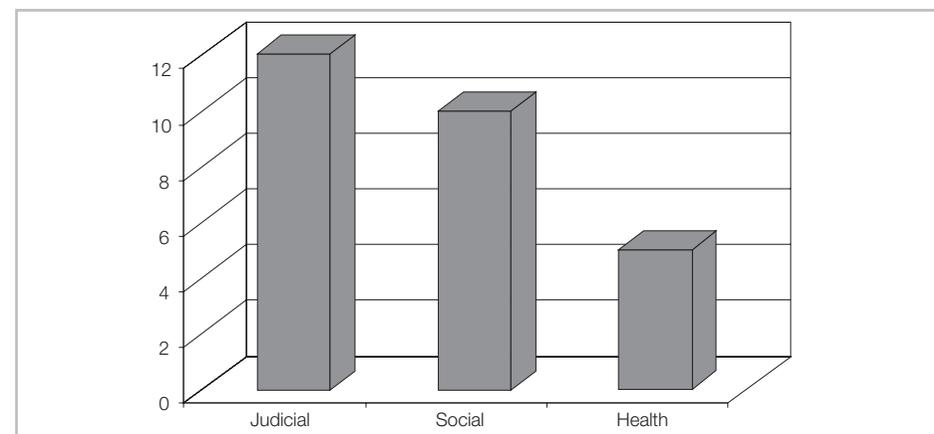
Nevertheless, as stated in the conclusions, the review undertaken must be considered as a starting point for further research, also in consideration of the fact that we have discovered some sub-national experiences which could be regarded as interesting practices in the field of statistical systems on child abuse.

2.2.1 National systems of statistics on child abuse

Sixteen countries out of the twenty responding to the questionnaire declare the presence of some forms of National system of statistics on child abuse. Negative answers came from Greece, Hungary, Denmark and Cyprus. The question is if the negative result is the effect of poor reliability of the available statistical information or of the absolute lack of any statistical office for social issues.

The Judicial and Social sectors are the main collectors and producers of data on violence against children. Their relevance is understandable because they are the two kinds of services which are immediately involved in case of a suspected case of child abuse; the professionals working in these sectors are the ones who have more responsibilities in the protection and assessment proceedings.

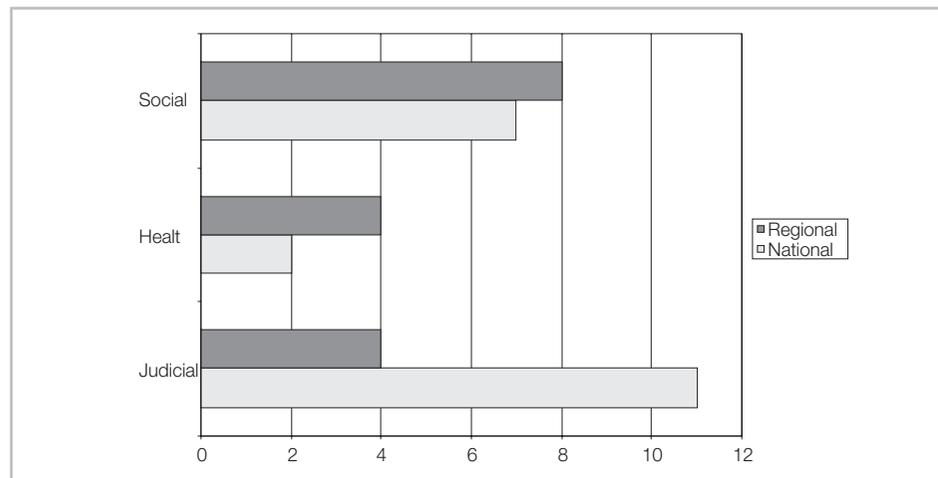
Fig. 1. Sectors of data collection (sources of data)**



**The sum of data is higher than the number of respondents because some countries cite more than one national sector.

It is important to observe that, while in 17 countries there is a form of legal obligation to report suspected cases of child abuse, five countries don't answer to the related question.

Fig. 2. Sectors of data collection – territorial organization of data sources



In most cases data is updated on an annual basis. Considering the prevailing sectors, the main aims to be pursued seem to be an administrative control and the monitoring of law enforcement to counteract criminal behaviours. Anyway, the type of data available for each sector must be better identified. It is not surprising to notice that from the Judiciary to the Social services there is an increase in the decentralization of systems and collection of data. This is due to the fact that Social interventions need to be implemented and managed at a level closer to potential clients, and to the fact that Social policy is a privileged field for decentralization of responsibilities both in federal and centralized states. The data produced in the judicial sector represents the results of crimes reported to the legal authorities. The competent Administration is usually the Ministry of Justice or the Ministry of the Interior. The data mainly includes the number of persons reported to the judicial authorities for “child abuse”, divided by type of offence, and the number of offences

reported. However, there is not enough information to define the exact type of statistics available in Members and Associated Members.

In the Social sector, the updating can be more frequent at a regional level, as in Ireland, where health statistics on child abuse are updated quarterly, or in the Netherlands, where ARCAN updates data every six months. In the Social sector, the competent agency is usually a specialized unit in public service: in Belgium the Equipes SOS-enfants, which belong to the O.N.E. – Office de la naissance et de l'enfance; in Ireland the eight health boards at a local level and the Department of Health and Children at a national level; in Spain the Department of Social service; in Italy the local social services; in the Netherlands the ARCAN offices.

The Health sector lags behind the social and judicial sectors as a source of data. There are few documented exceptions, such as the case of Greece, where the Emergency Department Injury Surveillance System (EDISS) has been collecting data concerning child abuse since 1996 and organizing it into a database. EDISS covers the emergency departments of four hospitals across Greece³³. It provides high quality data, collected by trained health professionals through personal interviews with the parents/guardians of the children (or with the children themselves), who have been admitted for any injury to the Accident and Emergency Departments of the four hospitals mentioned before. The staff is also trained to perform tasks such as data entry and coding and works under the supervision of physicians. The institution that keeps the database is the CE.RE.PR.I. (Centre for Research and Prevention of Injuries³⁴), that was created on the initiative of the Public Health Department of the Hellenic Ministry of Health, Welfare and Social

³³ A. Kyriakou Children's Hospital (Greater Athens Area), General Trauma Hospital “Asclapieion Voulas” (Greater Athens Area), and Regional General Hospitals of Volos and Corfu. The number of personnel and the working schedule have been arranged to cover the high-risk periods for injuries, namely from 8 am to 11 pm. Information on injuries happening during nighttime is based on outpatient records.

³⁴ CE.RE.PR.I. plays a central role in the field of injury prevention in Greece and it is the main institution that represents Greece in national and international scientific researches and programs regarding injury prevention. By collaborating with European and American organizations in research and implementation of injury prevention programs, CE.RE.PR.I. aims to contribute towards promoting healthier lifestyle, creating safer environments and ultimately reducing avoidable morbidity and premature mortality. At the same time, the Centre enhances information sharing and strengthens the European Working Party on Accidents and Injuries Network.

Security (OJ Hellenic Parliament 1050/91) in December 1991. The CE.RE.PR.I. operates in the premises of the Department of Hygiene and Epidemiology of the Medical School at the University of Athens.

Despite its limitations, the EDISS project of the CE.RE.PR.I. is unique in its nature and provides useful insight on factors that affect the occurrence of accidents and the potential for their prevention. Since there are no other reliable sources in Greece, data derived from the programme with its broader coverage, expanded scope and increased generalization is currently used to provide information to all parties interested in accidents. Although the CE.RE.PR.I example is a good one, at the moment this innovative practice on injury registration and prevention can hardly become a national practice, i.e. in every hospital all over the country.

In Ireland there is a national system for the collection of statistics for the Child Care Area. In this country the statistical information relates to all reports to Social Work Departments, including child abuse and welfare. Moreover, there is also a survey on all the information regarding children in need which includes:

- all reports to Social Work Departments, including child abuse and welfare
- annual admissions to care
- a review of the number of children in care at the end of every six-month period and details of residential centres and foster families
- annual statistics on homeless youths
- annual statistics on individuals who are 18 or above that are in care
- annual statistics on unaccompanied minors that are seeking asylum.

The survey does not cover

- children in day care or day fostering

- children who are in child psychiatric units, units for persons with mental disabilities, or centres for people with physical disabilities.

In Poland the phenomenon of child abuse and the issue of child maltreatment are not covered by the Main Statistical Office (GUS). There are no official statistics either at a national or at a regional level concerning these problems. There are some institutions, departments, state agencies as well as NGOs which collect their own data, but this data is incoherent and not reliable enough to be quoted.

In the analysis of the statistical background, we must also include the information sent by Germany and Lithuania, which never replied to the first questionnaire, but which replied to the one on statistical data for the second phase of survey. The information indicates that in both countries there is a national statistical system concerning data produced by Social and Judicial sectors, but in Germany there is also data from the Health sector. In these countries, the collection may be organized at a decentralized or national level, or both: it depends on the type of data, e.g. in Lithuania data on sexual abuse is available at a local and at a national level, whereas information on sexual exploitation and neglect is available only at a national level.

2.2.2 National systems of registration on child abuse

Seven countries gave a positive answer to the question in the existence of a national system of registration of cases of child abuse, the degree of its development appears to be very different, depending also from the size of each country.

Italy, France and Spain declare to be involved in the establishment of such a system.

Existence of national system of registration of child abuse

Austria	Belgium	Cyprus	Czech Rep.	Denmark	Estonia	Finland	France	Greece	Hungary
n	y	n	n	.	n	n	n	n	n
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	United Kingdom
y	n	n	y	y	n	y	y	n	y

All the Registration systems are developed within the Social services.

The basic information registered in the systems described more closely in the replies includes:

- sex and age of children
- nationality
- characterization of child/youth family environment
- type of situation reported (child abuse or situation at risk)
- length of the interventions by services (de-registration)
- primary Welfare Services Offered to support child/family
- typologies of other services and institutions involved in the case (entities responsible for signalling/participating in the situation).

The set of variables above appears to be wide enough to capture the multiple aspects of children's situation.

Some countries indicated the existence, or the intention to adopt, important tools which support the function of a national system of monitoring, that is: **Standard reporting form, Guidelines of procedures for registering cases, Mechanism for Controlling duplication and Code for each child.**

	Standard reporting	Guideline	Duplication	Code for each child
Ireland	yes	yes	yes	yes
Portugal	yes	-	-	-
Spain <i>under construction</i>	yes	yes	-	yes
United K.	yes	yes	yes	yes

In Ireland the authority in charge of managing the system of child abuse registration at a national level is the Department of Health and Children, which operates at a local level with its eight health boards. The system covers all the national territory, and its main aim is to target areas for concern and funding. The document "Children First Guidelines" defines the standard reporting form for each case, the guidelines for reporting and registration, and a mechanism in order to avoid duplications in the registration process.

