



The International Society for the Prevention of Child Abuse and Neglect (ISPCAN)

ISPCAN ‘DENVER THINKING SPACE’ 2011: Child Sexual Abuse An International Perspective on Responding to Child Sexual Abuse

EXECUTIVE SUMMARY

A Layperson’s Guide: What senior policy-makers need to know about the sexual abuse of children – and how best to prevent and respond to it in their community.

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INTRODUCTION

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), with the support of the Oak Foundation, hosted the inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse in Denver (USA) on 5-7 May 2011.

This report provides a brief summary of the results of the questionnaire conducted prior to the ISPCAN 'Denver Thinking Space' 2011, the discussions that took place during the Thinking Space, feedback from participants after the event, and input from subsequent satellite workshops. It summarizes proposals arising from the ISPCAN 'Denver Thinking Space' which will be used to inform policy development and future actions.

The aim of the ISPCAN 'Denver Thinking Spaces' is to provide the international community with a 'snap-shot' of high-level clinical and policy advice that is:

- informed by multi-cultural, multi-lingual and multi-disciplinary input;
- universally applicable across language and culture;
- sensitive to the realities of resources; and
- a practical resource for the use of senior practitioners hoping to influence policy-makers and senior officials in their own geographical and cultural areas.

More than 35 people from a broad range of national, professional and organizational backgrounds attended this inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse; they are listed in Appendix 2 of the complete document. Further engagement and concurrent on-line discussion with other ISPCAN members was enabled through 'live' video-streaming of the presentations; and supplemented by input from workshops run at subsequent international ISPCAN meetings later in 2011.

Formal presentations were made over two days - with additional large and small group discussions – and progressing to the drafting of written reports. On the third day, a smaller group met to edit contributions from the discussion, and to generate the first draft of a final report.

Prior to the event, ISPCAN 'Denver Thinking Space' participants provided written responses to five questions:

- What is the formal framework (legislation, agreements, formal and informal understandings, etc.) to manage child sexual abuse cases in your country?
- What professions, agencies, and/or institutions are responsible for addressing these cases?
- What are the problems you find most frequently? What are the obstacles or barriers faced in preventing the effective management of these cases? In what ways have these problems been addressed?
- Are there aspects of the evidence-based/'evaluated' literature about child sexual abuse that you consider to be unhelpful or irrelevant within your region, culture, or language-group? Why? What would you recommend in its place?
- If you had the power to implement an ideal system, what would the components be?

These responses are provided in Appendix 4.

A selection of the papers by the invited speakers is included in the Appendices, which are included in the complete document.

The outcomes of the three days of discussions and the subsequent submissions are summarized in the Executive Summary.

It is ISPCAN's hope that this document provides an insight into this complex area of public policy and clinical work - and inspiration for future investments for decision makers and practitioners around the globe.

Best Regards,



Dr Irene Intebi
ISPCAN President

Development of this paper has been a multi-person, multi-national and multi-cultural project. In order to reflect this multitudinous aspect, neither word usage nor spelling has been changed. All opinions expressed in this paper represent the individual viewpoints of the contributors and are not necessarily the viewpoints of the International Society for the Prevention of Child Abuse and Neglect, any government, governmental agency, or other organization.

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BACKGROUND: ISPCAN 'Denver Thinking Space'

ISPCAN

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), founded in 1977, is the pre-eminent non-government multi-disciplinary international membership organization working in the field of child protection.

ISPCAN brings together a worldwide cross-section of committed professionals to work towards the global prevention and treatment of child abuse, neglect and exploitation globally.

ISPCAN's mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, sex trafficking, children of war, emotional abuse and child labor.

ISPCAN's mission is to support individuals and organizations working to protect children from abuse and neglect worldwide.

ISPCAN's objectives are to:

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

ISPCAN 'Denver Thinking Space'

The ISPCAN Executive Council in 2011 identified the lack of opportunities afforded for senior practice experts in child protection from around the world to gather in one place to discuss a discrete area of clinical practice without distraction.

The ISPCAN Executive Council was of the view that ISPCAN's unique membership composition and credibility as an international leader provided an exciting mechanism to facilitate such an undertaking.

The ISPCAN Executive Council conceived of biennial Clinical Practice/Policy Workshops auspiced by ISPCAN to consider an emergent topic of relevance to the field of child protection and to provide the international community with a 'snap-shot' of high-level clinical and policy advice that was:

- informed by multi-cultural, multi-lingual and multi-disciplinary input;
- broadly applicable across language and culture;
- sensitive to the realities of resource; and
- a practical resource for the use of senior practitioners hoping to influence policy makers and senior officials in their own geographical and cultural areas.

For this purpose, these Workshops would be multi-national, multi-lingual and multi-disciplinary in composition; assembling local, regional, and international experts.

These Workshops would be held at the ISPCAN Secretariat in Denver (USA) and be entitled: "ISPCAN 'Denver Thinking Space' (Year): Topic".

This is a pilot initiative: with the hope that a regular ISPCAN 'Denver Thinking Space' (on a specific clinical issue) occur in the alternate year to the Biennial ISPCAN 'International Congress on Child Abuse and Neglect'.

Inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse (CSA)

ISPCAN convened the inaugural ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse on May 5-7, 2011 to consider issues related to the prevention and management of child sexual abuse and exploitation (CSA) from an international perspective.

ISPCAN had identified with its strategic partners that:

- There was a need to re-examine what the published literature presented as 'best practice' from the perspective of countries and cultures that may have different cultural pathways, priorities and/or resources to those countries where the published literature was generated.
- The published 'evidence-based'/'evaluated' literature in the area of child sexual abuse is predominately in English, and from affluent countries – based upon the experience of countries where the investment of time and money has been the greatest.
- It was timely to review what is known about the outcomes of these efforts and to present available evidence as to what interventions are available and should be considered from the international perspective. This would be from the perspective of a group of experts with diverse cultural, language, and regional expertise in the management of child sexual abuse.

The selection of child sexual abuse and exploitation as the topic for this 'Denver Thinking Space' should not be interpreted to imply that this area of child abuse is of more importance than other forms of child abuse and neglect.

The predominant focus of this 'Denver Thinking Space' on child sexual abuse and exploitation occurring within the home and local community should not be interpreted as diminishing the significance of 'institutionalized' child sexual abuse such as:

- child trafficking
- child prostitution or
- organizational nonfeasance, misfeasance or malfeasance

as issues of significant international concern.

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EXECUTIVE SUMMARY: Child Sexual Abuse – An International Perspective

Trans-cultural Epidemiology

Child sexual abuse and exploitation is not a new phenomenon - it is documented in the written and verbal histories from all cultures.

Child sexual abuse and exploitation remains an issue for all peoples of all nations - regardless of race, culture or religion.

Children are sexually abused and exploited in all the environments in which they are found:

- their homes;
- their extended kinship and friendship networks;
- their 'physical' neighborhoods;
- their 'virtual' neighborhoods;
- their 'formal' institutions (for example, schools and churches); and
- their 'informal' institutions (for example, sports and recreational clubs).

Specific definitions of child sexual abuse (CSA) vary between disciplines, nations and cultural groups and have further evolved within those groups over time. This is not dissimilar to other areas of human interaction where significant change has occurred in the globalization of standards of what constitutes acceptable human behavior (such as the abolishment of slavery and establishment of guidelines for management of physical violence at the national (armed conflict), community (neighborhood violence) or family (inter-personal violence) level).

Despite variation in some aspects of definitions, there is universal acceptance across national, cultural and religious groups that there are aspects of sexual interaction (including some which are acceptable in sexually and developmentally mature humans – that is, for 'adults') for which children are developmentally unprepared; and that these sexual interactions are predominately harmful to children.

There is similar acceptance that children develop sexual interests and activities as part of a normal and 'healthy' developmental trajectory to 'adulthood'. However, coercion, intimidation and violence, or the 'sexualisation' of the relationships in children's lives which contain innate power imbalances or intimate access (i.e. parents / guardians / teachers / coaches / religious leaders) have been identified as factors likely to divert this normal development process into one harmful to children.

Such child sexual abuse and exploitation are universally declared as unacceptable and harmful by national, cultural, and religious groups.

Although child sexual abuse may occur in isolation, it commonly co-exists with other forms of child abuse and neglect (such as child physical abuse, child emotional abuse, child neglect), and shares many of the same risk factors. Interventions aimed at the prevention and treatment of child sexual abuse and exploitation must be designed with this complex interaction in mind.

Global changes in communication technologies are associated with changes in the 'type' and 'degree of risk' for sexual abuse and exploitation to which children may be exposed (for example, electronic media, electronic social networks, digital imaging and the Internet in general) through entrapment and by exposure to developmentally inappropriate 'sexualized' material. This risk may transcend local community, national, cultural or religious boundaries.

The 'globalization' of world economies and increased ease of travel have led to an increased vulnerability for children to sex trafficking and sex tourism.

As child sexual abuse and child sexual exploitation are not issues that fall solely within the family environment nor solely outside of it, the responsibility for the prevention and treatment of child sexual abuse and child sexual exploitation must be shared between parents/guardians, the community/civil society, the State, and the international community more broadly (Article 19 of the United Nations Convention on the Rights of the Child (UNCRC)).

The development of a global, trans-national, trans-cultural, trans-ethnic and trans-religious approach to the prevention, identification, and treatment of child abuse and neglect should be of the highest possible priority.

Tradition, Change and Economic Progress

The concepts of the need to protect children, and that children have a sexual developmental trajectory, are universally held tenets in all of the world's cultures and religions.

Even though a particular child-rearing practice may have a long history within a culture (that is, the practice is 'customary' or 'traditional'), it is not sufficient to assert that the practice is neither harmful nor abusive to children. An example would be female genital mutilation or child trafficking.

Parents, families, societies, cultures, ethnic and religious groups raise children in a manner that they believe to be beneficial to their children. However, reviewing practices in the light of a developing evidence-base can allow for the evolution of new and beneficial child protective attitudes and practices within families and society.

Based on an evolving foundation of effective practices to prevent, identify, investigate and treat suspected child sexual abuse, professionals in different cultures can help individuals and societies rethink and reframe behaviors and practices relevant to the care of children.

Although economic 'progress' provides some protection to children from death and morbidity directly associated with poverty, the cultural changes associated with economic progress are not always in the best interests of children.

The social isolation of caregivers for children (often women) that can be associated with economic 'progress' may have adverse side effects and can be 'concomitants' of child abuse and neglect, including child sexual abuse.

During periods of rapid social change, all members of a culture are vulnerable, but due to their dependence, children are particularly vulnerable at such times. For example, the movement of parents away from rural areas to work in cities or mines for economic reasons may result in children being separated from one or both parents.

It is increasingly recognized across all nations and cultures that children are the most important component of 'human capital'. There are strong economic reasons to protect children from sexual abuse if for no other reason.

An ethical argument can be mounted that there is an obligation on those individuals, organizations and societies which hold resources and/or expertise in the prevention, identification, investigation and treatment of child sexual abuse to facilitate the protection of children in less resourced areas across the globe.

It is important that this support is sensitive to local national, cultural, ethnic and religious traditions, practices and beliefs - provided that such traditions, practices and beliefs do not lead to child harm. In this regard, the relevant international UN instruments can provide some guidance.

Whatever the local national, cultural, ethnic and religious traditions, if they result in child sexual abuse or exploitation, it is appropriate that they be vigorously challenged.

Definitions

Clinical/Research definitions of child sexual abuse vary in their wordings and academics and practitioners have struggled with definitions of what is a 'child', what is 'sexual', what is 'abuse', and even what is 'harm'. There is, however, a consistent concept that has arisen from decades of practical clinical experience and research: that children are inherently vulnerable to physical and mental harm when involved in sexualized interactions before they are developmentally mature; and that the risk of these harms is greatly increased by factors such as the concurrent use of threat or force, the degree of physical intrusion, the duration, and the degree of subterfuge and coercion.

One widely used working definition of sexual abuse is that: **'sexual abuse' involves any sexual activity where consent is not, or cannot be, given.** This includes sexual contact that is accomplished by force or threat of force, regardless of the age of the participants, and all sexual contact between an adult and a child, regardless of whether there is deception or whether the child understands the sexual nature of the activity.

Sexual contact between a teenager and a younger child can also be abusive if there is a significant disparity in age, development or size, rendering the younger child incapable of giving consent. The sexual activity may include sexual penetration, sexual touching or noncontact sexual acts such as exposure or voyeurism.

Criminal definitions of child sexual abuse are commonly derived from pre-existing criminal laws addressing sexual crimes more generally. As the pervasiveness of child sexual abuse has become apparent, many criminal statutes have been amended and new civil statutes enacted that define child sexual abuse in order to establish accountability and assure treatment when CSA occurs.

Criminal definitions usually specify different forms of sexual abuse, breaking down the behavior into different categories. Thus "sexual intercourse" can include degrees of penetration and different levels of mental intent. "Sexual contact" laws can specify which parts of the body are included and identify activities that are lawfully a legitimate form of child care even though intimate in nature. Similarly "exhibitionism" and "sexual exploitation" are often separately defined in a detailed fashion.

The Importance of Measurement and Analysis

The regular collection of accurate demographic data about child sexual abuse in affluent cultures forced a change in how people in those cultures perceived and responded to the issue of child sexual abuse. This process of collection and meaningful analysis should be integrated as part of recognized

child sexual abuse prevention and treatment systems within all countries and extended globally. The model proposed would be similar in scope and style to other population-level data collection and analysis systems already in existence in many countries such as 'Cancer or 'Notifiable Disease' Registers.

The regular collection of demographic data (for example, incidence and prevalence) about child sexual abuse is fundamental to any purposeful analysis, and any strategy to positively affect change. The 'medical examination', although helpful in some instances to confidently identify child sexual abuse, is not definitive in most instances.

Direct 'physical' markers of child sexual abuse in the genital areas themselves are present in only a small minority of cases of child sexual abuse. Those markers that are present may only persist for a short time period (measured in hours and days). For these reasons, the absence of 'physical' markers of child sexual abuse in the genital area cannot be the basis for dismissing concerns about the possibility that child sexual abuse has occurred.

Less direct 'physical' markers of child sexual abuse may include the presence of sexually transmitted infections or pregnancy.

Indirect ('behavioral') markers of child sexual abuse may include sexualized behaviors, drug-use disorders, depression and/or subsequent changes in behavior.

Research and Evaluation

Research into the etiology, prevention, identification and treatment of child sexual abuse is essential to provide effective interventions.

The development of evidence-based, broadly applicable approaches to the prevention, identification and treatment of child sexual abuse is an important strategy. Although there is reason to believe that much of this research is globally relevant, significant further investment is required to confirm this assumption. It should be noted that, although underlying principles of intervention may be broadly applicable, it is likely that local cultural, linguistic, economic and resource factors will require that some level of modification be undertaken for successful implementation. A commitment to evaluation of these site-specific variations is an important part of this research, implementation and evaluation cycle.

Specifically, there is a need to demonstrate effective interventions in local languages that are culturally congruent and acceptable, practically implementable (both financially and in regard to available expertise) and politically acceptable in circumstances of limited resources.

There are substantial difficulties in researching child sexual abuse, including:

- challenges in identifying the actual prevalence of child sexual abuse versus incidence reports;
- challenges in definition, which relate to both diagnosis and to the development of descriptive data on child sexual abuse;
- the importance of avoiding additional harm to victims while respecting their rights;
- the challenge of engaging offenders while protecting their rights;
- the cost of conducting the research and disseminating research outcomes;

- the challenge of meeting scientific requirements for reliability, validity and generalisability of research findings across cultures;
- challenges relating to intra-familial versus extra-familial child sexual abuse; and
- the stigma that may inhibit disclosure, even where confidentiality is assured.

There is a need to better understand (both qualitatively and quantitatively) the developmental trajectory of 'normal' childhood sexuality (and expected 'normal but atypical variants') to prevent exploitation of normal sexual development.

When child sexual abuse incidence and prevalence figures are based on surveys and other indicators (such as crime records, sexually transmitted infections or STIs, and pregnancies), researchers can more clearly define what is being counted and thus describe what they believe the results represent. Research indicates that it is likely that one in ten, or even more, children experience child sexual abuse. (NB: The number of cases can vary by the definition and the methodology used; for example, when more behaviorally specific questions are asked, the higher the rate of child sexual abuse identification.)

When incidence and prevalence studies are based on mandatory reporting laws, the data rely on definitions prescribed by law in the jurisdictions mandating reporting. Such data systems are not common yet, but do provide some advantages in terms of management and research.

Multi-dimensional Perspectives / Philosophies

Child sexual abuse and exploitation can be considered from a number of different, but independently legitimate, perspectives. Examples of such perspectives are to consider child sexual abuse as a:

- **Criminal Justice Issue:** Sexual abuse and exploitation are universally recognized as criminal acts that require some type of legal and correctional response. The role of punishment as a means to prevent future child sexual abuse, and as a response to the harm suffered by the victim, is a cornerstone of the legal response. In some systems, a therapeutic response is also attached to the criminal response. Restorative justice may also play a part in this process. Legal and investigative services need to keep the rights of the child, in addition to the rights of the accused, in mind. Specific developmental issues in regard to children (cognitive, linguistic and social) need to be accommodated by legal and criminal systems to allow children equal rights and opportunities within these systems. Criminalization and punishment, in isolation from other strategies, provide a limited and incomplete mechanism to prevent, treat and protect children from child sexual abuse.
- **Child Rights Issue:** Child sexual abuse and exploitation are child rights violations because children have the right to be safe from sexual abuse and exploitation, which may also be associated with other forms of abuse and maltreatment. International meetings and programs have expressed an aspirational consensus regarding the well-being of children that encompass the problem of child sexual abuse. These include:
 - the UN Convention on the Rights of the Child (CRC) and optional protocols;
 - the African Charter on the Rights and Welfare of the Child;
 - the role of national government policy and resource allocation to ensure that efforts are made to ensure the creation of a world fit for children;
 - the Millennium Development Goals; and
 - the United Nations Secretary-General's Study on Violence against Children (2006).