The typologies used to register children are:

- emotional abuse,
- physical abuse,
- sexual abuse,
- neglect.

They are considered under four categories:

- A) confirmed abuse;
- B) confirmed non-abuse/ unfounded;
- C) inconclusive assessment;
- D) assessment on-going.

The Department of Health and Children publishes an annual report from the Health Boards using the Interim Dataset, which guarantees a standard reporting form for assembling all data at a national level.

In the United Kingdom there are Child protection registers at a local authority level. The national authority in charge of managing the system for child abuse registration is the Department of Health and Personal Social Services. Local authorities manage the child protection register.

CHILD PROTECTION REGISTERS

A central register should be maintained for each area covered by a social services department. The register should list all the children resident in the area (including those who have been placed there by another local authority or agency) who are considered to be at continuing risk of significant harm, and for whom there is a child protection plan.

Children should be registered under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair. The category(ies) used for registration help indicate to those consulting the register the nature of presenting concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally. The category(ies) selected should reflect all the information obtained in the course of s.47 enquiries and subsequent analysis and should not just relate to one or more abusive incidents.

The system does not cover all the national territory. The main purpose of the register is to make agencies and professionals aware of those children who are considered at continuing risk of significant harm and in need of active safeguarding. Consequently, it is important that agencies and professionals who are worried about a child be able to make enquiries of the register. It is essential that both the police and health professionals have access to the register both in and outside office hours. The document *Working Together to Safeguard Children (1999)* defines the standard reporting to avoid duplications in the registration process.

CHILD PROTECTION REGISTERS AT LOCAL AUTHORITY LEVEL

A central register should be maintained for each area covered by a local authority social services department. The register should list all the children resident in the area (including those who have been placed there by another local authority or agency) who are considered to be at continuing risk of significant harm, and for whom there is a child protection plan. Children should be registered under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair. The category(ies) used for registration help indicate to those consulting the register the nature of presenting concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally. The category(ies) selected should reflect all the information obtained in the course of s.47 enquiries and subsequent analysis and should not just relate to one or more abusive incidents.

Child Protection Registers covering each local authority area should be managed within the social services department by an identified custodian, normally an experienced social worker from within the social services department. The register should be kept up-to-date and its contents should be confidential other than to legitimate enquirers. The register should be accessible at all times to legitimate enquirers. The details of enquirers should always be checked before information is provided. The Department of Education and Skills holds lists of custodians of child protection registers and should be notified of any changes in custodians.

The typologies used to register children are: physical, emotional, sexual abuse and neglect.

Children should be registered on the child protection register under one or

more of the four categories, based on a decision by the chair of the child protection conference. The categories used for registration help indicate to those consulting the register the nature of presenting concerns. Recording information in this way also allows for the collection and analysis of information at a local and at a national level. The selected categories should reflect all the information obtained in the course of section 47 enquiries and subsequent analysis and they should not just relate to one or more abusive incidents.

The system is kept up-to-date by regular reviews of the child's safety and circumstances. These reviews are made for each child whose name is on the register to decide if his/her name should remain on the register. In each local authority, the custodian of the child protection register is responsible for updating the information.

The Government produces the Statistical First Release, which contains figures on referrals, assessments, and children and young people on the child protection register. This is updated every year.

In the Netherlands, since 2001 the Regional child and youth care services and provincial authorities have systematically collected data regarding the state of children, including the aspects connected to child abuse.

The database is kept by the regional child and youth care services where the ARCAN is based.

Each ARCAN uses the same system of registration and guidelines. Twice a year some of the data is collected for the provincial authorities, and once a year the NIZW reports some of the data at a national level. The system of registration used by the ARCANS is now three years old and it is not easy to guarantee that each ARCAN follows the guidelines. There are 15 ARCANS, but no central authority to direct them.

In Slovakia the Registration system is kept by the Department of labour, social affairs and family. The local services are responsible for feeding it.

In Spain a national Register on child abuse is under implementation. The authorities responsible for it are the *Observatorio de la infancia y la adolescencia* at a national level, and the local services of the Autonomous regions at a local level. The Register will be unique for the whole national territory.

The main aims of the project are to:

- determine common definitions of sexual abuse to be used at an operational level
- sensitize professionals who are responsible for the protection and welfare of children
- increase the efficiency of services, to facilitate the reporting of cases
- ensure the use of shared and common protocols of intervention
- improve the sources of identification of child abuse.

The *Observatorio* edited a standard reporting form for each case and guidelines for reporting and registration.

The typologies of child abuse covered by the future register will be:

- physical abuse
- psychological abuse
- sexual abuse
- neglect.

Such categories are the most widely covered by Registration systems in all the countries.

Also in Italy there is an ongoing experimental project to set up a nationwide system for monitoring neglected, ill-treated and/or sexually abused children who have been reported to and/or taken into care by the local services. It seeks to contribute towards resolving the often cited lack of comparable data at a national level, as emphasized in the 2002–2004 National Action Plan for Childhood. This plans sets as a priority *identifying a constant, homogeneous registration system of the incidence (number of cases per year) of child abuse in all its forms, and providing an adequate description of sub-categories and of its characterizing features.*

The objective is to survey children who have been reported to or taken into care by local services for being at psycho-social risk, or who are suspected or confirmed to be victims of ill-treatment, exploitation or sexual abuse.

The main actors of the survey are the people working for the local services, in particular social workers. They must be the professionals who most frequently have to deal with the reports: this task is given to them by

current legislation for preventing family disadvantage and providing child protection and guardianship (among the fundamental legislative references see Presidential Decree. 616/77, Law 184/83, Law 84/1994, Law 149/2001, Law 66/96, Law 269/98, Art 430 Civil Code and Law 328/2000).

The data is collected in a database which gathers all the information collected during the year by the local services. The National Centre has prepared a fact sheet for collecting qualitative and quantitative data on:

- the child, personal anonymous information;
- the family context (its structure, personal and social data on the parents, other children etc., anonymous information);
- the reasons why a report on the child is filed to the services;
- the intervention performed by the services in favour of the child, the family unit and the perpetrator of the ill-treatment or abuse;
- the characterizing features of the disadvantage and the forms of child abuse reported;
- the characterizing features of the perpetrator (s) of the ill-treatment or abuse.

The fact sheet has been translated into a user-friendly database software prepared by the National Centre, and distributed to all the services involved for loading on to their computers.

Lastly, operators may request support and assistance on-line and by phone when inserting and uploading data.

At the moment, four regions are involved in the preliminary pilot project. *Is there a National Registry of those convicted of sexual offences against children?*

As Terry Thomas³⁵ writes, work in the field of child sexual abuse has always prioritized the needs of child victims, but in recent years attention has been paid to offenders as well. In fact, the institutions have become aware that stricter control on sex offenders will make children and

³⁵ Thomas, T., 2003, *Collection and use of personal information on child sex offender*, in May-Chahal, C., Herczog, M., 2003, *Child sexual abuse in Europe*, Council of Europe Publishing, Strasbourg.

communities safer. The Register responds to the idea that knowing where the offender is, it will make it possible to better protect society, i.e. all the potential victims.

Most European countries hold national archives of data on convicted people for prevention purposes, or to control the moral integrity of a person, e.g. in pre employment screening.

The Sex offender Register is a special part of that general archive. The Register is based on the duty that convicted sex offenders have to communicate where they go to live after being released from prison.

Three countries replied positively to this question: Ireland, Austria and the United Kingdom. In Ireland, the Registry of sexual offenders is kept by the National Police Force (Gardaí Síochána). It was set up under the Sex Offenders Act, 2001.

In Austria the official statistics of judgments (Gerichtsstatistik) is kept by the Ministry of Justice. In the United Kingdom the Home Office is the Government department responsible for this through the police service. The Sex Offenders Register was established in the late 1990s and is governed by the Sexual Offences Act 2003.

2.3 Some information on existing statistics: the second phase of the review

The second phase of the survey on the topic of child abuse had three basic intentions:

1. to verify the status of the statistics on child abuse indicated in the first phase of the survey by each country;
2. to collect some examples of the existing data, which could be proposed as basic components for comparable indicators on the state of children and adolescents related to the problem of child abuse;
3. to update and expand the knowledge of the juridical framework standing behind public policies against child abuse.

The following sections include the comments on the collected information on existing statistics, as they appear from the documents sent to the Secretariat.

2.3.1 Basic elements characterizing the collected information

The Secretariat asked to provide data mainly related to Judicial, Social and Health sectors, but it was considered also very important to collect official statistics regarding other sectors dealing with the promotion of child well being and/or child protection, if they were available.

All Members and Observers were asked to send the available statistics (at a national or regional level) on the following kinds of *child abuse*:

- sexual abuse (intra-familial and extra-familial)
- sexual commercial exploitation (child pornography, child pornography on the web, prostitution)
- neglect (emotional and physical)
- physical ill-treatment
- psychological ill-treatment
- witnessing violence
- trafficking for sexual exploitation.

For each country, the Secretariat tried to collect data on the aforementioned categories of child abuse. However, our main interest was to know which kind of statistics is available on the phenomenon even if the statistical information is categorised in a different manner.

The data were analysed considering:

- subject-matter (e.g. type of child abuse, or author of abuse, etc.)
- type of disaggregations of available data (e.g. no. of child victims by age, persons reported subdivided by arrest or alternative judicial measures, no. of offences of child abuse reported by place where the offence was perpetrated, etc.)
- sources of data.

Bearing in mind the strong limitations in comparing such data, due the different statistical contents and methodologies used, each country was requested to provide the **description of the methodology** and the **definition of child abuse** on which statistics are based.

2.3.2 Respondents

70% of respondents sent back the original questionnaire proposed by the Secretariat, while the others replied with other documents or statistical

documentation. Six countries integrated the questionnaire by sending additional information and documents.

Denmark and Hungary answered negatively to all the questions concerning data. Shall we think that in these countries no data exists on this problem or rather, that this result is the consequence of a negative opinion on the reliability of existing data?

Actually an explicit, negative comment was the answer from Poland, which states that the phenomena of child abuse and maltreatment are not covered by the Main Statistical Office (GUS). The country does not have any official statistics either at a national or at a regional level concerning these problems. There are some institutions, departments, state agencies as well as NGOs which collect their own data, but this data is incoherent and not reliable enough to be quoted. Also, there is no official definition of child abuse in Poland. The Polish Criminal Code indicates abusiveness of the child (sexual abuse, neglect, physical and psychological ill-treatment, kidnapping, trafficking for sexual exploitation, desertion of a child), while the Family and Guardianship Code indicates the misuse of parental authority (violence, neglect) as a reason for depriving parents of rights on their children. Belgium sent a National report on child welfare available as documentation on statistical data regarding child abuse. The Report provides an accurate description of the welfare system, which supports mothers, children and entire families in respect of health, social protection and special services for abused children (S.O.S. Enfants, in the French-speaking community). The document suggests the need for a future and wider survey on the characteristics of social and Health services available to children since their

birth. Increased knowledge could indeed provide important information on the degree of development and on opportunities existing all around the European Union. Data on the number of child protection services, the typology and number of professionals working in this kind of services and the amount of financial resources annually invested for them, would be useful to define social indicators describing the quality of a primary and secondary prevention system at a national and European level. But, how many countries could meet requirements for such a kind of data?

It is worth mentioning that since 1993, in Belgium the Action Enfance maltraitée has been publishing a bulletin of Scientific information (*Direm*), which represents a source of continuous professional updating on the researches and activities conducted at a national level on the issue of child abuse. *Direm* is a tool for exchanging information among the various teams of SOS enfant and with all the others institutions and agencies working in the field of child protection.

In Belgium (specifically for the French-speaking community, where there are the équipes SOS Enfants acting as specialized teams at a local level) the information describes multiple aspects of the cases and of the measures taken. Moreover, it contains a variable which is a proxy of the effectiveness of the actions taken, i.e. the number of situations referred to services also in the past, compared to cases that are new referrals. In this respect, almost 87% of families referred are new entries, whereas 13% of situations were already known in the past.

In Belgium, a sort of “hard core” seems to exist, because the statistics show that since 1998 the percentage of re-referrals has remained almost stable at 12-14% of all yearly referrals to SOS Enfants.

Table 1. Questionnaires sent back and additional documentation

Countries	Belgium	Cyprus	Czech Rep.	Denmark	Estonia	France	Greece	Hungary
Questionnaire	n	y	y	y	n	y	y	y
Additional data	y	y	n	n	y	y	n	n
Countries	Ireland	Italy	Latvia	Lithuania	Luxembourg	Netherlands	Portugal	Spain
Questionnaire	n	y	n	y	y	n	y	y
Additional data	y	y	y	y	y	y	y	n

The incidence of re-referrals is an indicator that could be considered comparable at a European level without considering the differences existing in the original methods and criteria of data collection (and in the organization of child protection systems as well), and it could allow us to evaluate the effectiveness of social and clinical interventions in stopping violence and removing the more serious risk factors of child abuse.

The problem of the re-occurrence of child abuse is receiving an increasing attention by researchers and professionals because it highlights a failure in the protection system and it has been shown that the new abuses are more severe than the first ones which were reported and assessed. It is interesting to notice that in England, according to the last report on the Child Protection Register, the percentage of re-registrations is almost the same as in Belgium: 13% of total registrations; moreover, the re-registrations within 12 months of the last de-registrations represent roughly 30% of the overall re-registrations.

The re-occurrence of reporting of ill-treatment on children already in the care of child protection services is a widespread indicator of strategic planning goals to make the system more sensitive and responsive to child victims: the re-occurrence child maltreatment is a piece of information which helps to evaluate the effectiveness of child protection surveillance and response systems.

2.3.3 Typologies of child abuse mapped by statistics and other characteristics of available data

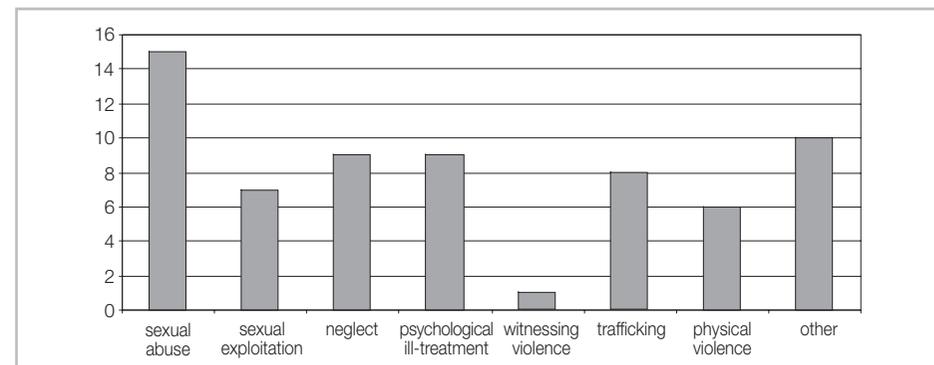
Sexual abuse is the most commonly reported type of child abuse, in particular as crimes referred to the judicial authorities. However, the intra-familial or extra-familial nature of the situation is rarely identified, as it depends on the presence an item related to the relationship between the victim and the perpetrator in the notification scheme. With regard to the other forms of child abuse, data is collected less commonly, with the following order of frequency: neglect and psychological ill-treatment in nine countries, trafficking in eight, sexual exploitation in seven, and physical ill-treatment in six.

Ten countries mentioned and sent statistics also on other types of situations, which are actual or potential sources of serious harm for

children: situations at risk, children involved in illegal activities, children with health and mental problems, non-accidental deaths, etc.

It is interesting to notice that, even if professionals tend to state that psychological ill-treatment may be a less detectable form of child abuse than others, the results of this review indicate the opposite if it is explicitly indicated as a variable to be reported for statistical reasons. Anyway, as we will see, data on ill-treatment comes primarily from the Social sector, because this form of child abuse receives preferably a clinical attention, since it is rarely codified as a specific crime in the criminal or civil law. Witnessing violence is a kind of child abuse that seems to remain completely unknown, even if it is a widespread trauma with a serious impact on the psychological, cognitive and behavioural development of a child living in a family whose relationships' model is characterized by violence on some of the members. The lack of information on witnessing of violence may be explained as the consequence of a limited awareness of the impact of domestic violence on children. The number of minors exposed to this form of abuse could be detected as a condition which involves directly the child, or by registering the number of children living with adults reported as victims of domestic violence. An additional problem is that data on family violence is often elaborated as the overall referrals to the police or social services, without explaining if the victim is an adult or a minor.

Fig. 3. Frequency of data for type of child abuse



This is the case, for instance, of the Italian judicial statistics, which allow us to know the number of reports to the judicial authorities concerning family ill-treatment, but without any details on the victims, namely if they are adults or minors. Unfortunately, this crime has had a strong increase in recent years, since the cases reported to the police shifted from 2,290 in 1996 to 4,669 in 2002. Therefore, more structured information could be of great help to evaluate the appropriateness of the methodologies of intervention implemented³⁶.

The problem arising from a strict division of situations in simple categories of child abuse is that, in the “real world”, each situation is characterized by the co-presence of more than one form of child violence. Unfortunately, from the documents sent to the Secretariat, it is almost impossible to understand which criteria are followed to assign a child to one category or to another when there are multiple forms of abuse: does the system register the more prevalent one? But which are the parameters to measure prevalence? Is the child assigned to more than one category?

In the case of sexual exploitation, a type of abuse which has received increased consideration in recent years, since the approval of the Agenda

for Action in Stockholm in 1996, it is striking to notice the limited number of countries which keep statistics about it. Possible explanations for this result could be an underestimation of the problem or its difficult detection, but another hypothesis could be that part of the cases are registered only under the classification of sexual abuse as a consequence of national legal provisions, or of the culture and sensitivity of the professionals who handle the cases.

The phenomenon is mainly seen as a criminal issue, because the most widespread statistics are the judicial ones. This shows the importance of having a more detailed overview of the legal framework regarding crimes connected to child abuse, because the administrative activity of the judicial sector is crucial in producing data on child abuse: this sector appears to be a source of data for all the categories chosen to identify the phenomenon (table 3). Of course, this is not true for all countries, as emerges when reading the frequency of sectors producing statistics for each type of abuse. Nevertheless, the judicial sector is the main source of data for at least four categories of abuse: Sexual abuse, Sexual exploitation, Trafficking and Physical violence.

Table 2. Available statistics for type of child abuse

Official Statistics	Belgium	Cyprus	Czech Rep.	Denmark	Estonia	France	Germany	Greece	Hungary	Ireland	Italy	Latvia	Lithuania	Luxemb.	The Netherl.	Portugal	Spain	Total
Sexual Abuse	yes	yes	yes	-	yes	yes	yes	yes	-	yes	yes	yes	yes	yes	yes	yes	yes	15
Sexual Exploitation	-	-	yes	-	yes	-	yes	-	-	-	yes	yes	yes	-	-	-	yes	7
Neglect	yes	-	-	-	yes	yes	yes	yes	-	yes	-	-	-	-	yes	yes	yes	9
Psychological Ill-Treatment	yes	yes	yes	-	-	yes	-	yes	-	yes	-	-	yes	-	yes	yes	-	9
Witnessing Violence	-	-	-	-	-	-	-	-	-	-	-	-	-	-	yes	-	-	1
Trafficking	-	-	yes	-	yes	-	yes	-	-	-	yes	yes	yes	-	-	yes	yes	8
Physical Violence	yes	yes	yes	-	-	-	-	-	-	yes	-	yes	-	-	yes	-	-	6
Other	yes	-	-	-	yes	yes	-	yes	-	yes	yes	yes	-	yes	yes	yes	-	10

³⁶ Obviously, such data does not indicate only an absolute increase in the phenomenon, but it is also the sign of better access to support services for all the victims and of a more widespread awareness of the illegitimacy of the behaviour, which is no longer seen as a situation to be suffered in silence and accepted by victims.

Table 3. Type of child abuse for each type of statistics source

Type Of Child Abuse	Sector Producing Official Statistics On The Topic	
Sexual Abuse	Judicial	12
	Social	7
	Other	1
Sexual Exploitation	Judicial	7
	Social	1
	Other	
Neglect	Judicial	1
	Social	7
	Other	1
Psychological Ill-treatment	Judicial	2
	Social	6
	Other	1
Witnessing Violence	Judicial	1
	Social	
	Other	
Trafficking	Judicial	7
	Social	
	Other	
Physical Violence	Judicial	5
	Social	4
	Other	1
Other	Judicial	5
	Social	4
	Other	1

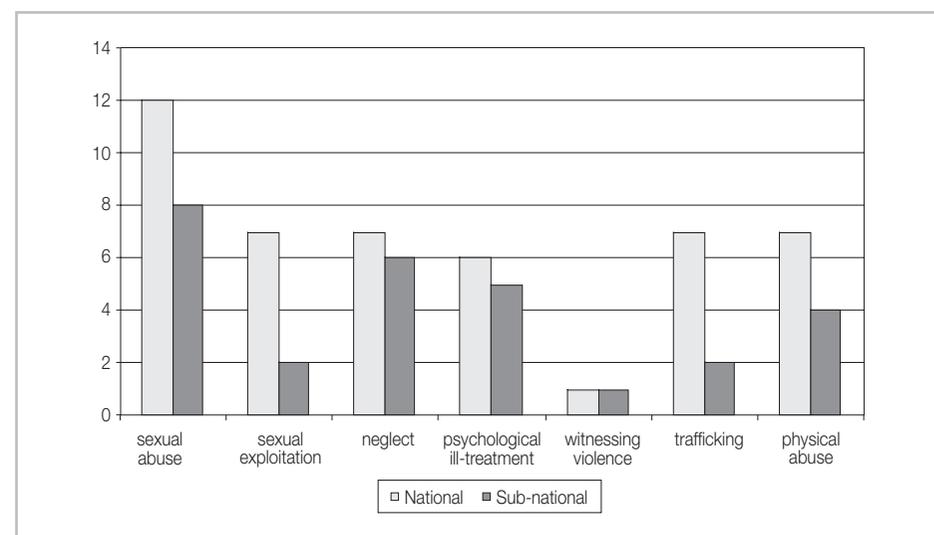
Neglect and Psychological ill-treatment are issues pertaining to the Social sector (as regards neglect, only one country has statistics deriving from judiciary activity, while as regards psychological ill-treatment there are two countries). This result could be explained by different approaches in dealing with these cases: the ChildONEurope Secretariat cannot draw an exhaustive picture of the legal definitions and procedures related to these kinds of child abuse, but maybe such cases are handled in civil proceedings involving mainly protection agencies and Juvenile Courts, instead of Criminal Courts as seems to happen for the other types of abuse.