- **Child Health and Well-being Issue:** Child sexual abuse and exploitation are a child health and well-being issue because child sexual abuse poses serious physical health and mental health risks for children across their lifespan. In order to improve well-being, people adversely affected by child sexual abuse need effective assessment, treatment and intervention. These include medical, mental health, reparative developmental care, non-offending caregiver support and reunification consulting.
- **Family and Community Well-being Issue:** Child sexual abuse and exploitation are well-being issues for families and communities because child sexual abuse erodes trust, reinforces an abuse of power, and adversely impacts on family relationships.
- **Public Health Issue:** Child sexual abuse and exploitation are public health issues because of their pervasive natures; the adverse effects upon the health and well-being of individuals, including sexually transmitted infections and unwanted pregnancies, their families and the broader community; and the knowledge that effective identification, treatment and prevention require interventions at all levels of the community and across disciplines and sectors. An opportunity for sexual offenders and community members affected by child sexual abuse to access effective interventions is an essential part of the public health approach.
- **Risk Management Issue:** Child sexual abuse and exploitation are risk management issues for families, organizations, and the broader community. System measures need to be established to protect children and to manage risks of potential future harm after incidents of sexual abuse have occurred (for example, screening of possible offenders) in order to ensure the safety of children in organizations, schools and other institutions, as well as to avoid the heavy financial penalties that accrue from negligent oversight of children's safety.
- **Related Services Issue:** Child sexual abuse and exploitation are related services issues because child sexual abuse victims are overly represented both in healthcare and mental health services and in juvenile services and criminal institutions. Therefore, culturally appropriate and effective intervention and prevention strategies need to be developed that are capable of effectively bridging historical organizational conflicts.
- **Employment and Education Issue:** Child sexual abuse and exploitation are employment and education issues because child sexual abuse adversely affects children in terms of their education and employment options – the effects potentially extending throughout the adult life-cycle and extending into the next generation.
- **Professional Education Issue:** Child sexual abuse and exploitation are professional education issues because all professional and ancillary staff involved with children, adults and families require specialized training to maximize effective identification, prevention and intervention capacities.
- **International Issue:** Child sexual abuse and child sexual exploitation are international issues because modern changes in transport, information technology and migration create additional risks for children and require an international approach for the implementation of effective interventions.

Child sexual abuse and exploitation are important issues for:

- Governments;
- Law makers, law enforcement and courts;
- Policy makers;
- Communities and societies, regardless of their specific linguistic, cultural, ethnic, geographical or political characteristics;
- Organizations and institutions, especially schools and religious and recreational organizations;
- Prisons and treatment facilities for offenders;
- Cultural and religious groups;
- Practitioners working with children and their families;
- Families;
- Individual adults;
- Individual children;
- Media organizations; and
- Organizations with roles in promoting health, well-being, education and justice.

The Impact of the Types of Abuse on Children

In undertaking investigations and planning interventions, it is important to recognize that there is a range of different types of abusive and sexually harmful behaviors towards children, including:

- **Adult males who perpetrate severe forms of sexual abuse**, both within and outside the family, with evidence of violent, sexually coercive actions against children, peers and adults.
- **Adult male abusers who perpetrate abuse against known children**, within the family, extended family and local community, who have higher levels of abusive experiences themselves.
- **Sex 'tourists'** who travel from their home country to take advantage of unprotected children in other countries.
- **Internet offenders** who access pornographic material. This can be a solo activity or as part of a complex international network of individuals who are responsible for creating and using pornographic material involving children.
- **Virtual predators**, the majority of whom are adult males, who use the Internet to anonymously stalk and seduce children.
- **Older children and young people**, both boys and girls, who are described as showing 'reactive' patterns of sexually harmful behavior.
- **Older children and young people** who abuse in a coercive fashion against children, peers and adults, both within and outside the family. They have often experienced high levels of maltreatment and adversity and may have co-morbid disorders such as Attention Deficit and Learning Difficulties/Disabilities.
- **Young people** who are recognized as being responsible for coercive sexual behaviors or involving younger children in sexually harmful activities. They are young people with high rates of sexual abuse themselves and associated adversity.
- **Adult female sexual abusers** who have been historically less recognized than males and less well researched. Adult women may offend against children or young people (their own or in their social network) as sole offenders or in combination with a co-offender.
- **Recognizing family contexts**. There is not a single pattern of family context described that can be recognized as characteristic of the setting for sexually abusive behavior.

Multi-Disciplinary Teams

Significant variability persists in the response to allegations of child sexual abuse among professional disciplines, national jurisdictions, cultures, and religious groups.

Responses to allegations of child sexual abuse within and between these groups are often unpredictable and dependent upon the existence of informal systems, local expertise and vagaries of local resources and funding.

The establishment of multi-disciplinary 'Child Protection Teams' marked the beginning of modern success in identifying and responding to child physical abuse. Since child sexual abuse was identified as a systemic issue in the 1970s, it became clear that this model of collaboration between disciplines and agencies is an important systemic response to effectively investigate, manage, treat and prevent child sexual abuse.

Investigations that are coordinated between child protective services, criminal justice agencies, health and forensic services, and treatment services can reduce stress on children, prevent conflicts between the agencies, allow treatment resources to be shared, and allow agencies to support each other, as well as hold each other accountable on behalf of child victims and the public.

Over many decades, published research indicates that recommendations generated by Child Protection Teams:

- increase the likelihood that services for the child or family will be provided;
- reduce worker 'burnout' and attrition; and
- improve collegial relationships between case workers, physicians, law enforcement and lawyers.

Regional Child Protection Consulting Teams provide missing expertise, reduce ambiguity and increase confidence for the local team or local professionals. In up to 30% of cases, appropriate resolution would not have occurred without the consultation.

Essential agencies that should be represented on multi-disciplinary teams include health, public health, child protective services, mental health, civil law and criminal justice.

As with any complex system, systematized evaluation of the activities of specific professions and agencies against defined outcome measures is essential to define and refine best practice models.

The advantage of interdisciplinary work is that it provides a means for sharing knowledge and resources and endorses working together so that complementary approaches can be integrated for the benefit of children, parents and society. This also increases the chances that necessary knowledge will be applied and coordinated responses will occur.

Managing the boundaries between individuals from different disciplines is a key element to the principles and practice of interdisciplinary collaborative work. The contribution of each individual's professional discipline needs to be recognized. Professionals performing in their appropriate roles and assisting with the development of shared skills will enhance protections and interventions for children and their families.

Persons Who Sexually Abuse Children

It has been suggested that four 'pre-conditions' must exist for an individual to sexually abuse a child. The abuser must:

- have the motivation to sexually abuse;
- be able to overcome internal inhibitors;
- be able to overcome external inhibitors; and
- be able to overcome the resistance of the child.

Offender characteristics have not proven an especially fruitful avenue for screening or preventing child sexual abuse. Despite popular conceptions, no 'profile' of a child sexual offender has been established with sufficient specificity and/or sensitivity to be of practical use as a screening mechanism.

In all countries, cultures and ethnic and religious groups, there has been resistance (both active and passive) to the establishment of systems to prevent, identify and treat child sexual abuse. This resistance has been at the level of individuals and families, and includes professional, educational, sporting and religious agencies – often for complex reasons of philosophy, history or tradition.

In addition, self-identified groups of individuals, who wish to have sexual contact with children, justify their behavior using strategies to 'normalize' and 'legitimize' their sexually abusive behavior in the eyes of the public and officials.

Criminalization

The fact that child sexual abuse has long been perceived in most countries as a criminal act has meant law enforcement and judicial processes have played a significant role in the initial response to child sexual abuse.

When a child has been sexually abused by someone outside of the immediate family (extra-familial sexual abuse), especially by someone who has an organizational duty of care or who is involved in trafficking children (or their images) for prostitution or financial gain, there is universal agreement across all nations, cultures and religions that law enforcement and judicial process have a substantial and primary role.

The application of a criminal approach to abuse within the immediate family (intra-familial child sexual abuse) has been more controversial. The concept of 'incest' has complex cultural and religious overlays which may result in this type of child sexual abuse being considered as 'different'. Initiation of criminal justice processes following disclosures of intra-familial child sexual abuse may produce outcomes that the child did not anticipate and does not want (for example, financial disruption of the family, public shaming of the family, punishing and imprisonment of a close family member, marital breakdown). These are less likely to be issues when the abuse is by someone more removed from the child's immediate circle.

Notwithstanding the important role that a criminal response to suspicions of child sexual abuse plays when child sexual abuse is first identified as a cultural concern, over time most countries identify that a 'therapeutic' perspective is important to the subsequent health and well-being of affected children and their families.

Proponents of this less punitive approach argue for a distinction between intra-familial and extra-familial child sexual abuse. Individuals favoring a therapeutic view also work to understand the origins of sexually abusive behavior in adults or in the sexually harmful behavior of young people.

There is evolving evidence that many forms of intra-familial child sexual abuse can be managed at least in part through child protection services. This may ensure that a child is protected, treated and other relevant services provided for the child and family to determine whether the family can provide a safe environment for the child and, when necessary, determining whether the child needs a long-term alternate placement.

Prevention and Treatment

Published research on the treatment of abused and neglected children has become both more rigorous and more prevalent in the past decade. The research includes studies that report positive treatment results for children who suffer physical abuse, sexual abuse, and/or are neglected. Many types of evidence-based practice are now available, including Trauma-Focused Cognitive Behavioral Therapy, Parent-Child Interaction Therapy, and Abuse Focused-Cognitive Behavioral Therapy. It should be noted, however, that these interventions have not been evaluated on all ethnic groups and data from extended follow-up is limited. Such therapeutic approaches hold considerable promise, but we are yet to be in a position to say with confidence that these interventions are the best ones globally without further research and cultural modification.

A significant minority of cases of child sexual abuse involve abusive contact between a child and an older minor. An important finding of the past twenty years is that youth who perpetrate child sexual abuse constitute a threat to other children, that effective treatment modalities exist, and that early intervention is more likely to succeed (and at a lower cost). With appropriate treatment, this group of children who sexually abuse other children has a much lower recidivism rate than do untreated minors or adults.

The best way to protect children is to prevent offenders from harming children by targeting risk, provision of an effective intervention and the prevention of relapse.

Counseling of children affected by child sexual abuse must include all persons in the household.

Essential Processes in all Cultures and Countries

Data collection is an important element in the social reaction to the incidence of child sexual abuse and sexual exploitation in any society regardless of the cultural components of that society. Systems for data collection may need to be developed.

Once child sexual abuse and sexual exploitation are acknowledged by society, responses to the problem need to be developed, including protective systems, policies and laws, appropriate curriculum and training, and a capacity building process for all professionals concerned.

While acknowledging the national commitments towards the UN Convention on the Rights of the Child in general and Article 19 in particular, national programs need to take into consideration specific factors such as:

- legal definitions and concepts of child sexual abuse and sexual exploitation;
- specific types of child sexual abuse and sexual exploitation in some cultures; and
- differences in implementation capacities in each country and region.

It is noted that each country's level of development is directly affected by its commitment to child protection and children's well-being, including minority groups.

Professionals can play an important role in prevention, training, reporting, rehabilitation and data collection, for the purpose of capacity building of the child protection system at the national level. This is particularly important in countries where there are gender discrimination issues and where professionals are valued and respected in the society.

Children need also to be part of the process in a meaningful way, especially in education and child friendly reporting systems. It must be noted that other forms of child abuse can be associated with or precede child sexual abuse and sexual exploitation. Therefore, child sexual abuse should be managed as part of a broader child protection system, rather than as an issue fundamentally different from other forms of child abuse.

Supporting best practices in parenting can provide for safe child care earlier in life and provide proper and timely detection of groups at risk (in child and parents). Home visitation is one strategy that has been researched predominately in affluent countries, but has significant promise as a more global intervention.

Principles and Practices in Prevention of Child Sexual Abuse

Responsibility for prevention of child sexual abuse is shared by parents, schools, communities, governments and the broader society. In seeking to prevent sexual violence against children, it is important to recognize that some risk factors, such as poverty and lack of access to education, must be addressed at both policy and practice levels.

Poly-victimization and the co-occurrence of other forms of abuse must also be acknowledged in the formulation of prevention strategies.

Response to situations of conflict, post-conflict and natural disasters must consider evidence that the prevalence of sexual violence and exploitation often increases in contexts of these conditions and respond adequately. Sexual exploitation of children including 'sex tourism' requires the involvement of all aspects of government and its prevention cannot be the sole responsibility of child protection services.

Greater emphasis should be placed on primary prevention – preventing violence from ever taking place – as opposed to secondary or tertiary prevention. There is also a need to strengthen the service provision network (for example, the health care sector needs to be trained to identify and care for CSA cases).

Secondary and tertiary prevention should be evidence-based, identifying ways in which victims may be re-victimized and how victims, in turn, can become people who harm others.

Evidence-based research is needed regarding the risk and protective factors associated with both perpetration and victimization in order to develop effective preventive strategies. Prevention strategies need to be rigorously evaluated at all levels and take into account the range of social contexts of vulnerable children.

Primary prevention of sexual violence may require adaptation to different manifestations of sexual violence, different groups of high risk individuals and different groups of vulnerability for victimization of children and families. Prevention strategies should include a combination of provision of information (for example, children's human rights), building skills (for example, what to do, who to talk to) and provision of resources (for example, hotlines).

Principles and Practices for a Holistic Approach to Children Affected by CSA

The training of competent professionals who will be undertaking the first contact with the child is important. This professional training needs to be both discipline specific (that is, appropriate to obtain the information relevant to their discipline - medicine, police/justice, social work) and integrated and interdisciplinary in approach.

The drive for such integrated interdisciplinary systems must be present at all levels – from the clinical / field staff to the senior decision makers in the various organisations responsible for the provision of services to children and their families. Written and binding protocols signed by the head of the agencies are recommended with some flexibility to adapt to local conditions. These should state that the child has a right to be heard. This means ascertaining his/her wishes as opposed to parental wishes, both when there is conflict and when there is none. Implementation of the protocols through interdisciplinary training, including the legal system, and supervision, including judges and other professionals, should be ensured.

When collecting evidence, it is important to rely on the child's statement without excluding other evidence; investigation should focus on the protection of the child and not only on the requirements of punitive criminal proceedings. Children's allegations should be assessed through appropriate forensic interviews, where the number of interviews by different professionals is reduced to the appropriate minimum. Children should be interviewed but not interrogated.

Strategies to permit children who have been sexually abused to be empowered within the systems involved in their care, including the judicial systems, should be supported.

Criminal courts specializing in crimes against child victims and an integrated court system for family issues (criminal, family and civil) are needed.

Integration is a process and not only a goal. Observation and protection of the rights of the child and an integrated systemic approach are less traumatizing for the child.

Different programs need to be developed for young and adult offenders and for first-time and chronic offenders.

Education and Training Issues – Professionals, Schools, Communities

All victims of child sexual abuse and sexual exploitation and their families have the right to have access to knowledgeable and skilled service providers regardless of their discipline.

Since child sexual abuse and sexual exploitation are ever-evolving fields, children deserve competent practitioners who acknowledge the importance of continuing education.

ISPCAN is a resource for the provision and dissemination of state of the art knowledge and best practice. The dissemination of knowledge may occur through many different strategies, including:

- Regional, national and international conferences;
- Development of a resource library;
- Core discipline specific training to address needs tailored to the developmental stage of a given program, consultation and networking.

The world community continues to learn about the definition, prevention, assessment and the treatment of child sexual abuse. As an evidenced-based understanding of core principles, guidelines, and standards evolves for the medical, legal, and social sciences, there is a need to disseminate this information world-wide through education, policy and training initiatives. If we are to significantly reduce the prevalence of child sexual abuse and sexual exploitation in its many manifestations, such efforts must be designed by and for the relevant individuals and systems in a state, country, or community. Any such training and education efforts shall remain open to the inclusion and adoption of culturally sensitive and culturally relevant alternatives.

Medical Care Domains

Best practices in medical care of child sexual abuse

Much has been learned about best practices in the substantiation of allegations of child sexual abuse, the building of medical diagnostic and treatment services and addressing the mental health needs of child victims. This having been said, the challenge remains to adapt this core knowledge in a way that is relevant to a given country, the resources available and the priority given to this issue.

Integration of the health care professional

Health professionals have both an opportunity and responsibility to objectively evaluate children who are alleged to have experienced child sexual abuse and sexual exploitation.

The medical diagnosis of CSA is not solely reliant on the findings of physical evidence in the genital region; the history provided by the child to the health professional may have characteristics that permit a medical diagnosis to occur. The medical diagnosis can be an important step to address the health and welfare needs of child victims. Without a diagnosis, the ability to intervene, protect and ultimately provide the medical and mental health services necessary to address the impact of victimization will be compromised. Although the medical component is an important piece of the diagnostic process, it is the collective and collaborative insights of the numerous disciplines that will result in the most complete understanding of a child's experience and the required next steps.