Table 4. Sectors for type of child abuse

Judicial	Sexual Abuse, Sexual Exploitation, Trafficking, Physical Violence
Social	Neglect, Psychological Ill-treatment

On the other hand, there is a wide range of statistics if data comes from the activities of the Social services; the countries which have data from this sector show quantitative information concerning, on average, three types of abuse, mainly neglect, sexual abuse and physical abuse.

Fig. 4. Type of child abuse for level of disaggregation



Sexual exploitation and trafficking are events whose data is collected essentially at a national level, as a result of judicial administrative activity. The categories of child abuse which have a higher degree of decentralization in data collection are: sexual abuse, neglect, psychological ill-treatment and physical ill-treatment. The local unit is constituted primarily by local social services (or child protection agency).

This information raises a question: is there a different level of support resources behind a different way to keep data? That is, does the victim of trafficking and sexual exploitation benefit from a different type of services, which are not delivered on an ordinary basis for the other categories of child abuse? Actually, facing problems of sexual exploitation or trafficking seems to be more a matter of acting against criminal organizations than of taking protection and prevention measures. Studies have shown that, since the identified victims of sexual exploitation and trafficking are mainly immigrant minors, the victims often do not receive specific assistance and recovery because the main protection measure consists in sending them back to their country of origin, or, if they receive any help, they are included in special projects handled by NGOs, as is often the case in Italy. An audit conducted by the Group of Specialists on the Protection of Children against Sexual Exploitation (PC S ES) set up by the Council of Europe reached similar conclusions: *“It seems that in most countries, procedures and standards for the protection of child victims of sexual exploitation are not established or monitored on a systematic basis. This is an area where further work will be necessary to gather more detailed information from countries on measures in place to support and protect child victims throughout the police and judicial proceedings, as well as in relation to social and health services [...]. Scarce, although interesting, information regarding the recovery and re integration measures for child victims, indicates an important gap within the strategic response to sexual exploitation of children. Clearly, the protocols and methods for assessment and analysis of the rights to special protection measures of victims seem to be lacking. Such information would allow governments and other actors to design appropriate measures, procedures and standards for the full recovery and social re integration of child victims. Ombudspersons from France, Iceland and Wales have clearly indicated that the lack of recovery and re integration measures for child victims constitutes a considerable gap in their countries”*³⁷.

³⁷ Asquith, S., 2003, *Sexual Abuse and the Sexual Exploitation of Children. An overview of progress since the Budapest Conference*, November 2001 and the Second World Congress in Yokohama, December 2001, paper presented in occasion of the Meeting of the EU Ministers responsible for Childhood «L'Europe de l'Enfance», Lucca, 25th and 26th September 2003.

2.3.4 Features of child abuse's cases included in statistics

For analysing the incidence of the events of child abuse, actually, we have three basic unit of information: number of children, or number of crimes reported, or number of investigations on cases reported to a local authorities. The elements for describing the events vary according to the type of abuse and to the Sector producing data. The information deriving from the social services is, in general, the most structured data collected by the Secretariat. Seven countries sent statistics which make it possible to identify the victims divided by age groups, but there is a general lack of information regarding the gender.

The identity of the perpetrator is traceable in the statistics of at least five countries, but with different standards for codification. For example, in Italy the Ministry of the Interior elaborates statistics which give a very analytical specification of the perpetrators (in case the perpetrator is known to the victim, the statistics distinguish between father, grandfather, uncle, teachers, and so on); instead, the statistics produced in the Czech Republic divide the perpetrators in the three large groups of *parents, other household members* and *peers*; finally, in Cyprus the cases of child abuse reported to the Social welfare services identify six categories of perpetrators: father, step-father, mother, step-mother, other relatives and strangers.

The attention on perpetrators is far from being clear information, as the experiences of some countries show us. There is a sort of divide between statistics derived from the social sector and the ones analyzed in the context of judicial proceedings: in the former, as Andy Wachtel writes in his comment on the “State of the Art” in Child Abuse Prevention in Canada³⁸, there is a concentration on family as the prime locus of child abuse and neglect which reflects not only the evident facts but also the particular focus of the lead institutions involved in the response, i.e. in the child welfare system: *“the mandate of child protection was to assure that the home was a safe haven for children, that parents were able and willing to protect their children and, if not, that alternate care was provided.*

³⁸ Wachtel, A., 1999, *The “State of the Art” in Child Abuse Prevention*, Minister of Public Works and Government Services Canada.

Maltreatment of children outside the home was not the child welfare system's particular concern".

On the contrary, the criminal justice system, generally concentrated on cases of child sexual abuse, does not focus on the family, but it has to respond to extra-familial sexual victimization of children as well. The consideration on sexual abuse can go further and include, as Wachtel does, also other forms of child abuse: indeed, also child physical abuse and neglect should be expanded beyond the family, in order to consider abuses perpetrated by caregivers other than parents or relatives and to include a larger category of persons "in positions of trust" (baby sitters, foster parents, daycare staff, preschool and school teachers, coaches, medical personnel, and so on).

Table 5. Elements of data per countries

N° Children Victims	12
Age of victims	7
Perpetrators of violence for type of relations with the victim	5
Family type of children reported	2
Types of interventions taken	3
Institution or persons reporting	4
State of proceedings	4
N° of offenders	5
N° of crimes reported	5

In only four countries it is possible to trace the person or agency reporting the case. This is an extremely important item, which allows researchers to know the nature and the characteristics of the network moving around the authorities (protection agencies or police), which have the specific task to intervene: the wider the network, the higher the level of awareness and social responsibility in the local community for the protection of children from abuse.

The statistics sent by Belgium and Ireland make it possible to identify also the type of context in which the child lives: in Belgium, the typology is expressed as nuclear family, single parent family, child institutionalized, extended family and other; in Ireland, the focus is mainly on the status of

parents, since the categories are: cohabiting couples, divorced parents, lone unmarried parents, married couples, married but living apart couples, widow/widower and other.

The characteristics of the living environment of the child represent useful information to define a set of elements which, since there is in some cases re-occurrence, may be considered as risk factors of child abuse.

2.4 Some statistics on child abuse

The following tables include the data collected by the ChildONEurope Secretariat in the replies to the second questionnaire on statistics. The data concerns only the types of child abuse for which there were satisfactory information in the documents received.

The data is not immediately comparable, but, as regards the statistics deriving from the administrative tasks of the Social services, some general comments can be made. First of all, we note that, for some forms of abuse, there are not significant discrepancies in the number of cases reported, even if the countries are very different in terms of population: e.g. compare Belgium and the Czech Republic for physical and psychological ill-treatment, or the Netherlands and Cyprus for physical ill-treatment. Secondly, we may hypothesize some overlap between the typologies "neglect" and "physical-ill treatment", because the latter includes a moderate number of cases where the former is present in the classifications of situations reported, while the number of cases of "physical ill-treatment" increases in the countries whose statistics do not seem to include "neglect". It would be very interesting to examine the actual content of these statistics and the legal consequences of the inclusion of a case in one or another category. The use of standardized modules undoubtedly helps to more rigorously attribute a child to a specific category of abuse. But maybe this is not enough. If the detection of a case of physical-ill treatment means that the professional must take more severe measures than in a case of neglect, e.g. with the opening of specific judicial proceedings, it is possible that some cases, considered moderately serious, could remain in care, as a generic situation of neglect.

Table 6. Numbers on child abuse (on year 2002 if it is not otherwise indicated)

Country	Source	Population under age 18, year 2002 (2003)	Sexual abuse with and without (contact)	Neglect	Physical ill-treatment	Psychological ill-treatment	Sexual exploitation (Prostitution pornography)	Family violence	Others forms
Austria	Penal 1999	1.668.793	690 (crimes reported)	/	/	/	/		/
Belgium	Social:children reported	2.163.729	1133	275	515	172	/	/	1339
Cyprus	Social:children reported	42.452	53	/	183	37	/	/	/
Czech Republic	Social:children reported	450.776	535		527	171	/	/	/
Czech Republic	Based on Penal code		1198 (offences ascertained)	/	/	/	9 (offences ascertained)		/
Denmark		1.176.761	/	/	/	/	/	/	/
Estonia	Based on Penal code - 2003	62.175	97 (crimes reported)		/	/	/	9 (crimes reported)	
Finland		1.124.779	/	/	/	/	/	/	/
France	Social:children reported	13.381.047	5900	5000	5600	2000	/	/	/
Germany		15.381.419	/	/	/	/	/	/	/
Greece	Institute for child Health 2003-2004	2.001.741	57	37	39	8	/	/	/
Hungary		477.677	/	/	/	/	/	/	/
Ireland	Social:children in care	1.010.183	50	336	98	54	/	/	/
Italy	Based on Penal code	10.090.805	598	/	/	/	1543 (crimes reported)		/
Latvia	Based on Penal code	96.596	183	/	119	/	5		/
Lithuania	Social:children reported	166.972	92	/		/	/	315	727 (e.g. minors against minors)
Luxembourg	Police -2004	98.303	21	/	21	/	/		/
Malta		21027	/	/	/	/	/	/	/
Netherlands	Social:children reported (2004, Amsterdam)	3.569.863	72	650	194	223	/	117 (witnessing violence?)	
Poland		1.864.285	/	/	/	/	/	/	/
Portugal	Judicial-Juvenile courts	2.026.213	53	1266	344	107	5	/	/
Slovakia		267.273	/	/	/	/	/	/	/
Slovenia		89.623	/	/	/	/	/	/	/
Spain	Child protection N° of cases in 1998 total 16.189	7.265.834	369	9.629	2.220	3.944	/	/	/
Sweden		1.938.266	/	/	/	/	/	/	/

Table 7 exemplifies the effects of a rather good system of registration and of a strong system of decentralisation. In Wales, England, Scotland and North Ireland we find a quite accurate organization for the collection of data, but each country follows its own criteria and rules for the registration and classification of cases. Then it is rather impossible to derive a unique picture on the entire UK because there are significant limits due to different standards in the classification of cases.

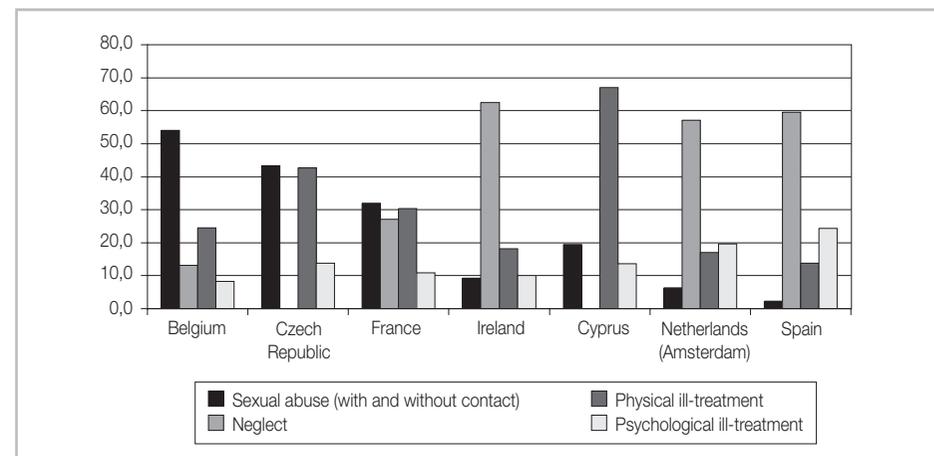
Table 7. The situation in the UK

	Under 18 population
United Kingdom	13.558.047
	Children on protection Register at 31 march 2002
Wales	
Neglect, physical abuse and sexual abuse	15
Neglect, physical abuse	114
Neglect and sexual abuse	29
Physical abuse and sexual abuse	16
Neglect only	785
Physical abuse only	408
Sexual abuse only	192
Emotional abuse only	406
England	
Neglect	10100
Emotional abuse	4500
Physical abuse	4200
Sexual abuse	2800
Multiple abuses	2800
Scotland	
Physical Neglect	809
Emotional abuse	264
Physical abuse	644
Sexual abuse	249
others	13
North Ireland	
Neglect	612
Emotional abuse	230
Physical abuse	521
Sexual abuse	168

Considering only the statistics derived from the activities of social services, it is possible to compare the incidence of each form of abuse on the total of children reported for the four main categories: sexual abuse, neglect, physical ill-treatment and psychological ill-treatment.

There are important differences in the incidence of each type in the various countries, are there different habits in the form of child abusing?

Fig. 5. Incidence of each form of child abuse



In Belgium, Czech Republic and France, child sexual abuse is the category with the most important incidence on the total of cases, respectively 54,1% and 31,9%.

Neglect is the main abuse reported in Ireland, Netherlands and in Spain, and it happens also in UK where the data from the four Registers indicated a clear prevalence of neglect on all the other forms of child abuse. Psychological ill-treatment remains the less identified abuse, maybe because it is rarely the main reason for reporting, except in Netherlands and in Spain.

The physical abuse is the first cause of reporting in Cyprus, and it is the second one in France, Ireland, Belgium and Czech Republic.

The importance of neglect is a very interesting result because this abuse remains still the least studied and most poorly characterized form of child maltreatment. This is due to multiple factors including the difficulty in defining and documenting neglect in children. Neglect can occur in several forms: Medical neglect, Physical, Emotional neglect, Neglectful supervision, Abandonment. In the past, the consequences of child neglect were not considered to be as severe as the consequences of other forms of maltreatment (e.g., physical or sexual abuse). When neglect occurs, physical and psychological development is disrupted. Unless there are remedial interventions, this deficit follows the child into the next stages of development and adversely influences subsequent development. The case confirms the relevance of having data subdivided on the age of children because it suggests the different level of the severity of the possible social, cognitive/academic, physical, emotional, and developmental impacts of neglect on the victim, and the importance of an early identification, but *“Unfortunately, several factors hinder detection of neglect. In our current social structure many families are physically or socially isolated. This means that the neglected infant, toddler and young child may not be seen by any other responsible adult. When a child does come to the attention of other adults in school or other settings, there are no overt bruises or marks left behind, to serve as indicators. Neglect frequently accompanies other forms of maltreatment and it is often the case that identification and intervention is focused on the other more overt form of maltreatment”*³⁹.

But which is the relevance of the problem in the under 18 population? The number of children abused every 10.000 children residents gives us an idea of the magnitude of the problems and it is a comparable index. Table 8, elaborated using statistics indicated in table 6 and 7, points out the differences existing among the five countries analysed here. Cyprus seems to be the country with the highest rate: in 2002 64 children out of 10.000 were reported as abused, of whom 43 as victims of physical ill-treatment.

³⁹ Perry, B.D., Colwell, K., Schick, S., 2002, *Child Neglect*, in Levinson, D., ed., *Encyclopedia of Crime and Punishment*, Vol. 1, Sage Publications, Thousand Oaks, 192-196.

Cyprus and Czech Republic have also the highest rate of children sexually: almost 12 out of 10.000. In Spain there is a relatively high rate of cases of neglect.

Table 8. No. of children registered as abused by social service every 10.000 children residents (2002)

	Sexual abuse (with and without contact)	Neglect	Physical ill-treatment	Psychological ill-treatment	Total
Belgium	5,2	1,3	2,4	0,8	9,7
Cyprus	12,5	0,0	43,1	8,7	64,3
Czech Republic	11,9	0,0	11,7	3,8	27,4
France	4,4	3,7	4,2	1,5	13,8
Ireland	0,5	3,3	1,0	0,5	5,3
Spain	0,5	13,3	3,1	5,4	22,3

3. Final comments on the results of the review

The survey highlights and confirms the presence of a fragmented and difficult situation at a European level in collecting data on child abuse in the framework of legal provisions for monitoring the phenomenon and evaluating the actions taken. Nevertheless, there are some significant examples which should be better known, as they are the sign of important efforts towards a more comprehensive understanding of the phenomenon.

Nowadays the needs of the European Union for integration, sustainable development and social cohesion call for a wider role of statistics as a public good, as basic tool for public policies. At present, the demand for qualitative and quantitative data comes from a wider range of users: public administrators, policy makers, researchers, but also professionals directly involved in the field, NGOs, international organizations, the media, at a local, regional, national and international level. Hence, the three fundamental stages of the statistical producing process are:

- to detect the demands for information and translate them into specific needs for qualitative and quantitative data;
- to produce data and organize it as communicable and usable information;
- to disseminate and communicate information, as an indispensable principle of democracy.

Then, new quality criteria for the statistical producing process consist in evaluating how it incorporates the real demands of all the potential users and how it facilitates their participation in the definition and implementation of the process.

Monitoring the phenomenon of child abuse and related policies is part of the more general national monitoring on public issues and policies, such as unemployment, education, Health matters, etc. This means that qualitative and quantitative data on child abuse should be thought as a necessary component of each national statistical and information system.

At a European level, the Council Regulation (EC) No. 322/97 of 17 February 1997 on Community Statistics (OJ No. L 52/1) sets the rules for General provisions, the Community statistical program and its implementation, Principles, Dissemination, Statistical confidentiality and Final provisions.

The Council Regulation no. 322/1997 represents a fundamental step in the process of strengthening the European statistical system, because through its adoption important results were achieved:

- the definition of general rules and procedures for the integration of European statistics;
- the identification of basic principles to be respected for the reliability and integrity of the official statistics.

Then, the problem of data collection on child abuse and of monitoring of the phenomenon and related policies should be seen as part of a more general process of integration in the European information systems, a process which has already been started.

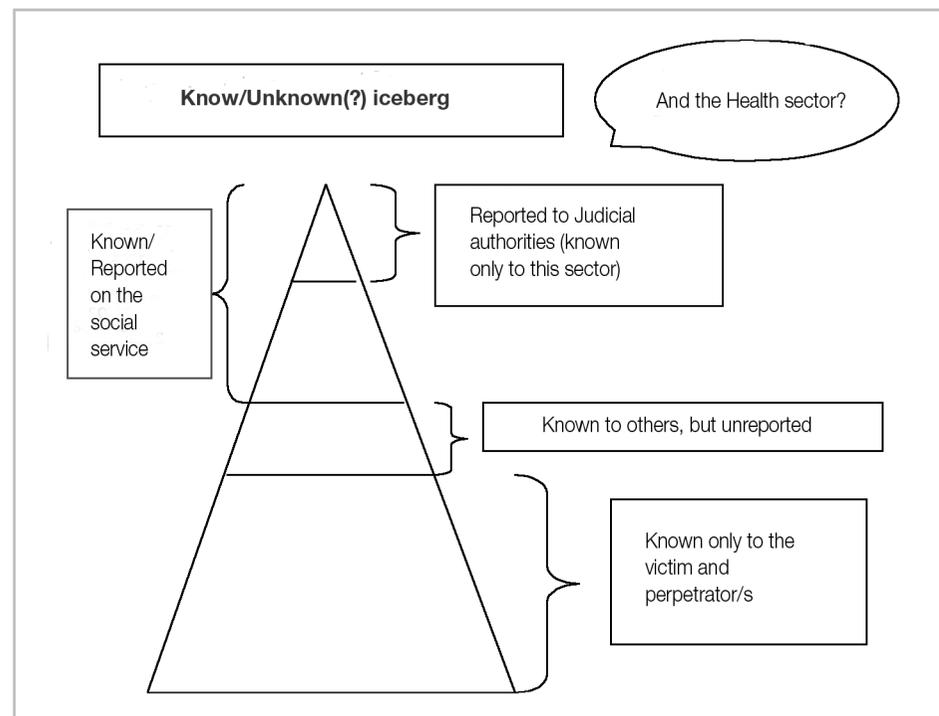
The new configuration of the European Union requires further development of the EU statistical system under the guidance of Eurostat. The efforts of ChildONEurope to highlight specific needs for information on children's life contribute to the actual process of quality improvement of the EU statistical system, which must respond to more complex demands faced with the emergence of a wider range of issues affecting the European society: domestic violence, social discrimination, trafficking, exploitation.