Children suspected of experiencing child sexual abuse are entrusted to health professionals who have the responsibility to objectively assess these concerns when they present and to formulate a "medical diagnosis" that is balanced and defensible. The lack of physical findings, or disclosures by the child in the context of the medical interview and examination may not prevent child protection or intervention specialists from deciding a child has been abused, as evidence outside of the medical process may be available (for example, photographs or videos).

Systems need to acknowledge that as many as 90% of child sexual abuse cases are not confirmed by physical examination alone. Although the physical examination may not be diagnostic, when the medical history and examination are considered together, a medical diagnosis of CSA can be made.

Key Elements:

- Medical diagnosis of suspected child sexual abuse and sexual exploitation can be critical to the substantiation process.

- Medical diagnosis must be balanced, objective and defensible.

Need for health care professionals to provide diagnosis and treatment

All children suspected of being sexually abused, regardless of the conduit through which the concerns present themselves, should have access to skilled health care professionals who can address the potential adverse health effects of child sexual abuse and sexual exploitation, such as extra-genital or penetrative injuries, pregnancy in adolescents, or the acquiring of a sexually transmitted infection (STI).

Equally important is the need to address concerns that could be viewed as altered body images/body intactness questions that are commonly associated following sexual victimization. The need for child victims to know that their bodies are “normal” in spite of their experience is critical to their long-term psychological well-being. The medical evaluation can be the first step to therapeutic intervention, through an assurance provided by the health care provider about body image, risk of pregnancy, sexually transmitted infections, or other fears.

Key elements:

- Diagnosis and treatment of physical injuries and sexually transmitted infections following child sexual victimization are essential components of the health care of child sexual abuse and sexual exploitation victims.
- Assurance of “normality” or physical intactness is critical to the long-term mental health of child victims.

Health providers' approach

Health professionals can apply their tried and true approaches to the diagnosis of any disease entity to the diagnosis of child sexual abuse and sexual exploitation when they understand the clinical expression of sexual victimization in girls and boys of varying ages.

As with any form of victimization, there is a spectrum of experiences from contact that is minimally physically intrusive to very intrusive and physically traumatic. By understanding that sexual victimization has the potential for both physical and emotional health consequences across the life-span, the health care providers can tailor their clinical approaches to improve their competence in the provision of appropriate services. This may entail provision for the integration of the child into services at a much later point in time, even as an adult, and those services may involve disciplines and services beyond the medical.

The single most important skill set that health care professionals must have is the ability to obtain a full history (including medical, psychosocial and facts) from suspected child victims in a developmentally appropriate and forensically sound manner that is non-judgmental, facilitating and empathetic. When children are asked about their experiences in a manner that allows them to tell their story, there will be an opportunity to obtain the best insight into their experience. Equally important is the thorough documentation of both the questions asked by the historian and the child's verbatim response.

Some children will experience physical injuries and contract sexually transmitted infections, requiring health care providers to diagnose both acute and healing injuries residual to sexual contact and to meet the treatment needs and provide follow-up care. The medical diagnosis is the result of the successful integration of medical history, physical examination findings and laboratory findings.

The ability to evaluate child victims requires a very specific set of knowledge and skills that are not intuitive to health care professionals and few are capable of meeting without specific professional training.

Key elements:

- The medical history is the single most important element of making a diagnosis of child sexual abuse and sexual exploitation.
- Obtaining and documenting the medical history is a critically important skill set.

'Health care' or a 'Forensic / Evidence-gathering' role?

Health providers are well grounded in their ability to provide diagnosis and treatment. A well-crafted and defensible medical opinion can have significant forensic value. Evidence can be found in the child's history, physical examination findings, and/or forensic testing. It is the collaborative data collection and opinions of all disciplines that ultimately will provide the most complete understanding and allow for child protection services and law enforcement to address their discipline's specific responsibilities. Health care providers best serve child victims when they see themselves as responsible for meeting the health care needs of the child and not as an agent of child protective services or law enforcement.

Key elements:

- When health care professionals address the health needs of child victims, they also meet the forensic needs that are important to the ability of child protective services and law enforcement to substantiate allegations to their respective discipline's specific standards.
- Working in a multi-disciplinary manner while knowing the limits of one's respective discipline is critical to substantiation.

Developing health care capacity to serve medical diagnostic needs

The child protective services (or child welfare services) response in many communities has traditionally been focused on the issues of protection rather than also addressing the health needs of child victims. Societal emphasis on prosecution does not necessarily encompass the needs of victims, unless specific policies, practices, and laws require victim assistance. As a result, there is variability in their access to specialized medical expertise (including mental health).

By sharing experiences with the medical community, child protective services and law enforcement professionals can begin to understand the critical importance of the health care role. These non-health care professionals must identify health care professionals in their community to provide needed care.

If medical resources are not immediately available, then protective services and law enforcement authorities need to strategically plan how to secure and support medical resources. In most communities, a physician and/or nurse can be identified who has demonstrated leadership and a special interest in serving the needs of sexually abused children and who should be invited to participate in a discussion as to how best to integrate them into the system of care.

In most communities, there are greater demands for medical services than capacity to meet the needs. Through dialogue, an opportunity can be created to prioritize which children receive services. A protocol can be established for both the type of cases that will receive care and the timing of any medical response.

Key elements:

- Child protective services/law enforcement must identify health care providers within their community to provide medical services.
- Health care professionals have a reciprocal duty to advocate for and assist in both the identification of committed health providers and in their training.
- Where medical services do not exist, a strategic plan to develop these services must be implemented collaboratively.
- Policies and protocols to access medical services, once developed, must be implemented.

Sharing responsibility and shared decision making

Each and every discipline has a responsibility to perform with the highest level of professionalism, recognizing the limitations of their discipline and providing objective, defensible opinions.

Each discipline has the right to know what are the special skills and responsibilities of each partner involved in intervening when child sexual victimization is suspected and to hold each other responsible and accountable.

Therefore, professional education that is both discipline-specific and interdisciplinary should be integral to a culture of developing and improving professional expertise to deal with child sexual abuse and sexual exploitation.

All effective systems of health care recognize that providing care to child victims of abuse has the potential for vicarious traumatization, causing emotional trauma for the caregivers, and that special efforts must be made to take care of all those providing care to child victims.

Key elements:

- Each discipline has the responsibility to perform with the highest level of expertise and professionalism.
- Professional development is an ongoing process and should be collectively supported and shared to serve the best interests of children and society.
- Vicarious trauma is a work hazard and should be both recognized and addressed to maintain a healthy work force.

Conclusions

The health professional can provide a unique and critical understanding of a child's experience when allegations of sexual abuse arise.

The health care provider's opinion can be an important part of the process of understanding whether abuse has occurred and simultaneously meeting the health care needs of the child.

Any successful system of care must integrate medical services into the fabric of how that care is provided.

It is the child protection system's ability to meet the medical and mental health care needs of child victims that promises the greatest return on investment - a child's life-long optimization of his/her physical and emotional development.

This document serves simply to emphasize the importance of addressing the health care needs of children suspected of experiencing sexual victimization. Once the system of child protection and

law enforcement acknowledges the important role of health, there is then an opportunity to develop systems of care that incorporate this invaluable resource in a meaningful manner

Legal Domains

Many groups are relevant to the task of developing an optimal legal approach to child sexual abuse. These groups and individuals include:

- judges
- lawyers, including counsel for children
- police
- other law enforcement personnel
- forensic health and mental health professionals
- social service/social work professionals

While these individuals are most likely to become involved in the daily work of the legal system, legislators, policy makers, many different interest groups and the general public will necessarily influence the laws that are enacted and the degree to which these laws are obeyed.

Different legal systems and different types of law within each type of legal system

The world's nation states operate within domestic legal systems and legal cultures that can be quite different from one another.

Even when a country ratifies a treaty or reaches another form of agreement to be bound by various international standards, compliance with international law is limited by any number of factors including reservations to treaties that are ratified in general but not ratified with respect to specific portions of the international convention or other form of international law.

With this in mind, the legal section includes examples of both criminal and non-criminal law practices tried in various countries so that practices that appear suitable can be adapted and then adopted for use by any nation state trying to improve its response to child sexual abuse.

Two major cultures of law found in the world are sometimes characterized as "common law" and "code" with the latter category including Napoleonic law, Islamic law and Romano-Germanic law. In addition to these examples of legal culture, there are many possible forms of "indigenous law".

Comparing these traditions, except in the broadest terms, is fraught with difficulty because each tradition can have many exceptions to the general tradition. The common law is set apart by its emphasis on the independent role of judges, who can act even in the absence of clear statutory guidance and create a "precedent" that becomes the law for other judges to follow unless the decision is overridden by legislative or other political authority or through appeal to a higher court.

While binding judges to follow prior judicial decisions is standard in common law countries, other countries emphasize that the governing code, constitution or statutes of the country are completely sovereign and each case should be interpreted by the judge only in terms of the governing code. The decision of judges in other cases under the same code system of law does not necessarily bind a later court. On the other hand, the work of prior scholars or jurists can be influential even if not binding, as illustrated by the example of Islamic law or Sharia.

No matter what legal culture is examined, it is at least theoretically possible for one legal culture to “borrow” one aspect of “foreign law” and implement that aspect of another system. This can occur even when there is no ratified international treaty requiring a change in domestic law.

All legal cultures have some form of criminal law and the modern development of various forms of non-criminal law sometimes referred to as “civil” law.

An important type of law that has developed everywhere in its fullest form, mostly in the last two centuries, is public health law. Public health law is marked by a special focus on the status of populations, individuals and specific locations, as either being healthy, unhealthy, or within a spectrum of risk. Rather than “accusing” or even “denouncing” a place, the public health authority permits government, under scientifically and thus legally prescribed circumstances, to “clean up” the person, place or populations to prevent the spread of disease or toxins. Public health law has parallel examples in mental health law, the laws of chemical dependence and the law of civil child protection. All four types of law are clearly “ameliorative” rather than “punitive” in primary intention.

Principles and practices in the legal domain

In investigation and prosecution, law plays a key role in preventing and responding to child sexual abuse (CSA). To be effective, the law must be coordinated at multiple levels with medicine, mental health, social welfare, education and other systems, no matter what type of legal system governs.

Most countries have found that legislation is needed to provide the robust legal framework and foundation required for an effective legal response to child sexual victimization. No matter what system of law is being considered, it is possible to analyze and develop the legal response that is needed to protect children from a harm that historically was poorly addressed.

Countries that ignore the problem place their children and future at risk of harm, no matter what form of legal system they follow if they do not realistically and effectively address child abuse and neglect.

The United Nations Convention on the Rights of the Child (CRC), supplemented by the Optional Protocol on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography (Optional Protocol), provide logical starting places for a necessary legal framework. Countries with quite different historical, ethnic, religious, geographical and political traditions have chosen to endorse these agreements. In so doing, they have also endorsed the principle that “the best interests of the child shall be a primary consideration” in all actions regarding children (Article 3(1)).

The CRC emphasizes the importance of comprehensive laws, administrative procedures, and social and educational measures to protect children from all forms of extra-familial and intra-familial sexual exploitation and sexual abuse.

Recognizing the importance of the family, the CRC states that a child may not be removed from her or his parents against the parents’ wishes, except to protect the child from maltreatment and pursuant to fair procedures and judicial review (Article 9(1)). The CRC reinforces the importance of services to help child victims of sexual exploitation and abuse recover and lead happy, productive lives (Article 39). Note, however, that these aspirational standards leave to nation-states the problem of balancing family integrity and child safety.

The Optional Protocol reinforces the CRC's emphasis on protecting children from sexual exploitation by requiring states parties to "prohibit the sale of children, child prostitution and child pornography" (Article 1). The Optional Protocol contains valuable measures to protect the rights of child victims of sexual exploitation (Article 8). This protocol addresses a form of child sexual abuse that should not impinge on the family except to the extent it is the family itself that is profiting from the child's use as a commodity.

In addition to the CRC and the Optional Protocol, an effective response to child sexual abuse and sexual exploitation requires detailed domestic laws on the following subjects: (1) Statutes criminalizing specific forms of child sexual victimization; and (2) Statutes creating and funding a workable, and to the extent possible, comprehensive child protection system to ensure that child sexual victimization is detected, reported and investigated by properly trained professionals from law enforcement and child protection.

Child sexual abuse as a crime

It is difficult to imagine that most adults would ever endorse child sexual abuse as a good thing. However, deciding what is sexually abusive and deciding what acts should be punished varies from society to society and within societies.

There are individuals and groups that justify sexual contact between adults and children and portray such acts as misunderstood or as a positive good. Such individuals even share methods of propagandizing their activities in an effort to induce other adults to permit sexual abuse of children to continue.

One method for undermining efforts to prevent child sexual abuse is to define it in a confusing way. Another method for disruption of child protection is to define it in such a limited way that virtually no sexual contact with a child is considered child sexual abuse.

Aside from deliberate efforts to undermine regulation of child sexual abuse, legal definitions of child sexual abuse vary to some degree throughout the world. However, one core concept is universal: Children below a certain age, usually known as "the age of consent," are too immature to consent to sexual activity of any kind, including child prostitution, and any sexual contact with an underage child constitutes abuse.

Commercial sexual exploitation of children, including the production or distribution of pornography involving children, is child sexual abuse and has been identified as a crime in most countries.

Given that all sexual abuse is not the same, the legal consequences for perpetrators should reflect the severity of the abuse, the use of enticement or force, and the misuse of a position of authority over the child by any adult (for example, by a school teacher, coach, clerical figure, legal or judicial figure or any other person acting under the mantle of official responsibility for the child). Laws must be tailored intelligently to ensure justice and protection for victims, protection of society, and punishment and rehabilitation for offenders. This is most especially true for the youngest offenders and it is very important to provide not only accountability but also treatment for the youngest perpetrators of child sexual abuse.

Legal aspects of a child protection system

Every state should establish in law a comprehensive child protection system. The exact configuration of a state's child protection system depends on cultural, practical and legal considerations. A comprehensive and effective system must provide mechanisms to detect sexual

abuse and report it to the proper authorities so that the incidence of CSA can be monitored but especially to assure accountability for ameliorative intervention on behalf of the child victim.

Thus mechanisms must be created to protect children in danger, to prevent contact between the offender and the child, to remove the offender from the child's home and provide appropriate out of home care for children who cannot live safely at home. The law should require interdisciplinary cooperation among the various professions concerned with the problems of child abuse and neglect. Finally, a child protection system cannot operate effectively without sufficient funding.

Children as interviewees and witnesses

In most cases of sexual abuse, there is no medical or physical evidence of the abuse. The child's description of events is often the most compelling evidence of maltreatment. Because children's statements can be vital to the ability to protect them, care must be taken to interview children properly and to objectively document interviews.

When legal proceedings are commenced, children may need to testify under some legal regimes, and steps are required to reduce the stress of testifying while, at the same time, protecting the rights of the accused.

In many countries, specifically in non-common law countries, a criminal proceeding can usually be maintained without the child becoming a witness. This fact is viewed by some as a "child's rights" advantage in non-common law countries, for example countries governed by Napoleonic Code traditions.

There are also legal cultures where children of any age will not be heard, where the voices of children are not valued and where children might not be permitted to give evidence even if psychologically competent to do so. Thus, the legal system of any country committed to protecting children from child sexual abuse and sexual exploitation must be flexible enough to protect the child through some approach, for example through documentation of a failure to protect by the caregiver or through the appointment of legal counsel to represent the child.

A voluminous literature exists on interviewing children for forensic purposes. The questions and the child responses should be well documented, so as to allow subsequent independent assessment, and in such a form as to preclude the need for the child to be re-interviewed. There is broad consensus within the medical profession on most aspects of proper interviewing. Forensic interviews should be memorialized, preferably by video recording. States should support high quality forensic interviewing by highly qualified interviewers.

When children must testify in court, which is not a requirement under some legal systems, steps are required to prepare them to testify and to support them through the experience. Article 8 of the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography contains useful guidelines, reproduced below.

1. *States Parties shall adopt appropriate measures to protect the rights and interests of child victims of the practices prohibited under the present Protocol at all stages of the criminal justice process, in particular by:*
 - (a) *Recognizing the vulnerability of child victims and adapting procedures to recognize their special needs, including their special needs as witnesses;*
 - (b) *Informing child victims of their rights, their role and the scope, timing and progress of the proceedings and of the disposition of their cases;*

- (c) Allowing the views, needs and concerns of child victims to be presented and considered in proceedings where their personal interests are affected, in a manner consistent with the procedural rules of national law;*
 - (d) Providing appropriate support services to child victims throughout the legal process;*
 - (e) Protecting, as appropriate, the privacy and identity of child victims and taking measures in accordance with national law to avoid the inappropriate dissemination of information that could lead to the identification of child victims;*
 - (f) Providing, in appropriate cases, for the safety of child victims, as well as that of their families and witnesses on their behalf, from intimidation and retaliation;*
 - (g) Avoiding unnecessary delay in the disposition of cases and the execution of orders or decrees granting compensation to child victims.*
- 2. States Parties shall ensure that uncertainty as to the actual age of the victim shall not prevent the initiation of criminal investigations, including investigations aimed at establishing the age of the victim.*
 - 3. States Parties shall ensure that, in the treatment by the criminal justice system of children who are victims of the offences described in the present Protocol, the best interest of the child shall be a primary consideration.*
 - 4. States Parties shall take measures to ensure appropriate training, in particular legal and psychological training, for the persons who work with victims of the offences prohibited under the present Protocol.*
 - 5. States Parties shall, in appropriate cases, adopt measures in order to protect the safety and integrity of those persons and/or organizations involved in the prevention and/or protection and rehabilitation of victims of such offences.*
 - 6. Nothing in the present article shall be construed to be prejudicial to or inconsistent with the rights of the accused to a fair and impartial trial.¹*

CSA can occur in many different settings, including close family and among more “distant” relatives, in religious settings, sports activities and schools and, therefore, when accessing two-way electronic communications, different methods of management for child sexual victimization must be considered.

Child sexual victimization within the family

Even in a country with criminal and civil laws to deal with child abuse and neglect, it is important to realize that criminal complaints are not inevitable. While many cases are not filed in court, the availability of the court proceedings for more serious cases appears to be crucial as a statement of community morals, standards, and commitment to the well-being of children.

Specifically with respect to child sexual abuse cases, certain factors affect the decision to proceed with the criminal complaint, such as: the support of the child by the mother, use or threat of force, severity of the abuse and the overall availability of evidence. Most, but not all, cases involving child sexual abuse within the family challenge legal authorities with a conundrum.

Child sexual victimization outside the family

In all countries familiar to the study group, child sexual victimization that occurs to children outside of the family is addressed with rare exceptions through a criminal justice process.

¹ <http://www2.ohchr.org/english/law/crc-sale.htm#art8>

Among the people who have been prosecuted in the past several decades in different parts of the world are teachers, religious figures, youth group advisors, parents and other adults known to the child victim and/or the child's family, as well as judges, police officers and mental health professionals. Effectively these are individuals, usually but not always men, from every background and walk of life. Adult sex offenders against children, especially if they target both boys and girls, can commit a very large number of crimes against children unless they are effectively dealt with via some legal mechanism.

The advent of the digital age, especially the Internet, has increased the access that sexual offenders have to children, either for the purpose of setting up direct contact with the child or engaging the child on-line for the purposes of sexual exploitation.

Child sexual abuse and sexual exploitation are known to cross international boundaries. "Sex tourists" are known to travel internationally to prey on children. "Sex trafficking" that involves the commercial use of children for sexual purposes has been documented. Pornographic images of children are often distributed internationally. Just as a country defends its men, women and children against other threats, each country is challenged with keeping its children safe from sexual exploitation by foreign perpetrators.

Child Welfare Domains

Principles and Practice in the Child Welfare Practices in Child Sexual Abuse:

- Child protection professionals usually have the responsibility of ensuring that a child is safe in terms of their protection within a family or institution.
- In some countries, these professionals and community workers may undertake a protection role. They gather evidence of risk and safety and seek to enhance the well-being of children who have been sexually abused or are at risk of sexual abuse.
- In some countries, these professionals will interview child victims using forensic protocols, within the context of policies of the country.
- The child welfare approach is at times undertaken in conjunction with the criminal approach because it is often not possible to adequately protect children using only a criminal approach. The level of proof required in most criminal jurisdictions is high (for example, beyond reasonable doubt), while family and welfare court systems have required a lesser standard of proof before court ordered sanctions may be imposed (for example, on the balance of probabilities). In some jurisdictions, child welfare professionals may have a role in criminal proceedings.
- The child protection approach seeks to engage the child's support network in promoting immediate and long term safety, access to therapy and access to appropriate educational, medical and relationship development services.
- Case management is often a child protection role. Child protection practitioners should act therapeutically and seek to ensure that the child is not further harmed by the system.
- Ethical practices are essential for ensuring that the children and their family members are able to access competent, effective and evidence based practice.
- In those cases where the offenders are juveniles, child protection professionals must ensure an approach promoting access both to therapy and to appropriate educational, medical and relationship development services as well as ensuring their immediate and long-term safety.

Mental Health Domains

In many jurisdictions, criminal definitions of child physical abuse include an element reflecting the degree of impact, both immediate and for the longer time (for example, 'bodily harm', 'grievous bodily harm'). Many definitions of child sexual abuse **do not include a component reflecting the impact of abusive events** on the child or young person themselves.

Child sexual abuse is often seen in combination with other forms of maltreatment. Management of the effects of child sexual abuse may require management of the effects of other forms of maltreatment (such as physical violence towards children by a parent/guardian and exposure to family violence).

Children and young people who have been sexually abused are at risk of developing mental health, behavioral, developmental, emotional and relationship difficulties. Young people who have been sexually abused may also be at risk of developing harmful behavior towards others, or may continue to be vulnerable to further abuse both within the family and within the community.

An holistic assessment framework is an important part of ensuring the safety and well-being of children and families. The assessment needs to include a full assessment of the child's needs, the nature and level of harm experienced by the child, the parenting capacity, and family and environmental factors, both in intra-familial and extra-familial abuse.

Similarly, an interdisciplinary assessment framework of sexual offenders against children is an important part of ensuring the future safety and well-being of children and families.

Children need to be protected from the impact of investigations when their allegations need to be assessed. Safe child-friendly contexts are needed for investigations to take place, based on evidence based, structured guidelines to ensure the interdisciplinary process is effective and enhances the safety and well-being of the child. These are important so that the mental health of children and families are not compromised.

It is essential that community arrangements for the investigation of sexual abuse are well established and the interdisciplinary approach is well developed. It is helpful if each community has:

- a structure to represent all professionals - from police, education, social work and health - and to establish and train designated professionals who carry out investigations of different forms of maltreatment, including sexual abuse and sexual exploitation;
- safe, child friendly contexts where investigations take place; and
- guidelines for how the interdisciplinary process works in practice.

In many countries, interviewing children and young people who may have been abused is carried out by skilled multidisciplinary interviewers. Police, social workers and forensic interviewers need to be trained to use established, evidence based protocols and to utilize knowledge of the best child interview techniques and knowledge of the development of children's capacity to recall and share experiences.

Recording interviews, ideally using a video recording, can protect children from having to give repetitive accounts. The basic principle is that all professionals in contact with children who may have been sexually abused should "listen" and to be trained in how to help children accurately describe their experiences.

Mental health professionals have an important role in:

- therapeutic interventions with children who have been abused;
- therapeutic interventions with young people responsible for sexually harmful behavior;
- therapeutic interventions with adults responsible for sexually abusive actions;
- therapeutic interventions with supportive and potentially supportive family members; and
- forensic mental health assessment of cases of child sexual abuse and sexual exploitation.

It is essential that any therapeutic intervention uses evidence based modules that have been demonstrated to be effective, and uses evidence based assessments of a wide range of child and family functioning to assess whether intervention has been effective using a consistent feedback process to monitor the course of therapeutic work.

Many psychotherapeutic approaches have been used to treat victims of child sexual abuse.

Trauma-Focused Cognitive Behavior Therapy (TF-CBT) for children and young people who have experienced extensive maltreatment and abuse has proven successful and has been widely adopted.

There are similarly sets of modules that have a role in working with young people who are responsible for sexually harmful behavior. They take a general view in encouraging the young people to develop a 'Good Life,' ensures the availability of good quality parenting, remedial education and individual, group and family interventions.

Parents and non-offending caregivers who are supporting children and young people who have been sexually abused need to:

- have psycho-educational models to help them understand processes associated with abusive actions;
- understand, support and manage their child's anxiety, anger, depression and post-traumatic symptomatology;
- reflect on the impact on themselves and their relationships;
- understand the ways in which they have been inducted into disbelieving the statements of children and believing abusive parents or other adults who abuse;
- challenge the maladaptive, abusive attitudes and responses of young people responsible for sexually harmful behavior or adults who abuse;
- understand processes such as grooming, sexualisation and the way in which children and young people have been sexually abused may become responsible for abusive behavior in turn; and
- repair attachments damaged by abusive individuals who undermine the relationship between children, young people and potentially caring parent figures.

Mental health professionals who work with adult sexual offenders base their interventions on:

- programs that employ Multi-Component Cognitive Behavior Therapy within a Relapse Prevention framework;
- techniques that analyze and challenge distorted thinking to promote behavioral, thinking and emotional change;
- group work programs that target deviant sexual arousal, distorted cognitions, social skills deficits, empathy deficits, lack of impulse control, emotional regulation, poor interpersonal relationships, substance abuse, and pro-offending attitudes;

- behavioral techniques that address deviant arousal and extinguish the link between sexual arousal and deviant fantasies and analyze the links that lead to offending behavior to establish a relapse prevention plan; and
- a multi-modal self-regulatory approach to all aspects of functioning.

Conclusions

The reality that individual children are on occasions subjected to unwanted sexual activities has been acknowledged throughout recorded history. The formal identification of child sexual abuse as a significant and pervasive issue for children in all nations, from all cultural, linguistic and economic backgrounds is very recent. The realization that child sexual abuse poses substantial risks to the physical and mental health and wellbeing of the individual child across his/her lifetime is more recent still.

Much has been done in the past fifty years in this field in all areas of the globe - to prevent, identify and treat the harm that arises from child sexual abuse - but much remains to be done. This paper, and the workshops that were instrumental in its development, is a small part of the ongoing iterative process of research, implementation and evaluation that is required to improve the lives of the world's children.

Reference

Pinheiro, P.S. (2006) World Report on Violence against Children. New York: United Nations.

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Appendices

Appendix 1: PROGRAM - ISPCAN 'Denver Thinking Space' 2011: CSA

Thursday, 5th May 2011

- | | |
|---------------------------|----------------------------|
| • Dr Irene Intebi | - Welcome |
| • A/Prof Richard Roylance | - Introduction / Responses |
| • Prof Dick Krugman | - Presentation / Responses |
| • Judge Carlos Rozanski | - Presentation / Responses |
| • Prof John E. B. Myers | - Presentation / Responses |
| • Dr Arnon Bentovim | - Presentation / Responses |
| • Dr Bernard Gerbaka | - Presentation / Responses |
| • A/Prof Richard Roylance | - Summation - Day 1 |

Friday, 6th May 2011

- | | |
|-----------------------------|----------------------------|
| • Dr Irene Intebi | - Welcome |
| • Mr Michael Dougherty | - Presentation / Responses |
| • Small Group Discussion | |
| • Small Group Presentations | |
| • A/Prof Richard Roylance | - Summation - Day 2 |
| • Editorial Session | |

Saturday, 7th May 2011

- | | |
|---------------------------------|--------------|
| • Small Group Writing Sessions | |
| • Large Group Editorial Session | |
| • Dr Irene Intebi | - Conclusion |

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Appendix 2: PARTICIPANTS - ISPCAN 'Denver Thinking Space' 2011: CSA

Randell Alexander United States	Alessandra Guedes United States	Patricia Peterson United States
Arnon Bentovim United Kingdom	Irene Intebi Argentina	Henry Plum United States
Marianne Bentovim United Kingdom	Yumiko Kirino Japan	Richard Roylance Australia
Donald Bross United States	H.D. Kirkpatrick United States	Carlos Rozanski Argentina
Myriam Caranzano-Maitre Switzerland	Jill Korbin United States	Benedito Rodrigues dos Santos Brazil
Irene Cheah Malaysia	Richard Krugman United States	Janet Saul United States
Isabel Cuadros Columbia	Kevin Lalor Ireland	Rajeev Seth India
Marielle Dekker The Netherlands	Katrina Legarda Philippines	Ruth Soonets Estonia
Reinhard Fichtl Switzerland	Eduardo Melo Brazil	Jill-Ellyn Straus United States
Martin A. Finkel United States	Brenda Mirabal Puerto Rico	Suzanne Tiapula United States
Sue Foley Australia	Tufail Muhammad Pakistan	Viola Vaughan-Eden United States
Bernard Gerbaka Lebanon	John E. B. Myers United States	Toshihiko Yanagawa Japan
Itamar Batista Goncalves Brazil	Chris Newlin United States	

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Appendix 3: ONLINE PARTICIPANTS - ISPCAN 'Denver Thinking Space' 2011: CSA

Kiran Aggarwal India	Howard Graham United States	Princess Olufemi-Kayode Nigeria
Miryam Angel Colombia	Patricia Lai Sheung Ip Hong Kong	Joe Pickard United States
Adem Arkadas Turkey	Maria Antelma Ferraz de Mendonca Jensen Brazil	Vidya Reddy India
Manizeh Bano Pakistan	Rosaleen McElvaney Ireland	Anthea Simcock New Zealand
Virginia Berlinerblau Argentina	Marcellina Mian United States	Stephanie M. Smith United States
Michaele Conchita Philippines	Aaron Miller United States	Rajendra Nath Srivastava India
Jon R. Conte United States	Thomas Omwenga Nyang'au Kenya	Gaby Taub France
Christine S. Deyss United States	R. Kim Oates Australia	Kerryann Walsh Australia
Howard Dubowitz United States	Pauline O'Callaghan Australia	Judith Wright Canada
Evelyn Eisenstein Brazil		

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Appendix 4: QUESTIONNAIRE RESPONSES

All responses are the personal opinions of the individual respondents and are not the official viewpoints of the respondents' employers, governments, governmental agencies, or their countries. Several people responded to the questions but preferred not to have their answers published; therefore, their responses have been removed from this document.

Q1: What is the formal framework (legislation, agreements, formal and informal understandings, etc.) to manage child sexual abuse cases in your country?

ARGENTINA

Dr Irene Intebi

At present child sexual abuse cases are handled by the criminal courts. There is no specific law for child sexual abuse. It is considered under the law that rules all sexual crimes. In Argentina, sexual crimes are considered a violation of the individual's sexual integrity.

In the last 10 years a new procedure for interviewing child victims has gradually been incorporated to the investigation of the cases in almost all the provinces. The law that changed the procedure to interview children is known as Rozanski law because Judge Carlos Rozanski was who made the recommendations and wrote the law that was passed by the Argentinean Congress.

The law establishes that only trained professionals are allowed to interview children who are suspected to have been victims of sexual crimes. Judges and lawyers are only allowed to address the child without the intervention of those trained professionals at the trial. There are different regulations as how the judge, the prosecutor and the attorneys participate of these interviews. Generally they are held in one-way mirror facilities.

The Argentinean criminal procedures do not necessarily have cross-examinations. Thus, children do not always testify in court after being interviewed by experts.

There are huge variations of the effectiveness of the system among provinces. Very few forensic interviewers have received adequate training and very rarely this training is offered by the judicial system. Habitually, professionals decide which courses to take and they themselves pay the cost of the training courses.

When child sexual abuse is suspected, the case is reported either to the prosecutor (some provinces have units for the prosecution of sexual crimes) or to the criminal court. Investigations are carried out by prosecutors and cases are tried by 3 judges. There is no juror system in Argentina.

Judge Carlos Rozanski

In the Argentina Republic, the basic formal framework is the criminal code, which describes the different sexual offenses in general and the aggravating factors in cases in which the victims are children.

In addition, every province in the country has its own code of criminal procedures, where the rules for the justice and police intervention in cases of abuse are described.

Finally, civil laws, especially those about "Children's Rights Integral Protection," are responsible for implementing the warranties that the National Constitution provides to children since 1994, when the Convention on the Rights of the Child was included with the maximum possible hierarchy.

AUSTRALIA

Sue Foley

Here in Australia, the legal system involved in Child Sexual Abuse occurs in a range of domains. Criminal matters are generally state based unless they involve particular types of abuse. Children's Care Matters are also state based. The legislation in the state of New South Wales (where I live) supports a joint investigation process involving police, the state welfare arm and sometimes a health service. These services co-operate in assessments, interviews of children (mostly under 16) and provision of services. However, the system does not always work as well as it should. The legislation can be found at:

http://www.lawlink.nsw.gov.au/lawlink/ccc/ll_ccc.nsf/pages/CCC_legislation.

The NSW Health Department funds multidisciplinary sexual assault units in some hospitals to provide forensic medical assessment, health assessments and counseling to children and young people who have been sexually abused. There are a range of policies associated with these services. Counseling is also provided in community health and non-government services. (http://www.health.nsw.gov.au/publichealth/sexualhealth/sex_assault.asp).

In the Children's Care Court a child has their own solicitor paid for by the Court or the Service. Children who have been sexually abused may be placed in foster care or in the care of other relatives if the court does not agree that the family is able to keep the child safe.

There is also a secondary family based assessment process called the Children's Court Clinic which provides advice independently to the magistrate of the Children's Court about the safety and wellbeing of the children and the parenting capacity of the parents or carers of the child or children. I am an independent clinician in that system.

(http://www.lawlink.nsw.gov.au/lawlink/ccc/ll_ccc.nsf/pages/CCC_index).

This website has a lot of information about the system. Clinicians are paid by the court, not by any of the parties. The Director of the clinic is Mark Allerton and he is a member of ISPCAN.

The Family Court (A Federal or Australia wide court) is also a place where issues of children's wellbeing and contact with family members are of concern. Allegations of sexual abuse are referred to the state based police and welfare services.

(http://www.community.nsw.gov.au/docswr/_assets/main/lib100044/protocol_docs_federal_magistrates_court_aust_.pdf). However these investigations are not always conclusive and so usually a Family Consultant independent report is undertaken which addresses issues of the wellbeing of the child, including safety in the context of allegations.

(http://www.fmc.gov.au/pubs/html/family_reports.html).

Non-government agencies are funded by the state and federal governments to provide counseling services for children and families. An example is Rosie's Place. (<http://www.rosiesplace.com.au>).

BRAZIL

Prof Benedito Rodrigues dos Santos

The Brazilian legal framework is composed by three sets of legislation:

a) The Penal Code which is the main legal tool to face sexual violence against children. It defines the age of consent at 14 and protects children against exposure to "obscene acts"; sexual assault; sexual satisfaction with children's watching sexual performances; corruption of minors under 14; sexual violations by means of fraud and lies; rape; rape of vulnerable person. It also protects children against sexual exploitation: any mediation to satisfy other person's sexual desire; to facilitate or take advantage of child's prostitution or any other forms of sexual exploitation by adults specially reinforced in case of children under 14; against the trafficking of children for sexual purposes (internally and internationally).