1. The Judicial administrations are the main statistical source. This perspective helps to verify the successes achieved in counteracting crimes, but this data does not provide an in-depth representation of the characteristics of the phenomenon and it tends to underestimate it because it only includes the forms of abuse which are codified as crimes. The information coming from the judicial sector is not good enough to analyze the context in which violence occurs, the impact on children and the characteristics of the prevention and recovery interventions. For these purposes, **the Social sector seems to be the most fruitful source of**

qualitative and quantitative data, because the social and child protection services come into contact with a wider variety of cases, and they can qualify the various situations regardless of their legal implications (see figure 1). A striking result is the very limited role of the Health sector as a source of data. It is a really critical point, considering the impact that violence has on the physical and psychological health of the victims. The Health services could potentially detect many cases reported for the symptomatology of traumas, but their role in integrating the national representation of the issue remains unclear. This is a problematic result which should be further investigated, as it is not easily understandable, considering the leading role of the WHO in producing specific conceptual

tools for the detection of each form of child abuse and for the implementation of a Surveillance System and of a strategy for primary, secondary and tertiary prevention. The structural differences in the nature of data collected in the Health, Social and Legal sectors seem to be too difficult to be overcome. Nonetheless, efforts should be made to define a minimum set of useful variables to register, in order to be able to compare the characteristics of children reported for abuse. Even if each sector has the most appropriate typologies according to its own mission, it seems possible to define macro-typologies to re-aggregate data. Besides that, other “structural variables” could be collected on a common basis, e.g. the age and sex of the reported child, the relationship with the perpetrator of the abuse, the family background of the child (single-parent family, biological family, foster family), and the age and sex of the perpetrator.

Fig. 1. The data iceberg



2. The brief analysis of the institutional framework compared with the information on data system leads to two considerations in particular. Firstly, although many countries have legal and compulsory obligations for reporting cases of child abuse to the authorities, this does not help to improve the collection of data. Moreover, we cannot even automatically assume that all professionals respect this obligation, especially if there are no sanctions for professionals who fail to do so.

The previous point leads to a more general consideration: even if the existence of a good system of data collection on child abuse is not a straight indicator of the level of social care for children, a systematic lack of reliable information can certainly be considered as the symptom of an adult-centred society and culture, which pays little attention to childhood in general. Then, **improving the quality of data is also a problem of improving a culture, in order for it to take care of the youngest citizens and to respect the principles stated in the CRC.**

The serious insufficiency of statistics cannot be explained by the fact that the phenomenon will never be known in all its extent. This is certainly true, but it is not a good reason to neglect the information which may be made available through the administrative activities of the judicial offices and social services (as stated already, the Health sector has a very limited role).

Child abuse is a social problem that has two main characteristics which are generally considered necessary for including a phenomenon in the official statistics:

- a general interest towards the phenomenon;
- the significance to make data available for the community.

The statistical information the Secretariat was looking for should have been the product of a continuous and systematic recording activity. **The knowledge of the problem under scrutiny derived essentially from the ordinary activities of decentralized or central administrations, which means that the way the information is handled is influenced by legislative factors, bureaucratic procedures and political interests.**

Data becomes a useful tool for evaluation and programming when it is transformed into statistics, which means that recorded data should then be elaborated and organized following a clear set of methodologies and criteria.

Nowadays, there is a growing demand for good statistics regarding social phenomena in general, and family and childhood in particular, with a strong emphasis on the quality and comparability of data.

There is a more widespread awareness of the need for transparency and comprehensibility in the production of data which is not the occasional result of a survey or of an ad hoc research. However, in order to satisfying these requisites, the statistical activity must conformed to a series of basic principles:

- the data must meet the needs of professionals, public decision makers, researchers and citizens
- access to data must be as easy and as wide as possible in full respect of the right to privacy
- there should be a strong integration and harmonization of all the homogeneous sources of data in order to “capture” all the possible flows of data
- timeliness and reliability
- the local unit that generates data must follow rigorous methodological criteria and clear recording tools
- the statistics should be supported by information on the methodologies and concepts adopted.

In order to draw a complete, statistical picture of the problem, it is necessary to have a wide range of information on the type of abuse, the child, the family, the author and the interventions taken. Then, the most useful level of disaggregation varies according to the type of information required and to the degree of analysis. In the case of child abuse, the information may be clustered in different statistical units from the single child to a national dimension. **The very first stage is the choice of what we want to count: children, crimes or investigations?**

Different types of statistical units satisfy different purposes and needs; each statistical unit is a specific entity, which must be well-defined and accurate for a correct use of the data delivered. In this respect, it is essential to define a classification of units related to the social sector in order to cluster quantitative and qualitative information.

3. From information to statistics. In order to know the phenomenon of child abuse and to implement effective prevention and protection policies, information other than statistics is also needed.

In order to prevent child abuse, a Specific Surveillance System needs to be set up inside a more general information System for planning and for supplying information to micro-, meso- or macro-users. Surveillance methods are intended to monitor not only the incidence of ill-treatment, but also key factors which contribute to its causes and outcomes⁴⁰.

Professionals and policy makers request information for taking decisions and making choices. *The system would consist of a continuous process of elaboration that could be divided into a series of “phases”:*

- *the elaboration of an articulated scheme of variables capable of framing all the most important phenomena, over which decision-making control should be exercised.*
- *the quantification of the scheme and the institution of a mechanism of statistical observation-elaboration of the data concerning the scheme. The fixing of the timing of the observations-elaborations.*

⁴⁰ See the following study: *Health Canada. A conceptual and epidemiological framework for child maltreatment surveillance. Ottawa Minister of Public works and Governments services, Canada 2001.*

- procedures of “planning” elaboration for the macro-decisions concerning the future projection of the scheme. Elaboration of the typical planning variants and the quantitative determining of the planning frame of reference.
- the constant updating of the frame of reference by means of the feed-back of the micro-decisions (coherent or not with the planning frame)
- the constant temporal postponement of the information frame with the formation of an updated base and a periodical re-elaboration of the planning schemes.

The process is continuous in as much as it develops in time through the permanent provision of information and the information feed-back that, from the statistics and decision-making centres, returns to the centre for the collection and elaboration of data.

The third phase is the “political” one in the process, where, in the elaboration of the data and in the determining of the variants, political macro-decision making organs should participate, both “activated” or “consulted” according to precise and codified methods and procedures (Archibugi, 1975).⁴¹

Between information on a phenomenon and statistical data on the same phenomenon there is a link represented by a function of measure, since data is the quantitative or qualitative description of a generic information. The shift from information to statistical data is possible if the former is collected according to clear methodologies and measures which lead to quantify or qualify a set of variables describing the phenomenon under study.

The data on child abuse is usually the result of activities which do not have statistical purposes. Such data derives from administrative activities in the social, health and judicial sectors. This means that also the information must be strictly organized before it may become data. In

⁴¹ Archibugi, F., 1975, *Design of an information system for planning*, in Archibugi, F., 2002, *An Accounting Framework for the National Programming and the Strategic Economic Policy* (Rome, Psc, 2002).

general, an administrative archive is able to generate statistics if the original information is collected and registered according to a specific set of instruments, procedures, classifications and organizational rules, recording protocols and standardized computer platforms for archiving information.

To set an information system on child abuse, at least two fundamental steps must be taken:

- to state clearly the objectives (e.g. assessment of single cases, management control, monitoring of changes in the phenomenon, etc.);
- to conceptualize the phenomenon, analyze the reality and the information derived, specify the process generating and elaborating such information: how is the information acquired? How is it used? How is it elaborated? How is it exchanged within and outside the unit?

Then, to build a statistical system from an information system, it is necessary to go through various phases logically connected and organized along time to:

- formulate the objectives that must be met through the production and analysis of statistical data
- choose the relevant aspects of the phenomenon
- elaborate a scheme for recording aggregated information
- collect data
- control and correct mistakes
- codify information
- elaborate data
- analyze the measures obtained.

In a statistical system professionals should have access to:

- micro-data, i.e. elementary data collected in single units of observation (e.g. the individual child)
- macro-data, i.e. the aggregation or statistical elaboration of micro-data
- meta-data, i.e. the description of data (contents, methodologies to collect them, etc.).

The review of the ChildONEurope Secretariat clearly shows that such a data management system exists only in very few countries (England and Ireland, while it is planned in France, Spain and Portugal).

The ChildONEurope survey faces a significant challenge. There are few, but good experiences which meet almost all the criteria, principles and methodological issue considered as good practices in order to implement an information and a statistical system in this field. Those experiences should be studied more in depth, as they may represent precious sources of ideas for all the other countries. They could be useful to define a minimum set of common definitions for the different forms of child abuse (for instance, the countries could agree to use as a basic classification the one elaborated by the WHO) and a minimum set of common variables and indicators to be collected to better understand the phenomenon and to compare strategies and actions.

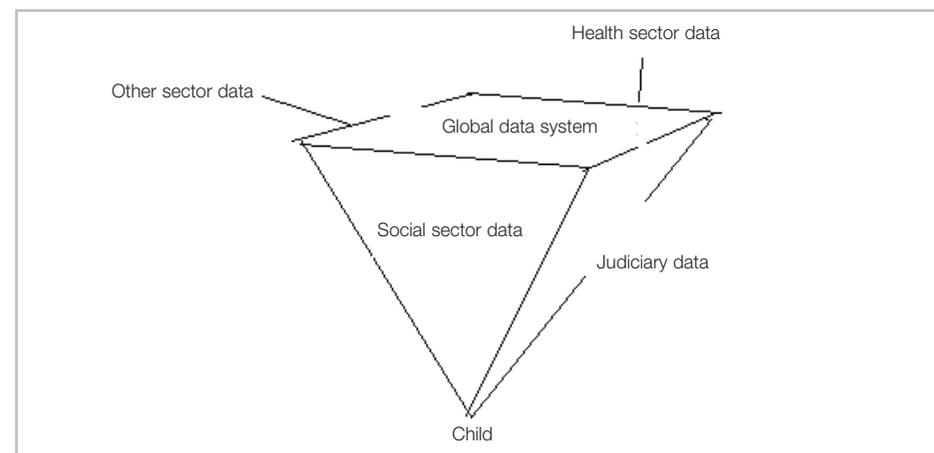
Solidarity and cooperation are needed in order to fill the existing gap. Many countries can make their contribution on specific issues: from how to face institutional problems in planning the implementation of a national system, to how to handle more technical issues such as the organization of data collection and management, or the choice of the technological support. Today, it is possible to identify some centres of excellence in order to minimize costs and to share consolidated knowledge and practices.

4. The direction of data flows is naturally “bottom-up”. If the interest is not limited to administrative purposes, a good practice seems to be the definition of precise guidelines for referral, registration and reporting of cases which professionals must follow during their work. Operational protocols could make it possible to organize flows from each service to an intermediate body in charge of assembling data and controlling it before it is aggregated at a national level. **Also, the organization of services and the model of decentralization adopted in each country may limit the possibility to compare statistics at a national or supra-national level if responsibilities are not clearly identified.** Hence, we must include among the possible obstacles also the conflict of institutional competencies. Clear guideline stating responsibilities and promoting common understanding and procedures may help in overcoming such conflicts. Some questionnaires collected in this Survey mention operational documents, such as guidelines and Protocols,

which regulate the activities of services dealing with child abuse. The overall analysis of the operational processes followed in the different countries could be improved by making all the mentioned documents available. But, there is a limitation due to the differences in language, so it is necessary to work towards a linguistic integration in order to make all the processes of statistical and data production communicable from one country to the other.