The Penal Code ("Codigo Penal") punishes anyone who performs a sexual act or commits an indecent act with a person under the age of 14 (see Article 217-A). Previously, inducement of a person under the age of 18 to perform "obscene acts" had been illegal, but Law 12.015 reduced the age threshold to 14 in 2009 (see Penal Code, Article 218). It is also considered a crime to have sexual intercourse or perform "indecent acts" in front of a person under the age of 14 (see Penal Code, Article 218-A).

Prostitution: Article 218-B of the Penal Code provides that it is a crime to submit, induce or attract a person under the age of 18 year old to participate in prostitution.

Sex tourism: Despite the laws against sexual exploitation, "turismo sexual" (sex tourism) exists in Brazil, particularly in the impoverished Northeastern region.

The Brazilian Federal Constitution states that "the law will punish severely the abuse, violence and sexual exploitation of the child and adolescent".

b) The Brazilian Child and Adolescent Act protects children against their exposure to sexual appeals by the media (classification of TV show by adequate age), to child pornography, and sexual harassment by the media. It determines the mandatory nature of reporting child abuses cases (including suspects) to the Child Protection Councils for all professionals who provides services to children and that the sexual abuse perpetrator is the person who must leave the house. It also criminalizes people and services that concur to facilitate sexual exploitation of children. To give an example, articles 240 and 241 of the Child and Adolescent Act criminalize the production and sale of any kind of pornographic material featuring a person under the age of 18.

The child's right to be heard in judicial cases is progressively being incorporated in Brazilian legislations (such as Law # 12.010 / 2009). The Penal Process Code under revision by the Brazilian Parliament includes a section on forensic interviewing of children.

Definition of child according to the Brazilian Legislation. The age of majority in Brazil is generally recognized to be 18, although some provisions of the Child and Adolescent Act apply to persons between 18 and 21 years old. The Act also separately defines children as people under the age of 12 and adolescents as people aged between 12 and 18.

c) In Brazil, the main international tools for the protection of the child are:

- Decree # 99.170/1990 – Convention on the Rights of the Child
- Decree # 5.007/2004 – Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography
- Decree # 5.006/2004 – Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict

Other tools include:

- Decree #3.597/2000 - Convention 182 and Recommendation 190 of the International Labor Organization concerning the prohibition and immediate action for the elimination of the worst forms of child labor
- Decree #3.087/1999 - Hague Convention on Protection of Children and Cooperation in Respect of Inter-Country Adoption
- Decree #3.413/2000 - Hague Convention on the Civil Aspects of International Child Abduction.

It is a general consensus that the Brazilian legal frame is great. The major problem is that of law enforcement.

CHINA

Prof Fuyong Jiao

- Provisions on raping and threatening children in China's Criminal Law;
- Provisions on prohibition of corporal punishment of children in China's Law on protection of minors;
- United Nations Convention on the Rights of the Child.

ESTONIA

Dr Ruth Soonets

Any kind of child sexual abuse is strictly forbidden in Estonia, and is punishable by criminal procedures according to the Penal Code and child protection law of Estonia. On the state level there is a national development plan for years 2010-2014 in combat against violence, part of which addresses fight against child sexual abuse on state level and in agencies.

There are also department regulations in law enforcement and judicial institutions how to take criminal procedures in cases of child sexual abuse. On 1st of September 2011, the regulation of Penal Code on interviewing children (including recording the hearing of children) and the participation of specialists in the hearing of children. It is mandatory (especially for medical practitioners, pedagogues and social workers) to inform police and local child protection worker if child sexual abuse is suspected.

Child protection workers are responsible for the safety of the child and for guaranteeing the child with help services (crises help, psychological counseling for victim and family, and coordination of helping network). Police investigators carry out the pre-trial procedures (interviewing, referring to forensic expertise, etc). Specialized prosecutor is responsible for the investigation.

IRELAND

Dr Kevin Lalor and Dr Rosaleen McElvaney

The formal framework comes from legislation (Child Care Act, 1991) and the statutory responsibility placed on Social Workers employed in the state child protection services (Health Service Executive) to protect children in the state. A national policy document Children First: National Guidance for the Protection and Welfare of Children (Department of Children and Youth Affairs, 2011) outlines the mechanisms and procedures for reporting and managing cases of child abuse, including child sexual abuse, in the country. The new government elected in February 2011 has pledged to put the child protection guidelines in Children First on a statutory footing.

Various governmental departments have developed guidelines for management of child abuse issues, such as the Department of Education for teachers. Voluntary organizations typically have their own policy documents and guidelines. As social work teams hold the statutory responsibility for child protection, reports are made to these teams for investigation. Investigation may be conducted by social work teams within regional areas, may be referred to specialist multidisciplinary teams within the statutory services or may be referred to specialist units either within the statutory services or based in children's hospitals. Therapeutic services are available within the statutory services, the children's hospitals and within voluntary organizations. New legislation was introduced in 2009 to mandate An Garda Síochána (national police service) to videotape interviews with children less than 14 years old where there were allegations of child sexual abuse. The intention was that these interviews would be conducted jointly with statutory social workers. However, the police force and the statutory child protection agency failed to come to an agreement and the Gardaí (police) now conduct these interviews alone. These are solely for the purpose of gathering evidence.

JAPAN

Prof Yumiko Kirino and Dr Toshihiko Yanagawa

In Japan we have 2 main legislations: Child Welfare Law and the Child Abuse Prevention Law as the formal frameworks to manage child sexual abuse cases.

Other pertinent laws are 1) the Penal Code, 2) Domestic Violence Prevention Law, 3) the Civil Code, and 4) the Law for Punishing Acts Related to Child Prostitution and Child Pornography, and for Protecting Children. In 1994, Japan also ratified the Convention on the Rights of the Child.

LEBANON

Dr Bernard Gerbaka

Law 422/2002 is the legal framework for child protection in Lebanon; cases of CSA are managed within this law. Perpetrators are judged in separate courts and respond to other provisions of laws in terms of punishment and imprisonment, depending on severity of aggression. Decisions of judges may vary from placement in correctional facilities in cases of minors (under 18) perpetrating CSA to death penalties in cases of CSA with aggravated abuse leading to the death of the child. Children are offered health management, rehabilitation, placement in culturally sensitive foster family or placement in institution, by court decision.

MALAYSIA

Dr Irene Cheah

Legislation that all cases of child abuse, including sexual abuse are mandated to be reported by doctors, family members and nurseries. Reporting to be done to Social Welfare or Police or through a national Child Helpline or child abuse hotline called Talian Nur. Protection for the child by welfare officers who will determine placement for children deemed to be at risk of further abuse. Protection by police against domestic violence and by temporary removal of alleged perpetrator from home. Investigation by police re availability of evidence for charging the perpetrator. Prosecution of perpetrators and judicial system based on Penal Code or Child Act 2001 (previously Child Protection Act 1992).

THE NETHERLANDS

Marielle Dekker

Child abuse in the Netherlands is approached primarily as a family-related, medical or psychosocial problem. Criminal law only appears in the case of sexual abuse or serious physical abuse. The provisions of the Dutch Criminal Code are tailored to these forms of child abuse. Dutch law offers several possibilities to institute legal proceedings against child abuse:

- The Dutch Criminal law allows for measures against acts of indecency, abandoning a needy person, acts against life and abuse.
- The Dutch Civil law states that parents are first and foremost responsible for the mental and physical wellbeing of their children and explicitly compels them to raise children without using mental or physical violence or any other humiliating practices.
- Specific laws for youth care, health care and the educational system describe obligatory procedures following abuse or abuse of a minor who is dependent of the perpetrator for attention, protection and care or following abuse by dominant family members/partners.
- The law on temporary restraining orders from the administrative law allows mayors to impose a ten-day restraining and 'no contact' order for the perpetrator if domestic violence or child abuse are imminent.
- As of 1995, the Netherlands abides by the UN Convention on the Rights of the Child, which lays down government responsibility to address and strive to prevent child abuse.

Unless deliberate harm to health can be demonstrated, the current situation of legislation provides no opportunities to prosecute parents who have neglected or psychologically abused their child.

Children can contact the Children Helpline for issues that concern them, including sexual abuse. The national phone number is free for children.

Anyone who suspects child abuse can (and should) contact the Advies - en Meldpunten Kindermishandeling, AMK, which means Dutch Advice and Reporting Centers on Child Abuse. There is one national telephone number. The AMKs offer advice and answer questions in cases of child abuse. It also collates reports of child abuse. Professionals have a legal reporting right. The AMK will then provide appropriate support, but will not take any action right away. If the person reporting the problem finds it difficult to take action, a formal report of child abuse can be made. The centre then assumes responsibility for investigating the circumstances and determining whether there is indeed a case of child abuse. If this proves to be the case, the centre will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the Youth Care Agency. Sometimes the circumstances of the child and his family are so distressing that the professional help that is voluntarily being provided is not (or no longer) adequate. Another possibility is that a family refuses to accept any help. The AMK – will then call in the Child Protection Board. When the Board, having made its enquiries, decides that intervention is required, it will petition the Juvenile Court to order a so-called child protection remedy. The ruling of the Court will in part be based on the information provided by the Board. A remedy limits the authority of the parents, in whole or in part, until the situation of the child has improved. Moreover, professional help is (re-)initiated. So the family is obligated to accept this help.

PAKISTAN

Dr Tufail Muhammad

In Pakistan's legal system, protection of the child is anchored on the Constitution and family codes, pertaining to the welfare and protection of children and women inside the family. The law considers the family as the fundamental unit of society. The Constitution of Pakistan declares that all citizens are equal before the law and are entitled to equal protection of the law. Article 3 of the Constitution provides for the elimination of exploitation. Several articles of the Constitution provide for the legal protection of the child against discrimination and exploitation.

Pakistan has a number of federal and provincial laws pertaining to children, all relating to different policy areas. As a general rule, federal laws override provincial laws pertaining to the same issue. Certain laws cover sexual exploitation and abuse of children; however no single law deals specifically with the different aspects of (suppression of) violence against children. In practice, the child rights violations regarding (sexual) abuse and exploitation are mostly covered by the outdated Penal Code, or the comparatively recent Haddood Ordinance. The complex question of age, brought about by the inconsistent legal definition of a child within and between the CRC, national laws, customary laws and cultural practices is still an unresolved issue. There are some child protection laws but their enforcement is weak. Laws, which criminalize prostitution, make no distinction between adult and child. This not only places the burden of guilt on victims rather than perpetrators, but also doubly penalizes the

children by treating them as adults in the legal system and subjecting them to punishment rather than support or protection. The Pakistan Penal Code criminalizes kidnapping, abduction, or inducing a woman to compel her to marriage; to procure a minor girl under 18; or to import a girl under the age of 21 from abroad with the intent that she may be or knowing that it be likely that she will be, forced or seduced to illicit intercourse with another person (Section 366) with punishments up to ten years imprisonment; this law doesn't cover boys thus leaving them unprotected. Kidnapping of a child under 10 is punishable with death under the Penal Code. Section 370 criminalizes buying or disposing of any person as slave or dealing in slaves, and sections 339 and 340 prohibit wrongful confinement and restraint. The Constitution provides for security, safeguards as to arrest and detention, and the prohibition of slavery and forced labor as fundamental rights. Despite these legal provisions, in practice, most trafficking cases were tried under the Passport Act, which gives very low fines to the convicts. The draft Child Protection Bill proposes to insert a new section (369-A) to the PPC stating that "whoever involves himself in human trafficking within Pakistan shall be punished with imprisonment for a term which shall neither be less than five years nor more than ten years and liable to fine which shall not be less than one hundred thousand rupees".

A new Law was passed in 2002; "the Prevention and Control of Human Trafficking Ordinance" in order to more effectively curb human trafficking, including the smuggling of women abroad for prostitution and children for camel racing and sexual abuse. The Ordinance has been designed to control human trafficking from and through Pakistan. It lays down that purchasing, selling, harboring, transporting, providing, detaining or obtaining a child or woman through coercion, kidnapping, abduction or by giving or receiving benefit for trafficking for exploitative entertainment (sports, sex), is punishable between 10 and 14 years imprisonment and fine.

Pakistan doesn't have a structured child protection system and most of the cases of CSA go unreported. The case may be reported at a police station or at the emergency department of government hospital. The case may be reported by the parents/guardians, police or by the victim himself. Alternately medical professionals may also report if CSA is diagnosed or suspected. A typical response after the registration of a case is that a specially trained medico-legal officer examines the victim. The nature of the harm is recorded after complete medical examination. Forensic tests (semen and DNA) are also performed when needed. The victim is provided immediate medical services (free). Counseling and free legal services are also provided in some cases. The Police investigate the case and may arrest the perpetrator under the relevant laws. There is no system of follow up to prevent the recurrent abuse.

THE PHILIPPINES

Katrina Legarda

The Philippines has several laws for the child: PD 603, the Child and Youth Welfare Code, RA 7610, the Anti-Child Abuse Law, RA 9775, the Anti-Child Pornography Law, RA 9208, The Anti-Human Trafficking Law, RA 8353, the new Anti-Rape Law, and various provisions in the Revised Penal Code. The Family Court Act requires that all cases involving children shall be under the jurisdiction of Family Courts, and the Supreme Court is implementing its Rule on the Examination of a Child Witness that allows children to testify under means other than a public appearance in court. The Philippines is a signatory of the CEDAW and the CRC, and their relevant protocols.

SOUTH AFRICA

Prof Julia Sloth-Nielsen

The new Children's Act 38 of 2005 sets in place a comprehensive child protection strategy with a raft of provisions aimed at enhancing the response to child sexual abuse cases. The Act is complimented by detailed regulations and a series of relevant forms to be used by service providers. In addition, the Act mandates the development of comprehensive and well resourced policies at national level, and for each province, setting up the child protection system. This gives legislative form to the national child protection policy that was developed in draft form between 1997 and 2004.

In addition to the above, the Criminal Law (Sexual Offences) Amendment Act of 2008 came into operation on 1 April 2009.

After nearly being disbanded in the period 2006-2008, the South African Police Services has reinstituted dedicated Family and Child Protection Units, which provide services specifically to child sexual abuse victims.

The Thuthuzela community service centers, set up under the auspices of the National Prosecution Authority, provide victim support services to child victims who report sexual abuse.

Dedicated sexual offences courts have been established on a pilot basis since the late 1990s. It is rumored that these specialized courts are not going to be continued.

Joan van Niekerk

South Africa has, since the advent of democracy, embarked on multiple processes of law reform. This has included the development of new legislation relating to sexual offences against adults and children. Initially the reforms were directed at "sexual offences committed on and by children" but due to pressure from organizations representing women's interests the law reform process was expanded to include all age groups.

An expert working group was appointed by the (then) Minister of Justice and Constitutional Development to research and investigate the need for law reform and draft legislation, chaired by a person with experience in the Child Protection Field (Joan van Niekerk) thus breaking the tradition of the legal profession only determining how the law should deal with the issue of child sexual abuse.

After considerable research and consultation across sectors working in the field of sexual offences, and including victims organizations inclusive of children and parents of sexually abused children, as well as consultations with some child sex offenders, legislation was drafted and submitted.

During the political process of debating and decision making about the legislation, several proposed reforms were lost – for example, the focus on rehabilitation, and monitoring of sexual offenders, especially children who commit sexual offences, and some new and in some instances, unwieldy, provisions were added. However in 2007 the new Criminal Law (Sexual Offences and Related Matters) Amendment Act was passed and implemented on 1 April 2009.

Some significant gains were made for children in the passing of this legislation inter alia:

- The Act listed several new sexual crimes against children.
- The sexual abuse of boys was recognized through the expansion of the definition of the crime of rape to include both genders and the sexual penetration of body orifices other than the vagina.
- The definition of the crime commercial sexual exploitation of children was considerably enhanced in terms of definitions, those responsible and penalties.
- Children were afforded a few (not enough, according to many experts in child protection) protections during the investigation process and when testifying to their sexual abuse.
- Mandatory reporting was introduced relating to sexual crimes against children and the failure to report listed as an offence.
- A national policy framework was established, requiring an inter-sector committee to work on the implementation of the act to ensure coordination of services, training of personnel and accountability to Parliament.

However some significant problematic provisions were introduced into the act – for example:

- Children between the ages of 12 and 15 are guilty of a crime if they participate in consenting sexual acts – of any kind – with each other. This was introduced into the act by political leaders with the objective of trying to delay sexual debut in adolescence and thereby reduce the rate of HIV infection. However, what has happened is the de facto criminalization of millions of teenagers.
- Mandated reporting direct to the police services – this again motivated by political leaders, and in the face of our police being under-trained, and under-resourced and unable/unwilling to effectively deal with sexual offences even prior to the passing of the new legislation. Police in SA are also under enormous pressure to reduce crime statistics (although this pressure has reduced somewhat since the FIFA World Cup) and as a result are reluctant to record, open dockets and investigate every complaint. Children are often turned away from police stations – as they are especially powerless to insist on their legal rights, especially in instances where they are teenagers and without the support of a parent.

Medical examination and treatment is conditional to the laying of charges – which every child may not be ready to do and may need assistance and support in order to be able to do this. If medical treatment is delayed then post exposure prophylaxis for the prevention of pregnancy and HIV infection may come too late for the child.

SWITZERLAND

Dr Myriam Caranzano-Maitre

In Switzerland, CSA of a minor of sixteen is a crime covered by several articles of the Swiss Criminal Code. Furthermore it is a mandatory reporting crime, and when criminal authorities are notified of a case, they make an inquiry without the need for the victim to press charges.

In order to aid victims, Switzerland passed a federal law in 1993 (Aid for Victims of Violent Crime Act) which stipulates victims' rights. Victims have the right to 1) immediate psychological, legal and financial aid; 2) support during legal proceedings in order to prevent secondary traumatising; and 3) indemnities for moral tort.

In Italian Switzerland, where I am active, there was a desire to place particular emphasis on the protection of minors and the prevention of child abuse, particularly CSA. The State therefore supports a number of projects aimed at preventing child maltreatment and CSA as well as awareness-raising and training courses for professionals working with children.

Reinhard Fichtl

Criminal law penalizes physical violence against children, sexual activities between adults and children, and neglect. By sanctioning the perpetrators of these offences, penal authorities became a part of institutional child protection. Sexual abuse perpetrated by peers is sanctioned according to juvenile law (age 10 to 18 years), which focuses on the protection and education of the adolescents. Penal authorities handling cases of CSA include the police forces, the criminal courts and the agencies of prosecution, with specialized juvenile courts and juvenile prosecution organizations to enforce juvenile law. Several of the federally organised police corps have specialised child protection teams. Empirical analyses of CSA cases handled by Swiss penal authorities are lacking. Based on descriptive statistics of individual agencies and anecdotal reports, we assume that rural regional prosecution agencies and criminal courts that handle the whole variety of offences are confronted with very few cases of CSA. According to the 'Victim of Crimes Act,' penal authorities are required to forward the contact information of victims of criminal offences to organizations providing aid. These organizations then have the obligation to contact the victim and offer help and counseling free of charge. Some of the public social services in tutelary child protection and many voluntary services in the following section are recognized by the cantons as victim aid organizations.

UNITED KINGDOM

Dr Arnon Bentovim

Sexual abuse in the UK is defined as those acts where a child is used for sexual gratification; acts can range from exposure and witnessing sexual activities – non-contact abuse, to forms of contact abuse, genital touching, mutual masturbation, attempts or actual intercourse. The essential issue is that the child or young person does not have the knowledge or maturation to be able to give consent.

Sexual Abuse Patterns UK

Before responding to the specific questions, it may be helpful to provide an up to date picture of child sexual abuse patterns in the UK. The most recent information is provided in a report by the NSPCC (National Society for the Prevention of Cruelty to Children, 2011), entitled 'Maltreatment of Children and Young People in the UK' by Lorraine Radford and colleagues. This was a follow-up to research published in the year 2000 on the prevalence of child maltreatment in the United Kingdom. There were surveys carried out of parents or guardians of children aged 1 month to 10 years, children aged 11 to 17, and young adults aged 18-24 using David Finkelhor's Child Victimization Scales. Overall, as in other countries, there is gradual evidence of a decrease in evidence of child sexual abuse occurring in line with a general reduction of physical abuse and exposure to verbal aggression. However, the level of neglect remains roughly the same:

- Approximately 9% of children describe being neglected, a prevalence which has not changed over 10 years.
- Physical violence has dropped from 13% to 9%.
- Verbal aggression, emotional abuse has reduced from 14.6% to 9%.
- Coercive sexual acts have dropped from 6.8% to 5%.

Taking an overall picture of child maltreatment, 3.9% of children and young people under 18 reported physical, sexual or emotional abuse or neglect by a parent in the past 12 months.

The Gap between Known and Unknown Maltreated Children

An important factor which is present in most countries is the gap between those children who are known to authorities and those who are unknown. Overall it was noted that approximately half a million children and young people under the age of 18 in the UK population were likely to have been maltreated in the past 12 months. However, this represents 11 times more than the 45,955 children in the UK where there are Child Protection Plans or Child Protection Registration.

When children experience contact sexual abuse by an adult, in 34% of cases no one else knew of it. Of those who experienced contact sexual abuse from a peer, 82.7% of cases were not known to any other individual.

It is important to register that what is known to child protection authorities about sexual abuse perpetrated against children and young people is limited, particularly abuse by peers.

Key Findings for Sexual Abuse for Children Under the Age of 18

Overall a very small proportion (0.1% of all children) reported sexual abuse by a parent/or guardian, whereas 8.4% reported neglect, 5% emotional abuse and 3.6% physical violence excluding 'smacking.'

Specific Findings amongst Those Children Who Were Sexually Abused

Sexual abuse is perpetrated most frequently by individuals under the age of 18 themselves and adults who are known or related to the child.

- 1 in 14 (7.3%) reported experience of sexual abuse by adults or by peers (16.5% for 11 to 17 year olds).
- 4.1% have been sexually abused in the past year (9.4% for 11 to 17 year olds).
- 1 in 50 (1.9%) had experienced forced sexual abuse (3.9% for 11 to 17 year olds).
- Peers including young people's intimate partners were the most frequently reported perpetrators responsible for 65.9% of forced contact sexual abuse (51% peers).
- Adults not living with the child, 20.7% intimate partners, 4.8% parents, guardians, 3.6% siblings).

There are a small number of highly vulnerable children who suffer multiple abuses. The higher the level of abuse and the more forms of abuse experienced the more extensive the impact on physical and emotional health. These are important findings because it gives an indication that although there is extensive expressed concern about sexual abuse by parents or caretakers, this does not represent the total focus for forced sexual abuse. As has been observed very widely, there is significant responsibility for abusive action by peers, partners or other adults and young people in the living context for young people. It is not clear what role the internet plays in this survey of adults passing themselves off as peers, or how often abusive actions followed meetings with 'friends' on the internet. This has important implications for preventative intervention.

The Management of Sexual Abuse in the UK

The overall management of sexual abuse in the United Kingdom as in many other countries reflects the fact that coercive sexual abuse of children and young people represents both a

criminal action, and is also a form of child maltreatment. Therefore the management of child sexual abuse is shared by police who are called on to investigate when a complaint is made, closely linked with the social welfare childcare service which is mandated to provide appropriate protection for children and young people who are maltreated. There are differences in the management of sexual abuse within the family network, and abusive actions in the community, whether through internet offending, or the exploitation, and abduction of children forced into child prostitution.

A key document in England is a text titled 'Working Together to Safeguard and Promote the Welfare of Children' (2010) which is updated regularly and represents developing practice and provides guidelines for the relevant professionals who are concerned with the management of child sexual abuse, which include police, social work professionals, all the appropriate health and educational professionals. A key issue is to ensure that all professionals working with children recognise the signs and symptoms of sexual abuse and report their concerns to the relevant authorities. There are two important developments:

To provide a direct way for children to complain using a dedicated 24 hour phone line 'Childline' administered by the NSPCC (National Society for the Prevention of Cruelty to Children). There are special lines for children in the care system, and children with disabilities. It provides a confidential line for children manned by skilled counsellors. The line is not limited to sexual abuse, but this is a common use of the service. Children and young people can remain anonymous, although they are encouraged to communicate with a trusted adult, and protective action can be taken if a child is in danger.

To provide a direct way for those concerned about sexual abuse in their family to call a helpline, 'Stop it Now', a public health initiative modeled on a U.S. approach and administered in the UK by the Faithfull Foundation (founded by Lucy Faithfull – a pioneer campaigner in the sexual abuse field), was started. The Faithfull Foundation is the leading UK charity in the sexual abuse field. Calls can be made about a family member who is suspected of behaving abusively, or by family members themselves. Counseling can be offered, including direct interviews.

There are many formal and informal networks which children and families use to draw attention to concerns, what is required following the Working Together principles is that there is wide information about services, and a detailed knowledge how to act, and who to refer to if there is a concern that a child is being sexually abused. Reporting maltreatment: a key factor in the UK which represents a difference from the United States and other countries is that there is no legal requirement for professionals to report a concern about whether a child is being subject to any form of maltreatment, including sexual abuse. However, through the 'Working Together' document there is a professional expectation that concerns should be reported. A failure is seen as a professional failure of responsibility. Although not an offence to be prosecuted in a Criminal Court, in a professional arena this would be seen as a serious failure of professional responsibility. The individual may have to face their professional peers or be seen as representing a significant neglect of care.

Organisation of Services

England is divided up into a 152 Local Government Authorities (33 in London) which have responsibility for Child Welfare Services, through the establishment of Social Services Departments. They have statutory responsibility for Child Protection.

- There is a parallel set of Health Authorities with designated doctors concerned with Community Child Health and Child Protection.
- There is also a parallel Police Service which provides specialist help for the investigation and management of child maltreatment including sexual abuse within family and social context.
- There are also specialist higher level police services (CEOP) for the investigation of serious sexual crimes, internet abuse, exploitation and abduction of children from other countries as child prostitutes.
- There are services in Safeguarding in Public life to ensure that if individuals have been responsible for sexual offences against children they should not be allowed to be for example, teachers or youth workers.

A Local Safeguarding Children Board has been established in all regions and has representatives of all the relevant professionals and agencies statutory and voluntary, from each area. They are responsible for laying down guidelines for the different professionals following the principles laid down by central government in *Working Together*. In addition there is a complex legislative framework specifying the criminal actions which define different levels of sexually harmful behaviour towards children, under the Criminal Code. Concerns for the protection of children are defined in a far reaching Children Act 1989, a Civil Framework. There have been updates in the legislative framework which define the developing roles and responsibilities of the different professionals.

The *Working Together* documentation, which represents government guidance on management, lays down the responsibilities of the Local Safeguarding Children Boards, and most relevant for the management of child sexual abuse, the guidelines on interagency working and the requirement for Police, Child Welfare, Child Protection Teams and Health teams to work together, joint teams have been established and carry out investigations. There are a series of case-based structures, strategy meetings, initial and core assessments, child protection conferences and core groups which enable professionals and families together, following guidelines to establish best practice and to ensure that there is adequate "Working Together". Their responsibility is to make decisions about the protection of children, prepare and manage a child protection plan. The professional responsibility is to determine if prosecution of a parent is required or to seek the legal right to remove a child in danger. There are emergency powers administered by the police, and more longer term planning by social services departments with the civil courts who can grant a variety of orders to ensure families comply with protection plans, or can arrange for children to be placed in care, and can give leave for the child to be placed in long term care with family members, or fostered long term or adopted.

Legal processes in the UK the Family Courts follow the model that the judge 'arbitrates' and that all parties are represented – parents funded by legal aid payments, and the child has a Guardian ad Litem, who represents him or her, the Local Authority having the responsibility to bring the case. The courts can call on Expert Witnesses – psychiatrists, psychologists, and paediatricians - to assist the court in complex situations. There are various levels of court who are engaged again depending on complexity from the local Magistrate's Courts, to the High court in London. Complex sexual abuse cases feature at all levels.

The Criminal Court in the UK can comprise a Judge as the arbitrator, and in complex cases a Jury is present. Prosecution and Defence Advocates are appointed; there are different levels of court, again depending on the complexity of the concern. Evidence is presented, witnesses

including children are examined, and decisions are made about guilt, punishment, and disposition. The court can be presented with expert Forensic Psychiatric, and Probation reports to determine what would best protect the public, the use of prison, or the possibility of therapeutic work in prison, or in the community, or mental health facility. The voice of the victim is gradually being heard.

If there is concern that a child who is being sexually abused within the family or social context, it is the responsibility of child protection social work department, child protection police, and community paediatrician to have a strategy meeting and to make a decision about interviewing and examining the child. There are specialist examination and video suites in various clinics, social services and police facilities. Police/social services department interviewers trained to the standard of 'Achieving Best Practice' interview children and young people which are videoed. Paediatricians trained in examination of sexual abuse allegations examine the child, use colposcopy, and photographs of genital examinations. Police investigations include interviews with the alleged perpetrator, other family members, and forensic examinations.

Child protection social workers carry out initial assessments to determine the need for protection, and further assessments of the family context supported by specialist services – for example, Child and Family Psychiatry (Network of CAHMS services). There is inter-professional decision making about issues such as prosecution of an allegation using the criminal court, care proceedings and using the appropriate legislation.

Specialist police investigation is the initial step if there is concern about the down-loading of internet material of sexual activities with children, abusive rings, abusive actions in institutions, involvement of children in prostitution. Appropriate liaison with Child Protection Social Work occurs when an individual is identified by the police to ensure that any children directly involved can be protected; examples include children who may be the subject of indecent images, living in a context where they are being prostituted, if the individual lives in a family or context with children, or works in a context with children, such as in education or child-care contexts.

There is also legislation to ensure that there is appropriate registration of all those prosecuted because of criminal sexually coercive acts and that appropriate steps can be taken to ensure that children in their care are protected, or that they do not work in contexts where they may come into contact with children, so that there can be an appropriate prevention strategy. A system of Multi-Agency Protection Agencies (MAPPA) is established to follow the lives of convicted sex offenders, as a parallel to the system of Community Child protection laid down by the Local Safeguarding Children Board proceedings to provide ongoing protection for children.

Children and Young People Giving Evidence in Criminal Trials

Although great care is taken to ensure that children who allege that they have been sexually abused are interviewed in a non-leading manner using ABE criteria, they are still required to give evidence directly. They do so often by video-link. Lawyers involved in criminal trials where children are giving evidence, use a variety of challenging leading approaches to test and discredit children and young people's evidence, so that they can demonstrate that the allegation is not confirmed 'beyond reasonable doubt'. Although an attempt had been made to limit the evidence heard by the court to that obtained by skilled interviewers, this initiative was opposed in Parliament, the prime legislature in the United Kingdom. In Civil Family

Courts video evidence is accepted as sufficient and expert evidence is called to comment on reliability. In the Family Court the matter has to be proven 'on a balance of probabilities'.

Young People Who Offend

Young people are deemed to be responsible for a criminal act from the age of 10 years. They may be tried in the Confidential Youth Courts and there is a Youth Offenders Organisation which parallels the Probation Service for adult offenders to provide reports for criminal courts, supported by forensic psychologists and Child and Adolescent psychiatrists. The Youth offender teams work closely with Child Protection Social Services Departments which is of particular relevance given the significant number of younger children abused by peers. A judgment can be made that although a child of the age of 'Criminal Responsibility' may have been involved in sexual activity, that he or she may be immature through level of intelligence, or involved in a complex incestuous, disorganised family context. In such a situation liaison between agencies can determine and that protection needs are primary, and that criminal trial is not appropriate. However, if the criminal action is deemed to be serious enough, particularly abusive acts committed by young people against strangers in the community, they can be charged in the adult County Court, which can include the associated publicity and include evidence being given via video link.

UNITED STATES

Dr Randell Alexander

Sexual abuse in the USA is seen as both a child protective services and as a law enforcement problem. Specific laws for a range of sexually abusive activities exist and are used. More locally, communities tend to have arrangements – formal and informal – as to the procedure on how cases are reported, who responds, the sequence of responses, outcomes, therapy, and prosecution. In general, cases are identified reasonably well and a complex response system is usually employed.

Donald C. Bross, J.D., PhD

All 50 states and the national government (with respect to the occurrence of child sexual abuse in military or other Federal jurisdictions) require reporting of suspected child sexual abuse. Each state has agencies, locally and state-wide, with responsibility for some child sexual abuse crimes. Every state has an agency responsible for managing child protection for individual abused children, including therapy for children abused within the family. Children who are abused severely enough by someone outside the family, to warrant a criminal prosecution of the offender, can receive government paid therapy under programs like Victim's Compensation.

Dr Martin Finkel

Because countries are at various stages in their development regarding recognizing and prioritizing the issue of sexual abuse it is important for countries to clearly articulate where they are in the developmental process of acknowledging this as a societal issue and the degree of will to address. A strategic plan that reflects realistic goals and an attainable time line consonant with resources and societal support is the first step to any future progression on this issue.

Although community responses to CAN are frequently grass roots efforts ultimately systems of response that are successful require institutional buy in and require formal and informal

agreements with the traditional systems partners necessary to create an integrated system capable of responding.

H.D. "De" Kirkpatrick, PhD

- In the early 20th Century, a consensus emerged that child protection is properly a function of government rather than of private charitable societies (Myers 1998).
- By 1950, the child protection services (CPS) were run by government agencies in the United States.
- By 1963, all states in the U.S. had child-abuse reporting laws.
- Every county in the US has a CPS agency legally mandated to investigate suspicions and allegations of child abuse and neglect.
- Ultimate authority for determining the truth about a child abuse case rests with the American legal system, which draws its power from two sources: the police power and the *parens patriae* authority (Myers 1998).
- The U.S. Congress, in 1974, passed the Child Abuse Prevention and Treatment Act, which created the National Center on Child Abuse and Neglect.
- In 1980, the U.S. government passed legislation called The Adoption Assistance and Child Welfare Act of 1980 (commonly known as Public Law 96-272).
- In 1997, the U.S. Congress passed the Adoption and Safe Families Act.
- All 50 states have criminal codes defining child abuse and neglect.
- The CPS agencies, juvenile courts and other social agencies are created by state statutes.
- In addition to state statutes and regulations, state appellate courts and the U.S. Supreme Court address child abuse issues, for example, *Maryland v. Craig* (1990).
- In recent years, a number of American states have adopted new approaches to protecting children from convicted sex offenders: (a) laws requiring convicted sex offenders to register with authorities; (b) laws authorizing public notification when sex offenders move into a community—so-called Megan's Laws; and (c) laws permitting involuntary civil commitment of dangerous sexual predators at the end of their prison terms (see Myers, 1998).
- There are a number of U.S. agencies (government and law) working in concert with each other and with international agencies to address the problem of sexual exploitation, child trafficking, and child pornography obtained from cyberspace via the internet.
- Case investigation typically involves the use of undercover agents to "chat" with potential predators.