5. As stated by the ONED in its recent Report on the protection of children in France, as a consequence of the wide variety of non-coordinated sources of data, the analysis of the situation of neglected and abused children rarely starts from the individual child and the information regarding his/her situation. Moreover, the characteristics of the abuse are not integrated with the elements regarding the interventions in place. A child-centred data system should use standardized codes for each child, in order to avoid any possible duplication and to allow administrators and professionals to follow all the history of a child within the protection system (Social, Health and Judicial), according to a longitudinal approach to the monitoring of phenomena and analysis of cases. The characteristics of such data system could be similar to the ones of the Surveillance mechanism adopted in the Health sector to register and monitor diseases.

Fig. 2. The reverse pyramid of data on a single child



As suggested by the EU, UN, WHO and other international organizations involved in the field of children's rights (e.g. Unicef and ISPCAN), the management of a national system should be organized under a unique agency (Ministry, Committee or other) towards which all the decentralized and specific flows of data should be directed.

If data collection is to become an ordinary activity, the survey highlights the importance of organizing it with electronic programmes, which may help professionals if data is directly used to produce administrative documents such as forms for reports and other official documents. The existence of an electronic database could facilitate systematic flows of data from bottom to top agencies, with possible control mechanisms in order to ensure anonymity.

6. When comparing the European experiences with the activities developed in other parts of the world, two general approaches in monitoring the incidence of the phenomenon and the intervention models can be distinguished. The two approaches do not necessarily exclude each other:

- data collection as the result of ordinary administrative activities;
- data collection as the result of periodical surveys on a representative sample (e.g. all the cases reported to a sample of local services).

The choice depends on considerations regarding the costs and the organizational efforts required by each model. In the first case, the initial investments are normally higher because, once a specific source of data has been chosen, all the possible differences among the territorial units must be overcome. Therefore, this approach requires a strong process of institutional integration, homogenization in counting methods, tools, registration procedures and even in the organization of services, which must incorporate the production of a good information output as an ordinary goal in order to translate it into data.

Whatever the approach, data collection is not a cost-free activity. A good system needs financial investments for the infrastructures (e.g. to set an ad hoc software and database), training, maintenance, monitoring, analysis and periodical reporting.

7. In the majority of the countries surveyed the existing data do not satisfy the request of the CRC Committee, that is a desegregation showing specific characteristics of the victim, perpetrator and type of child abuse. The information collected indicate clearly that for monitoring the phenomenon there is a minimum set of variables which should be available, e.g.:

- age and sex of the victim
- age and sex of perpetrator
- relationship between victim and perpetrator
- who refers the child/case
- cases of re-occurrence
- interventions taken for the victim (report to judicial authorities, assistance, and so on)
- characteristics of the family context (e.g. only parent family, or unemployment of one or both the parents, and so on)
- socio-clinical characteristics of the victims (e.g. child with disabilities, child with specific psychological disorders, not accompanied minor, and so on).

The details on victim, perpetrator and family context are important because researches show that the consequences of a maltreatment and the implication for practice are different according to the author: a child abuse caused by a father or a mother or other family members or from a trusted adults outside family or by a peer raises different issues and interventions.

From the survey we derive also other indications of good practices as it shown in the next table.

Synopsis of good practices indicated by respondents

Objectives for a child data system	<ul style="list-style-type: none">• Monitor the phenomenon (changes, trends, characteristics)• Collecting qualitative and quantitative information to evaluate interventions and policies• Administrative and programming control on professional, instrumental and financial resources• Improve cohesion in child abuse policies and practices at national and decentralized level
Criteria	<ul style="list-style-type: none">• Identification of agencies responsible at local, regional and national levels• Clear definitions, statistical units and registration procedures. Common methodology for the professionals working at the bottom of the process• Set of descriptive variables and indicators related to situation, measures and context• Involvement of professionals in the process of analyzing and discussing results• Regular periodicity for collecting information and the release of aggregate reports in order to make professionals used to verify their work on the ground of reported data.
Resources	<ul style="list-style-type: none">• Protocols to coordinate the various sectors generating data• Standardized modules for registration and reporting• Guidelines for stating definitions and methodologies• Electronic database and user-friendly software for archiving data• Training for promoting the implementation of the system and its use• Legal / compulsory obligation to report and penalties if the professionals fail• Financial resources for updating and development of the system

Annex

An overview on some indicators related to the condition of children

To build a broader picture of the trend, impact and variations of the phenomenon and of related policies, it is fruitful to wide the analysis including qualitative and quantitative information from different sources and on different but related topics, because they may help in build a multifaceted understanding. We can define indicators or proxy for identifying the presence, the role and the influence of some “external” or “internal” factors, e.g. the institution of specific central or decentralized bodies for the coordination of the actions against child abuse, or the approval of specific laws criminalizing some behaviours of child abuse, or the establishment of specialized local services working exclusively on child abuse cases, or the endorsement of laws which finalize financial resources in the improvement of services for the promotion of children’s well-being and protection. Actually, the data collected with the present review let us to define, at least for some countries, some few qualitative and quantitative indicators related to child abuse:

- existence of Governmental Statements/Laws against all kinds of violence on children
- existence of a leading Governmental/Public authority tasked with responsibility for addressing violence on children
- existence of Parliamentarian body tasked with responsibility for addressing violence on children
- existence of reporting obligations relating to violence against children
- existence of a some kind of national systems of statistics on child abuse, which produce as routine data on violence against children in social or judicial sectors
- existence of National system of registration of child abuse
- existence of a National Registry of those convicted of sexual offences against children
- number of registered deaths due to accidents and adverse effects

- Number of minors denounced as authors of violence
- Number of minors reported as victim of sexual abuse
- Number of children reported for neglect, psychological abuse and physical abuse
- Number of suicides among minors.

Since their partial and fragmented nature, we do not try to comment them, but, undoubtedly, it could be considered as a next step the possibility to use the following and the previous statistics on child abuse as a primitive basis for deriving a more general picture on the situation of children in the EU regarding child abuse prevention policies.

Table 1. Existence of a leading Governmental/Public authority responsible for addressing violence against children

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
y	n	y	n	n	y	-	y	n	n
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	UK
y	y	y	n	n	n	y	n	y	y

Table 2. Existence of Parliamentary body responsible for addressing violence against children

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
n	n	y	y	n	n	-	n	n	y
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	UK
n	y	y	n	n	n	n	y	n	y

Table 3. Existence of reporting obligations relating to violence against children

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
y	n	y	y	-	y	-	y	y	y
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	UK
y	y	y	n	y	y	y	y	y	n

Table 4. Existence of a some kind of national systems of statistics on child abuse, which produce routine data on violence against children in social or judicial sectors

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
y	y	n	y	n	y	y	y	n	n
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	UK
y	y	y	y	y	-	y	n	y	y

Table 5. Existence of National system of registration of child abuse

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
n	y	n	n	.-	n	n	n	n	n
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	UK
y	n	n	y	y	n	y	y	n	y

Table 6. Existence of a National Registry of those convicted of sexual offences against children

Austria	Belgium	Cyprus	Czech Republic	Denmark	Estonia	Finland	France	Greece	Hungary
y	n	n	n	.-	n	n	n	n	n
Ireland	Italy	Latvia	Luxembourg	Netherlands	Poland	Portugal	Slovakia	Spain	UK
y	n	n	n	n	n	n	n	n	y

Table 7. Accidents and adverse effects - Numbers of registered deaths

Country	year	Age class			Total	
		< 1 year	1-4 years	5-14 years		
AT	Austria	2002	4	18	37	59
BE	Belgium	1997	19	40	72	131
CY	Cyprus	-	-	-	-	-
CZ	Czech Republic	2002	12	27	67	106
DK	Denmark	1999	7	15	37	59
EE	Estonia	2002	6	11	17	34
FI	Finland	2002	3	15	28	46
FR	France	2000	96	215	384	695
DE	Germany	2001	42	184	281	507
GR	Greece	2001	18	23	61	102
HU	Hungary	2002	10	36	77	123
IE	Ireland	2001	5	27	32	64
IT	Italy	2001	44	77	193	314
LV	Latvia	2002	13	27	48	88
LT	Lithuania	2002	15	28	55	98
LU	Luxembourg	2002	1	3	3	7
NL	Netherlands	2003	11	44	75	130
PL	Poland	2002	53	122	389	564
PT	Portugal	2002	25	46	92	163
SK	Slovakia	2000	6	26	59	91
SI	Slovenia	2002	1	4	7	12
ES	Spain	2001	33	101	165	299
SE	Sweden	2001	2	17	26	45
UK	United Kingdom	2002	47	93	171	311

Source: World Health Organization

Table 8. Crimes and persons denounced

Country	Year	Crimes reported	Persons denounced	Age over which a minor may be denounced	Population of minors imputable	% or minors denounced for every 1000 minors imputable		
						Minors denounced		
AT	Austria	-	n.d.	n.d.	nd	nd	n.d.	
BE	Belgium	1997	818.759	n.d.	18	-	n.d.	
CY	Cyprus	nd	nd	nd	nd	nd	-	
CZ	Czech Republic	-	-	-	nd	nd	-	
DK	Denmark	1997	531.102	n.d.	15	181.384	n.d.	
EE	Estonia	-	-	-	nd	nd	-	
FI	Finland	1997	373.846	85.980	15	188.615	8.426	45
FR	France	1998	3.565.525	788.826	13	3.887.572	171.787	44
DE	Germany	1998	6.456.996	2.167.121	14	3.846.178	302.413	79
GR	Greece	1997	377.871	317.808	12	706.193	20.599	29
HU	Hungary	-	-	-	nd	nd	-	
IE	Ireland	1997	90.875	30.767	7	1.458.527	n.d.	
IT	Italy	1998	3.090.912	523.773	14	2.272.295	24.137	11
LV	Latvia	nd	nd	nd	nd	nd	-	
LT	Lithuania	nd	nd	nd	nd	nd	-	
LU	Luxembourg	-	n.d.	n.d.	-	-	n.d.	
NL	Netherlands	1997	1.217.300	221.010	12	1.194.681	27.335	23
PL	Poland	-	-	-	nd	nd	-	
PT	Portugal	1997	321.643	92.150	16	239.215	1.319	6
SK	Slovakia	-	-	-	nd	nd	-	
SI	Slovenia	-	-	-	nd	nd	-	
ES	Spain	1997	693.804	129.207	14	1.800.419	n.d.	
SE	Sweden	1997	1.196.065	137.145	15	342.446	n.d.	
UK	United Kingdom	1997	5.131.279	605.135	10	6.226.828	196.760	32