In my local community - Charlotte, NC, USA (Mecklenburg County) - in August 2005, the Department of Social Services (DSS) entered into memoranda of understanding with local service providers, including police (county-wide), public schools, and local child advocacy center, to develop policies and procedures on how to respond to CSA cases day or night, 365 days a year. This has resulted in a multi-disciplinary team.

Chris Newlin

Sexual abuse in the USA is seen as both a child protective services and as a law enforcement problem. Specific laws for a range of sexually abusive activities exist, and are used. More locally, communities tend to have arrangements – formal and informal – as to the procedure on how cases are reported, who responds, the sequence of responses, outcomes, therapy, and prosecution. In general, cases are identified reasonably well, and a complex response system is usually employed.

Patricia Peterson

Primary responsibility for sexual abuse prevention, treatment, and legal responses to child sexual abuse (CSA) rests with the 50 states and even smaller local jurisdictions. The federal government has laws that address some aspects of CSA that occurs within federal jurisdictions (such as within the military, the foreign service, and on Native American reservations), as well as kidnapping and internet sexual exploitation, since these crimes involve interstate and even international jurisdictions. The Federal Bureau of Investigation's Crimes against Children Division actively investigates and pursues these types of offenses. Federal funding can and is used to influence State and local activities, by rewarding model programs and subsidizing activities that meet Federal standards.

Jill-Ellyn Straus

All of the above frameworks exist in our country. Each state and the federal government have their own legislation dealing with child sexual abuse crimes. Many of the statutes are similar, but no identical. The sanctions imposed for the various crimes also differ from state to state and from state to federal laws. The laws cover not only the crimes, but often include statutes dealing with how/when children are interviewed, the priority the cases may have over other types of crimes, the use of particular types of evidence, and how witnesses are dealt with in the court process. Within the criminal justice systems there are also agreements, both formal and informal about how and where children will be interviewed and the use of children's advocacy centers and who can examine a child. Each of our states and the federal government also has laws that govern victims' rights. The United States has both federal and state statutes related to child sexual abuse. Most of the criminal statutes related to contact child sexual abuse are written by each of the 50 states. However, newly created statutes related to the production, possession, and dissemination of child pornography are found in both federal and many state criminal codes.

During the mid-1980's the Children's Advocacy Center model was developed, and this has revolutionized the United States response to child sexual abuse. This model provides a child-friendly environment for the multidisciplinary response to child sexual abuse while seeking to limit any additional trauma to the child. There are now more than 900 Children's Advocacy Centers in the United States which served more than 270,000 children in 2010. Each of these CACs has a Multidisciplinary Team that is guided by Interagency Agreements/Protocols which outline how the various involved agencies will coordinate their efforts on behalf of children. In many states, legislation has been adopted which supports this model of intervention – allowing for the sharing of confidential information related to allegations between agencies, either supporting or mandating the multidisciplinary investigation of child abuse, and providing financial support for the Children's Advocacy Centers. When a child is served at a CAC, the forensic interview is conducted by one professional while the others involved with the case may observe through either a two-way mirror or CCTV. These interviews are recorded at more than 90% of CACs in the United States. Following the forensic interview, the child is referred for a medical exam by a medical professional with child abuse specific training to determine if there is any evidence of abuse and also to determine if the child has any injuries requiring treatment. This exam has therapeutic value also as most children can be reassured that their bodies are fine and the abuse will have no long term effects on their physical functioning. Children and families are supported throughout this entire process by Family/Victim Advocates who serve as a primary contact for keeping the family informed and engaged in the various services available. Effective intervention rests firmly on children receiving a thorough trauma assessment and evidence-based mental health services, if indicated.

Dr Viola Vaughan-Eden

The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. (http://www.acf.hhs.gov/acf_about.html).

The Children's Bureau (CB) is a department of ACF that seeks to provide for the safety, permanency and well-being of children through leadership, support for necessary services and productive partnerships with States, Tribes and communities. Providing approximately \$8 billion in funding every year, CB works with State, local and Tribal agencies to develop and implement programs that focus on preventing the abuse and neglect of children in vulnerable families, protecting children and youth from further abuse and finding permanent placements and connections for those who cannot safely return to their homes.

The Child Abuse Prevention and Treatment Act (CAPTA) State Grant Program provides grants to States to improve child protective service systems. This program assists States in improving: intake, assessment, screening and investigation of child abuse and neglect reports; risk and safety assessment protocols; training for child protective services workers and mandated reporters; programs and procedures for the identification, prevention and treatment of child abuse and neglect; and services to disabled infants with life-threatening conditions and their families. In 2009, approximately \$26 million is available for the CAPTA State Grants.

The Children's Justice Act (CJA) provides grants to States to improve the investigation, prosecution and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, in a manner that limits additional trauma to the child victim. The program also addresses the handling of child fatality cases in which child abuse or neglect is suspected and some cases of children with disabilities and serious health problems who also are victims of abuse and neglect. Funding comes from the Crime Victims' Fund, which collects fines and fees charged to persons convicted of Federal crimes. In FY 2009, \$17 million is available for CJA: http://www.acf.hhs.gov/opa/fact_sheets/childrensbureau_factsheet.html.

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Q2: What professions, agencies, and/or institutions are responsible for addressing these cases?

ARGENTINA

Dr Irene Intebi

The agencies and institutions responsible for addressing these cases vary among provinces. Basically they are the prosecutor office (some provinces have specific units for the prosecution of sexual crimes); the criminal courts (in some provinces courts that focus only on the crimes and in others courts that focus on crimes perpetrated against children); and the children's ombudsman (monitors that children's rights are not violated). In some provinces, the Office for Victims of Crime intervenes to support victims and their families.

Judge Carlos Rozanski

Once an abuse case has been informed, the police as well as the prosecutors and the criminal judges investigate within their scopes. Also, the National Children's Rights Department or the province's Children's Rights Department, according to the place where the event occurred, intervene and, working together with the criminal or civil justice, request the safeguard measures they consider appropriate. The framework for addressing these cases is wide, although the intervention of each agency is not well articulated.

AUSTRALIA

Sue Foley

Professionals involved with child sexual abuse include: lawyers, magistrates, doctors-paediatricians and psychiatrists social workers, psychologists.

Agencies include courts, health and therapy services, both government and non-government; private and not for profit services provide a range of services for children and families where sexual abuse has occurred.

BRAZIL

Prof Benedito Rodrigues dos Santos

A sexual violation case can be reported to the National Human Rights Service (DDN 100). The case will be forwarded to a local Child Protection Council (some people call them Guardianship Councils) and police stations. There are specialized police stations for child protection in the major metropolitan areas. The Police Station is responsible for the investigation and the Child Protection Councils for applying protective measures to the abused child. In many cases, during the investigation phase, children are sent to do legal medical examination in a local unite of the "Instituto de Medicina Legal".

In those cases in which the sexual violence is trailed children might interact with prosecutors, defendants, judges and their auxiliary personnel. In general, children are also sent to receive health and psychological care in one of the organizations part of the safety net: hospitals, social welfare institutions and non-profit organizations.

CHINA

Prof Fuyong Jiao

Children's Welfare Institutions; the public Security Bureau; Low Courts; Procuratorate; Women's Federation; NGOs; Child Abuse Treatment and Aid Center

ESTONIA

Dr Ruth Soonets

Local child protection workers (or social workers) have to guarantee safety for the child victim (relatives, shelter, hospital) and to provide necessary services both for the victim as well as for the family. The ministry of Social Affairs is responsible for planning and arrangements of child protection work. Prefectures and Prosecutor's Office are also the responsible institutions. According to the criminal proceedings law Prosecutor's Office is responsible for the quality pre-trial investigation. Nationally are subjected to Ministry of the Interior Affairs.

IRELAND

Dr Kevin Lalor and Dr Rosaleen McElvaney

See response to Question 1. Typically, the professions include social work, psychology, nursing, psychiatry, medicine and counseling/psychotherapy.

JAPAN

Prof Yumiko Kirino and Dr Toshihiko Yanagawa

In Japan 205 prefectural child protection agencies called Child Guidance Centers are responsible for addressing child sexual abuse cases.

Child Guidance Centers are responsible for receiving, investigating allegations of child sexual abuse, and making decision as to whether they are substantiated or not. They are also responsible for removing a child from home, and placing him/her in children's homes or foster families whenever necessary. In Child Guidance Centers they have Child Welfare Workers and Child Psychological Workers handling child sexual abuse cases. They consult with lawyers and doctors regarding child sexual abuse cases.

When it comes to a criminal case, police and prosecutor's offices are responsible for investigating and taking them to court.

LEBANON

Dr Bernard Gerbaka

The professions and agencies responsible are:

- Legal - non specific but specialized child judges and child lawyers, including child advocacy services within the Lebanese Order of Lawyers and NGOs; and social

workers within the officially mandated body - the Union for Child Protection (www.UPEL.org);

- Health - physicians, mental health professionals, midwives, nurses, and emerging hospital child protection units;
- Social - social workers within formal settings and NGOs;
- Educative - rehabilitation for perpetrator if minor within correctional facility or in civil service, education for child in placement in institution.

MALAYSIA

Dr Irene Cheah

The responsible agency for child protection in Malaysia is the Department of Welfare Services which is under the umbrella of Ministry of Women and Family Development. Other professions involved are Police and medical staff. Other agencies who also work in child protection are:

- SCAN Team (Suspected child abuse and neglect teams) in hospitals which are multi-disciplinary comprising various medical disciplines, welfare officers, police, counselors;
- Judiciary - not responsible but help out;
- Non-government organizations which do child advocacy help with shelter and support of non-abusive parent ; and
- Teachers who keep a high level of suspicion and encouraged to report.

THE NETHERLANDS

Marielle Dekker

The care that a young person and his or her family receive is provided via a chain with various links. The primary responsibility for the upbringing of children lies with the parents. In order to organize youth care as well and as simply as possible, the government places the administrative responsibility for youth care with the municipalities. The municipalities will have to organize assistance and care for juveniles and their parents and combine this with other measures such as assistance at school, job counseling and debt counseling. In daily practice the youth care professionals of the municipalities have an important role in detecting and reporting child (sexual) abuse. In the figure above this is the pink column.

The Netherlands has a specific health service system for children from 0 to 19 years, which falls under the responsibility of the municipality and is carried out by the local health service (in Dutch: GGD). The health service includes the baby well clinics and toddler, primary and secondary school health care. Until the age of 19 children get regular check-ups and screenings. The role of the local health service is monitoring children's development, giving vaccinations, screening, information and advice, and referring to more specialized health services when necessary. The local health service also has specific tasks such as introducing specific programs on the prevention of alcohol and drug abuse of children and young people and of screening in child abuse and neglect. The local health services work very closely with or are integrated in the Youth and Family Centers.

When more help is needed families need to go to a 'higher level', the provincial Youth Care Agencies (the blue column). Their most important task is assessing requests for assistance and deciding what kind of care or support (if any) is required. If the youth care agency

concludes that the client is in need of care, a referral document is drawn up. This is a formal statement to the effect that a particular type of care is required. The AMK (Dutch Advice and Reporting Centers on Child Abuse) is a part of the provincial Youth Care Agencies.

The third column represents professionals that provide care and protection. In the Netherlands we do not have Child Advocacy Centers. There are a few institutes that offer highly specialized trauma treatment care for abused children.

The care these trauma treatment centers offer are fully paid by health insurance companies and insured. As of January 2006, a new insurance system for curative health care came into force in the Netherlands. Under the new Health Insurance Act (in Dutch: Zorgverzekeringswet), all residents of the Netherlands are obliged to take out a health insurance. The new system is a private health insurance with social conditions. The health insurance for children up to 18 is free.

PAKISTAN

Dr Tufail Muhammad

The agencies/ professionals responsible are:

- The emergency departments of public hospitals – medico legal officers
- Pediatricians and psychologists of public hospitals
- Office of the Chief Chemical Examiner for forensic tests
- Police Department for criminal investigation
- Courts and justice system.

THE PHILIPPINES

Katrina Legarda

The Philippine National Police (PNP) has specially designated Women and Children Protection Desks in every police station in the country; the National Bureau of Investigation has a special unit for the child; the Department of Social Welfare and Development (DSWD); the social workers of the local government units; the Department of Health; and, in 49 areas around the country (to be expanded to 60 by the end of 2012), government hospital-based child protection units that are under the umbrella of the Child Protection Network Foundation (CPUN).

SOUTH AFRICA

Prof Julia Sloth-Nielsen

There are a range of role players involved, commencing with police, social workers, health workers, prosecutors, and NGOs that are providing a range of services including victim support services and child protection services. The Children's Act provides for the outsourcing of welfare services to NGOs that are designated as child protection organisations.

An NGO, Childline, manages a national hotline for children and others to report sexual abuse outside the formal reporting system.

Ioan van Niekerk

According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act the police are the “front line” and should be reported to first. Professions and occupations include:

- Police – for opening cases, investigation, ensuring that the child receives medical treatment, arresting the alleged offender, recommending bail/no bail/bail conditions, ensuring that all witnesses attend court.
- The Department of Justice and Constitutional Development – Prosecuting services, recommending appropriate sentences for those found guilty, the provision of children’s court services for the protection and care of the child.
- Health services – for forensic medical examination and the presentation of medical evidence, the provision of post exposure prophylaxis, and medical treatment if there has been injury.
- The Department of Social Development in partnership with Child Welfare and other Non-Government Organisations (NGO’s) who investigate the protection needs and ongoing care of the child and provide therapeutic services to the child and caregivers, witness preparation and support programmes.
- The Department of Correctional Supervision who receive the sentenced offenders and, in theory, provide rehabilitation programmes.
- NGOs that also provide rehabilitation for adult and child offenders.
- The Department of Education who provide support to the abused child in the school setting where the abuse interferes with academic and other performance.

SWITZERLAND

Dr Myriam Caranzano-Maitre

In Switzerland, any party (teacher, doctor, social worker, lawyer, private citizen) who suspects child sexual abuse may report it. Reports may be filed either with judicial (Public Prosecutor / Police) or civil authorities (Child and Adult Protective Services). Judicial authorities will launch a legal inquiry in order to take the case before the court if sufficient evidence can be gathered. Civil authorities will ensure action is taken to protect the child.

In certain Swiss Cantons (there are 23 in total), reporting is mandatory for medical workers (doctors, nurses, psychologists).

Certain Cantons have CAN teams and/or youth protective services that reports can be filed within cases of CSA. Individuals filing a report are not always certain how to proceed to avoid taking steps that may compromise the protection of the child and the course of the criminal inquiry. Professionals working in child protection in accordance with the Aid for Victims of Violent Crime Act are generally social workers and psychologists. Depending on the Canton, application of this law is entrusted to a State Office or private agencies.

Reinhard Fichtl

Public and private bodies have established specialized agencies supporting children affected by (sexual) maltreatment or neglect, including interdisciplinary child protection teams. Since the first child protection team was established at the University Children’s Hospital Zurich in 1969, child protection teams have been established in 20 out of 36 Swiss children’s hospitals or departments (Jud, Lips, and Landolt, 2010), and many cantons have established regional or cantonal child protection teams. The teams bring together professionals with different backgrounds (for example, child psychiatrists / psychologists, social workers, paediatricians

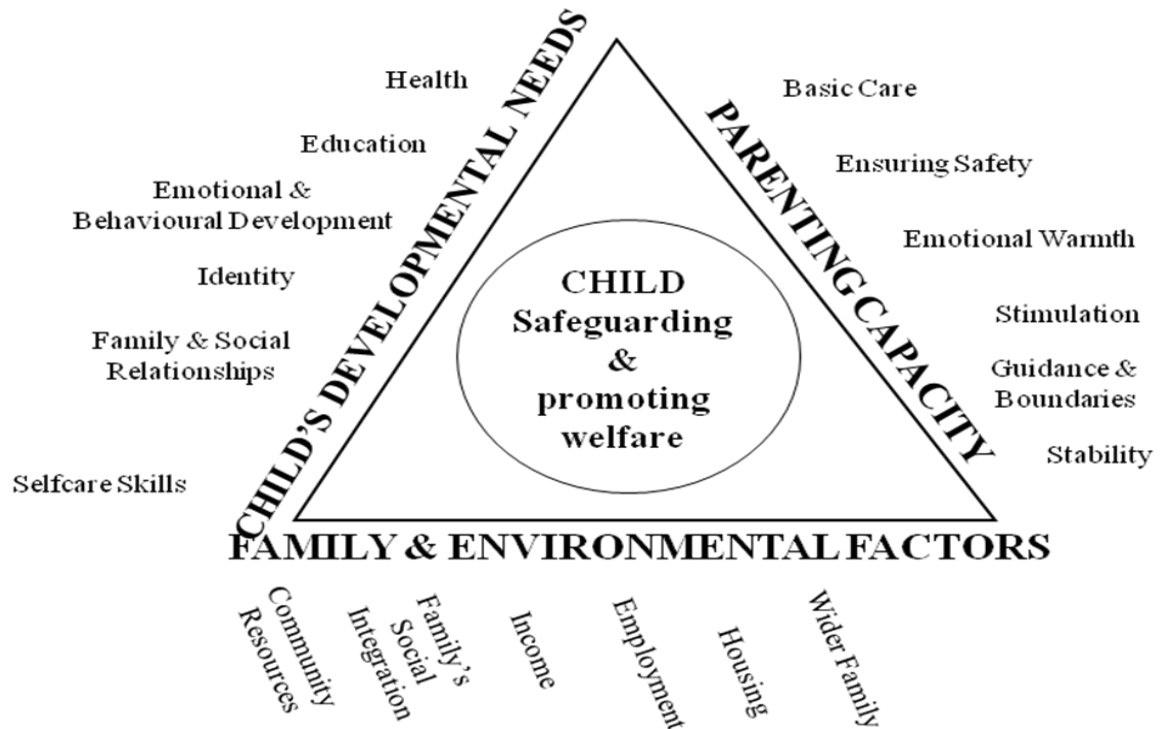
or jurists) to evaluate a case. Beside those public or semi-public agencies, there are different private agencies specialized in child maltreatment and neglect, or even more specifically CSA. These private specialized agencies are mainly located in the urban centers. Being focused on child maltreatment in general or CSA specifically, the agencies mentioned usually support large numbers of sexually abused children; for example the child protection team at *University Children's Hospital Zurich* handled 154 cases of CSA in 2008 (Kinderschutzgruppe und Opferberatungsstelle des Kinderspitals Zürich, 2009). There is a great variety of further private and semi-public agencies dealing with the needs of children and adolescents, not all of them likely to handle cases of CSA. Beside those agencies specialized in child maltreatment and neglect, the primary institutional providers in child mental health are probably the most likely to deal with situations of CSA. Most of the cantons have school psychologist services and public child and adolescent psychiatric services, or sometimes agencies with a profile between those two. Like many European countries, Switzerland has no mandatory reporting legislation for most professionals working with children or adolescents – in contrast to the United States, Canada or Australia (Mathews and Kenny, 2008). Therefore, the agencies of voluntary child protection are strictly bound to confidentiality and can report CSA to other agencies or the police only if the victim agrees. However, laws and regulations with respect to reporting CSA are federally organized and besides an overview for medical practitioners (Sutter, 2008), overviews on laws and regulations for other professionals are lacking. Two ongoing scientific projects are trying to fill this lack of data; one with cases from child protection groups from children's hospitals and one with data from school psychology services. A motion in the national parliament to introduce a mandatory reporting system for professionals for child abuse on a national level was accepted in December 2010. The proposition is expected to be discussed in the second chamber of the Swiss Parliament later this year.