Source: Eurostat

Table 9. Population and suicide

		Population			Suicides and self-inflicted injury						Countries per magnitude of incidence	
		2002 (2003)			Age class							
Country	under age 18	Total population	% pop. Under 18 on total pop.	year	5-14 year	15-24 years	all ages	% suicide by 14 on total of suicides	% suicide by 24 on total of suicides	Country	% suicide by 24 on total of suicides	
AT Austria	1.668.793	8.139.310	20,5	2002	4	116	1.551	0,3	7,7	Italy	6,7	
BE Belgium	2.163.729	10.309.725	21,0	1997	6	158	2.146	0,3	7,6	Ireland	21,5	
CY Cyprus	42.452	182.117	23,3	-	-	-	-	-	-	Czech Republic	8,0	
CZ Czech Republic	450.776	1.985.487	22,7	2002	6	117	1.534	0,4	8,0	Poland	13,0	
DK Denmark	1.176.761	5.368.354	21,9	1999	3	47	762	0,4	6,6	Estonia	11,6	
EE Estonia	62.175	288.615	21,5	2002	5	38	371	1,3	11,6	Finland	11,3	
FI Finland	1.124.779	5.194.901	21,7	2002	3	120	1.093	0,3	11,3	Slovenia	5,4	
FR France	13.381.047	59.344.025	22,5	2000	43	607	10.837	0,4	6,0	Latvia	9,6	
DE Germany	15.381.419	82.440.309	18,7	2001	48	717	11.156	0,4	6,9	Lithuania	11,3	
GR Greece	2.001.741	10.554.404	19,0	2001	3	25	334	0,9	8,4	Slovakia	10,8	
HU Hungary	477.677	2.021.191	23,6	2002	7	148	2.843	0,2	5,5	Germany	6,9	
IE Ireland	1.010.183	3.882.683	26,0	2001	2	103	488	0,4	21,5	Greece	8,4	
IT Italy	10.090.805	57.844.017	17,4	2001	14	258	4.030	0,3	6,7	Luxembourg	8,1	
LV Latvia	96.596	485.576	19,9	2002	4	60	670	0,6	9,6	Austria	7,7	
LT Lithuania	166.972	802.292	20,8	2002	5	171	1.551	0,3	11,3	Spain	7,7	
LU Luxembourg	98.303	444.050	22,1	2002	0	7	86	0,0	8,1	Belgium	7,6	
MT Malta	21.027	91.198	23,1									
NL Netherlands	3.569.863	16.105.285	22,2	2003	3	97	1.500	0,2	6,7	Sweden	6,9	
PL Poland	1.864.285	8.663.685	21,5	2002	41	730	5.924	0,7	13,0	Netherlands	6,7	
PT Portugal	2.026.213	10.335.559	19,6	2002	4	60	1.212	0,3	5,3	Denmark	6,6	
SK Slovakia	267.273	1.232.006	21,7	2000	4	75	729	0,5	10,8	Hungary	5,5	
SI Slovenia	89.623	375.763	23,9	2002	1	28	540	0,2	5,4	France	6,0	
ES Spain	7.265.834	40.409.330	18,0	2001	11	234	3.189	0,3	7,7	United Kingdom	9,9	
SE Sweden	1.938.266	8.909.128	21,8	2001	5	77	1.196	0,4	6,9	Portugal	5,3	
UK United Kingdom	13.558.047	59.862.826	22,6	2002	8	394	4.066	0,2	9,9	Cyprus	-	

Table 10. Social and Demography

Life expectancy at birth 2003											
Country	Infant mortality rate 2004	Males	Females	Deaths under age 5 at last birthday	year	Under 5 mortality rate	Live births	year	GNI per capita 2004 (US\$)		
AT	Austria	4,5	75,9	81,6	403	2004	5,1	78.968	2004	32.300	
BE	Belgium	4,3	75,9	81,7	619	2002	5,3	116.048	2004	31.030	
CY	Cyprus	3,5	77,0	81,4	39	2004	4,7	8.309	2004	17.580	
CZ	Czech Republic	3,7	72,1	78,7	442	2004	4,5	97.664	2004	9.150	
DK	Denmark	4,4	75,1	79,9	344	2004	5,3	64.609	2004	40.650	
EE	Estonia	6,3	66,0	76,9	117	2003	9,0	13.036	2003	7.010	
FI	Finland	3,3	75,1	81,8	238	2004	4,1	57.758	2004	32.790	
FR	France	3,9	75,9	82,9	3.806	2003	5,0	767.816	2004	30.090	
DE	Germany	4,1	75,7	81,4	3.485	2004	4,9	705.622	2004	30.120	
GR	Greece	3,9	76,5	81,3	494	2003	4,7	104.420	2003	16.610	
HU	Hungary	6,6	68,4	76,7	738	2004	7,8	95.137	2004	8.270	
IE	Ireland	4,9	75,8	80,7	348	2004	5,6	61.684	2004	34.280	
IT	Italy	4,1	76,8	82,5	2.774	2002	4,9	562.599	2004	26.120	
LV	Latvia	9,4	65,7	75,9	231	2004	11,4	20.334	2004	5.460	
LT	Lithuania	7,9	66,5	77,7	294	2004	9,7	30.419	2004	5.740	
LU	Luxembourg	3,9	75,0	81,0	25	2004	4,6	5.452	2004	56.230	
MT	Malta	5,9	76,7	80,7	31	2004	8,4	3.686	2004	12.250	
NL	Netherlands	4,1	76,2	80,9	1.044	2004	5,4	194.007	2004	31.700	
PL	Poland	6,8	70,5	78,8	2.794	2004	7,8	356.131	2004	6.090	
PT	Portugal	4,0	74,2	80,5	558	2004	5,1	109.298	2004	14.350	
SK	Slovakia	6,8	69,9	77,8	461	2004	8,6	53.747	2004	6.480	
SI	Slovenia	3,7	72,6	80,4	83	2004	4,6	17.961	2004	14.810	
ES	Spain	3,5	76,9	83,6	2.175	2003	4,8	453.278	2004	21.210	
SE	Sweden	3,1	77,9	82,5	362	2004	3,6	100.928	2004	35.770	
UK	United Kingdom	5,1	76,2	80,7	4.141	2002	6,0	695.549	2003	33.940	
EU25	European Union	4,5	75,1	81,2	-	-	-	-	-	560.030	

Source: Eurostat; Source GNI per capita: World Bank

Table 11. Population 2004

Country	Age class					Total population			
	Less than 5 years	Between 5 and 9 years	Between 10 and 14 years	Between 15 and 17 years	Under 18 years	Males	Females	Total	
AT	Austria	395.329	446.219	487.304	287.787	1.616.639	3.949.825	4.190.297	8.140.122
BE	Belgium	571.374	590.072	635.993	369.935	2.167.374	5.087.176	5.309.245	10.396.421
CY	Cyprus	41.399	49.689	55.029	33.594	179.711	359.248	371.119	730.367
CZ	Czech Republic	455.663	471.435	627.377	393.465	1.947.940	4.974.740	5.236.715	10.211.455
DK	Denmark	330.377	348.880	338.321	181.384	1.198.962	2.670.135	2.727.505	5.397.640
EE	Estonia	63.347	62.580	89.791	64.815	280.533	622.450	728.619	1.351.069
FI	Finland	283.137	306.715	330.245	188.615	1.108.712	2.552.893	2.666.839	5.219.732
FR	France	3.805.692	3.608.040	3.748.932	2.346.458	13.509.122	29.250.374	30.949.626	60.200.000
DE	Germany	3.724.320	3.984.183	4.453.607	2.892.729	15.054.839	40.356.014	42.175.657	82.531.671
GR	Greece	510.923	526.071	562.432	363.276	1.962.702	5.464.401	5.576.249	11.040.650
HU	Hungary	476.348	521.952	607.817	377.489	1.983.606	4.804.113	5.312.629	10.116.742
IE	Ireland	289.520	273.001	278.333	179.096	1.019.950	2.002.778	2.024.954	4.027.732
IT	Italy	2.688.039	2.657.598	2.844.712	1.701.803	9.892.152	28.068.608	29.819.637	57.888.245
LV	Latvia	99.487	99.673	157.345	112.744	469.249	1.068.336	1.250.867	2.319.203
LT	Lithuania	160.910	191.826	256.041	166.431	775.208	1.608.687	1.837.170	3.445.857
LU	Luxembourg	27.880	28.950	27.950	15.707	100.487	223.020	228.580	451.600
MT	Malta	20.575	24.302	28.002	16.866	89.745	198.099	201.768	399.867
NL	Netherlands	1.021.216	986.489	1.007.999	587.963	3.603.667	8.045.914	8.212.118	16.258.032
PL	Poland	1.821.176	2.129.304	2.629.691	1.769.637	8.349.808	18.486.430	19.704.178	38.190.608
PT	Portugal	557.395	528.190	563.411	355.632	2.004.628	5.066.308	5.408.377	10.474.685
SK	Slovakia	262.203	301.123	381.130	250.329	1.194.785	2.611.124	2.768.929	5.380.053
SI	Slovenia	88.967	94.685	107.858	76.068	367.578	976.802	1.019.631	1.996.433
ES	Spain	2.100.359	1.948.605	2.102.107	1.366.034	7.517.105	20.801.989	21.543.353	42.345.342
SE	Sweden	472.886	501.599	624.505	342.446	1.941.436	4.446.656	4.529.014	8.975.670
UK	United Kingdom	3.386.895	3.626.949	3.878.196	2.348.632	13.240.672	29.193.035	30.506.793	59.699.828
EU25	European Union	23.655.417	24.308.130	26.824.128	16.788.935	91.576.610	222.889.155	234.299.869	457.189.024

Source: Eurostat

Table 12. Number of divorces

	Country	Number of divorces	year
AT	Austria	19.590	2004
BE	Belgium	31.355	2003
CY	Cyprus	1.614	2004
CZ	Czech Republic	33.060	2004
DK	Denmark	15.774	2004
EE	Estonia	3.973	2003
FI	Finland	13.234	2004
FR	France	125.175	2003
DE	Germany	213.691	2004
GR	Greece	11.119	2000
HU	Hungary	24.638	2004
IE	Ireland	2.623	2000
IT	Italy	41.835	2002
LV	Latvia	5.271	2004
LT	Lithuania	10.997	2004
LU	Luxembourg	1.055	2004
NL	Netherlands	31.098	2004
PL	Poland	56.332	2004
PT	Portugal	23.348	2004
SI	Slovenia	2.411	2004
SK	Slovakia	10.889	2004
ES	Spain	86.298	2003
SE	Sweden	20.106	2004
UK	United Kingdom	166.737	2003

Source: Eurostat