UNITED KINGDOM

Dr Arnon Bentovim

From the responses to question 1, it can be seen that a very wide set of professions, agencies and/or institutions – statutory and voluntary are responsible for addressing these issues –

- The main responsibility for child and young people who are sexually abused are taken by **Child Protection Social Work teams** who provide protection, organise intervention, and are responsible for short and longer-term care if the children are rejected and disbelieved by their families. They are responsible for determining the level of risk of re-abuse within the family context and the prospects for intervention (the **SAAF** assessment). They have to use the **UK Assessment Framework** to establish the needs of Children and their Families. On the basis of the '**Core Assessment**', which is constructed with the co-operation of other agencies in the community, plans are made for children, young people and their families.



- There are close links with the police in terms of establishing child protection investigation approaches associated with child health and forensic child health, looking at physical findings associated with sexual abuse, as well as being able to establish best evidence through skilled Police and Social Work interview teams.
- Child and Adolescent Mental Health Services are closely associated with establishing the therapeutic needs of children and families and providing short and longer-term treatment.
- Assessment and treatment is also provided by voluntary agencies, such as the National Society for the Prevention of Cruelty to Children, Barnardo's and Action for Children which provide therapeutic assessment and therapeutic services in various parts of the country. They are contracted by Community Social Work Departments to provide services in particular areas.
- Because the majority of treatments are free at the point of delivery, funding has to be arranged through a variety of different sources through health, social care and education. Social Work Departments are responsible for pursuing the protection needs of children, and are responsible for the strategy meeting, Child Protection Conference and hearings under the Children Act 1969 in the Family Court in terms of ensuring that the protection of children is secured.
- **Support for non-abusive parents and families.** Support for parents is available through a number of different ways, associated with social services departments, through Child & Adolescent Mental Health Services, and voluntary agencies such as the Faithfull Foundation which provides support for non-abusive parents. Group work approaches are a valuable approach to supporting parents, as well as involvement in **Trauma Focused Therapies** which involve parents and children in therapeutic work with children and young people who have been traumatised and

who need support to deal with the long-term effects of sexual abuse, including prevention of future harm.

- **Adult perpetrators** - the Police, Probation Service, Adult Forensic Psychiatrists and Psychologists carry out assessments of these individuals and their risk assessments and potential for therapeutic work. Forensic Psychologists and Probation Teams and voluntary agencies provide crisis response and individual and group work, both in the community and in the prisons for adult perpetrators. There is an extensive treatment service for adult perpetrators, including internet perpetrators who work with the **Faithfull Foundation** in their work, with individuals who are showing evidence of sexually harmful behaviour and attitudes as a way of providing protection through the perpetrator. There are a series of therapeutic programmes which are accredited and a **National Offender Treatment Association (NOTA)** which meets each year and in various parts of the country to look at developments of work with perpetrators and other aspects of sexual abuse to working with young people who are responsible for sexually harmful behaviour.
- The **professionals concerned with young people who offend** include the Youth Offending Service, a nationally organised service which provides assessments and intervention for young people with offending behaviour from 11 to 16. They provide assessments and intervention in the community, and there are a number of residential settings which include **Young Offender Institutions** which are secure and provide services for young people who require containment because of the level of risk they pose. Young people may be placed there because of sentencing by a Court where they are prosecuted at a criminal level or on a welfare basis if there is concern about their harming others or themselves.
- A variety of professionals, therapists, child and adolescent psychotherapists and psychologists provide **therapeutic work for young people who offend** in various contexts. There are specialist services such as **SWAAY** (Social Work for Abusing and Abused Youth) which provides residential treatment for young people who are responsible for sexually harmful behaviour. These are young people who often have complex, co-morbid conditions, including Attention Deficit, Asperger's and Autistic Spectrum, low level of intellectual functioning, young people who are responsible for abusive behaviour both within their own peer group and abuse to strangers with children or adults within the community. **Assessment Tools** A number of approaches have been developed, including the use of American material, the Eraser, as well as more UK based approaches, including the AIM which looks at the need for protection, as well as intervention.
- Because these are young people who often are living within their family context, links with child protection and social work teams are an essential element of working both with young perpetrators and with adult perpetrators and their families. The Faithfull Foundation provides therapeutic work for young people within the prison service as a therapeutic element to their placement.

UNITED STATES

Dr Randell Alexander

Law enforcement, child protective services, medical (varies as to general pediatricians who vary in quality, to specialists, to actual systems). Prosecution, judiciary, therapy community.

Donald C. Bross, J.D., PhD

Under “addressing” the issues are mandatory reporting laws that require individuals and agencies with certain roles (for example, hospitals, physicians, school, teachers and others) to report suspected child sexual abuse. Reporting is protected under law from criminal or civil court retribution. Any person in the entire country may report child sexual abuse (hereinafter CSA) and receive protection under law from criminal or civil court retribution. Treatment can be provided through private or public funding, but financial support for the treatment varies greatly from state to state.

Dr Martin Finkel

Successful systems recognize the importance of having a multidisciplinary approach to assessment, intervention, protection and treatment. No one agency should shoulder all responsibility as no one agency is ordinal in every case. So the disciplines of law (LE, judiciary), child protection, medicine, mental health and education are all required and expected to function with knowledge, skill and professionalism.

H.D. "De" Kirkpatrick, PhD

The child-abuse reporting law in each state defines and identifies mandated reporters. If a child is suspected of being a child sexual abuse (CSA) victim, the mandated reporter makes a report to CPS. CPS investigates the allegations. CPS can close the case or refer the case to law enforcement. Law enforcement can close the case or refer the case to the District Attorney (prosecutor).

If the alleged perpetrator is arrested and charged with the crime, he is entitled to an attorney. If the accused cannot afford an attorney, the court will provide him one.

In addition to CPS and law enforcement, every community in the United States has a court system including the juvenile court. The juvenile court is responsible for two types of cases: juvenile delinquency and child abuse and neglect. Some communities have specialized family courts. Sometimes sex abuse allegations arise during a divorce and child custody case.

In the American states, there are nearly 40 different professions specifically named in mandatory reporting laws (Kalichman, 1993, p. 24, cited in Myers 1998). Many American communities have developed specialized “child advocacy centers” to provide medical examinations and forensic interviews of suspected victims. In cases where the allegations of CSA are in dispute, the alleged perpetrator can retain, through his or her attorney, forensic specialists to analyze the CSA allegations from a multi-hypothetical perspective.

An obvious problem is that indigent alleged perpetrators often cannot obtain or afford such specialized forensic assistance. In the U.S., children, parents and state agencies usually are represented by attorneys in abuse, neglect and dependency cases.

Certification for child welfare specialization by child attorneys is now available in a number of American states. This certification is provided by the National Association of Council for Children (NACC) located in Denver, Colorado. The NACC, as part of its mission, periodically produces standards of practice or guidelines for the representation of children in abuse and neglect cases. In 2001, the NACC published NACC recommendations for representation of children in abuse and neglect cases.

Dr Richard D. Krugman

Law enforcement for all cases, child welfare (in intra-familial cases or if institutional abuse in child welfare licensed facilities), criminal justice system, health professionals, therapists.

Chris Newlin

The Child Advocacy Center model involves the following professionals:

- Law Enforcement
- Child Protective Services
- Prosecutors
- Mental Health Professionals
- Medical Professionals
- Family/Victim Advocates
- Child Advocacy Center Staff (Forensic Interviewers)

It is recognized that no one discipline can effectively respond to child sexual abuse alone. It is the combined efforts of the professionals above (members of the multidisciplinary team) that create an effective response system – assuring a thorough investigation of child sexual abuse allegations and the appropriate therapeutic response to help children and families heal. It is common that all of the professionals involved in these cases have specialized training related to child sexual abuse. The Federal government as described in question 1 authorizes, mandates, and funds (partial) for the state governments and their local jurisdictions to implement Child Protective Services. Each locality has a Child Protective Services agency that is governed by its state's department of Human and/or Social Services. Social Workers (or Caseworkers) work closely with local law enforcement to investigate allegations of sexual abuse. If a specific perpetrator is identified and there is enough evidence to make a finding of CSA, then the local prosecutor is contacted to consider criminal charges. Although Child Protective Services is the primary responsibility of state employed social workers, child protection is multidisciplinary with many other disciplines even in private practice being required by law to report suspected child sexual abuse. The U.S. also has approximately 800 Children's Advocacy Centers (<http://www.nationalchildrensalliance.org>) where staff are trained to conduct forensic interviews of child sexual abuse cases. These cases are then staffed by a multidisciplinary team.

The National Resource Center for Child Protective Services (NRCCPS) is a federal department under the Children's Bureau and provides expert consultation, technical assistance, and training in all areas of child protective services, including intake, assessment, case planning, ongoing safety management, removal and reunification decision making, ongoing services, and case closure. The NRCCPS helps to build the capacity of State, local, Tribal, and other publicly administered or supported child welfare agencies to achieve safety, permanency, and well-being for children and families. The goal of NRCCPS is to assist jurisdictions with system and practice issues that help improve the prevention, reporting, assessment, and treatment of child abuse and neglect.

(<http://www.acf.hhs.gov/programs/cb/tta/nrccps.htm>)

Patricia Peterson

More than is true for other forms of child maltreatment, child sexual abuse receives special attention from law enforcement. Examples of this are the Children's Justice Centers and 'vertical prosecution' efforts by law enforcement agencies and prosecutors. Victim's assistance money from the federal government and sometimes state government can be used to support limited therapy for CSA victims. Most cases involving family members as

perpetrators also establish a role for child protection services. Dr. C. Henry Kempe's multidisciplinary Child Protection Team model has been replicated in many hospital settings so that pediatricians, child psychologists, child abuse specialists, physician assistants, social workers and attorneys are all involved in these cases.

Jill-Ellyn Straus

In the criminal justice system, the law enforcement agencies and the prosecution take the lead in addressing the sexual abuse cases.

In the civil justice system, the department of human or family services is the lead agency addressing the cases.

Many cases will have parallel actions going in both systems and everyone is working together. Children's Advocacy Centers, therapists, and medical personnel are involved in the cases in both systems.

Dr Viola Vaughan-Eden

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Q3: What are the problems you find most frequently? What are the obstacles or barriers faced in preventing the effective management of these cases? In what ways have these problems been addressed?

ARGENTINA

Dr Irene Intebi

The basic problems of the criminal courts are:

- Lack of training of forensic professionals in interviewing children with allegations of sexual abuse
- Ignorance and lack of information of prosecutors and decision makers
- Legal timing does not accommodate to children's and families' needs
- Preconception and identification of decision makers with well-educated and/or upper class defendants
- Lack of coordination with other service providers
- Poor follow-up

The protection of children remains a no-man's land while the investigations and the criminal procedures take place. Before a new legislation was passed in 2005, civil and family courts could order protective measures for the child or could remove the accused from the family home. The new legislation incorporated the United Nations Convention on the Rights of the Child (CRC) standards (Law 26.061 Protección Integral de los Derechos de Niños, Niñas y Adolescentes or Integral Protection of Children and Adolescents Rights). While it represents a major step forward to ensure children's wellbeing, its implementation has been delayed and has generated a lot of confusion. NGOs report that the judicial system in some provinces is reluctant to implement the new legislation, including cases where its implementation has been vetoed or suspended. On the other hand, in those places where the legislation has been implemented, the governmental agencies that receive the reports are independent of the judicial system. These agencies assess risks and decide how to intervene (for example, whether judicial intervention or therapy are needed) but the decisions they make have no legal effect.

Ways in which these problems have been addressed:

- Some forensic professionals seek their own training.
- Scattered and non-coordinated efforts by the national government and various NGOs to offer training to forensic professionals.

The other obstacles remain unaddressed.

Judge Carlos Rozanski

In Argentina, there are currently no legal obstacles in regards of the protection laws hierarchy. The most severe issue is the ideology of certain police and justice officers who in their deeds follow old paradigms regarding the protection of abuse victims. To add to this, there is a lack of adequate training of many system operators. Many times, all this results in a deficient intervention, both during investigating as well as when judging.

The clarification of the facts and the penalization of those responsible are prioritized upon the victim's integral protection. Several times this leads to silenced or not properly heard children, which thwarts the chance of an effective sanction of the abusers.

In the last few years, many important improvements have been accomplished for resolving these issues. From designating better judges, to increasingly training police and other government agency operators, the constant course is towards a better intervention. Also to be considered is the work of many non-governmental organizations which vigorously make a very valuable contribution to all aspects of the problem, including the accusation of those judges and officers that leave the victim unprotected.

AUSTRALIA

Sue Foley

Common Problems include:

- Difficulties with obtaining adequate evidence and thereby difficulties with ensuring safety.
- Delays in services due to demand.
- Confusion about the age of alleged offenders and victims, especially around 14 to 16 years.
- Concerns about young people and children with sexualized behaviours.
- Cyber based threats are increasing.

Various attempts have been made to change matters but it seems to me that similar difficulties are present as occurred when specialist sexual assault services were first established. In the state of NSW, Australia my professional involvement began when I was involved with establishment of a Sexual Assault Service in 1978 and set up one of the first services. Everyone's agenda is different. There is inadequate attention given to solution focused approaches to sexual assault services for families! It often appears that the police determination to get convictions is sometimes considered to be a higher priority than safety and wellbeing. The practices required for working towards healing and change and family based therapeutic approaches seems to be inadequately resourced. Therapy for children and young people affected by abuse is variably available and the type of counseling available is inconsistent in its congruence with evidence based practice.

BRAZIL

Prof Benedito Rodrigues dos Santos

The national data/statistics about the diverse phenomena behind sexual violence are poor. It lacks integration among services for reporting sexual abuse and those responsible for the investigations. The paradigm that rules the Brazilian Judicial System is adult-centered, not child friendly. It lacks a general protocol for the care of the child and their families. Re-victimization happens. There aren't enough services and the institutions are badly equipped. Services for the offenders are still scarce in the country. It lacks of knowledge about the results of psychological support to the offender and victim. The Federal Government has been implementing a National Plan of Action for Combating Sexual Violence Against Children. It needs to be revised and better monitored and evaluated.

CHINA

Prof Fuyong Jiao

Common problems:

- Children's sexual abuse owing to cyber love;
- The child and its family are unwilling to report when abuse occurs;
- Children in remote and poverty-stricken areas are in high risks of being sexually abused;
- Social workers are confronted with many obstacles when they intervene in child abuse issues.

Difficulties and obstacles:

- Affected by the traditional Chinese notion of "Domestic scandals should not be publicized", once a child is abused, its family members are ashamed to let others know it, especially when such cases happen within a family, unless the media report it.
- There are no provisions in China's laws concerning depriving or transferring the custody of a child after she or he being abused, which makes it quite difficult for child protective services to intervene.
- No perfect responsive system available for child abuse cases, parents, teachers and children lack knowledge and trainings regarding child sexual abuse; children know little about sex and self-protection.
- Owing to lack of intervention system for child sexual abuse, children have no access to timely psychological treatment after being abused, which may cause severe trauma to children's health mentally and physically, and many abused children even developed into offenders in the future.
- Due to inappropriate ways of investigation, identification and evidence collection, a second-trauma is usually caused to the child.
- Shortage of professional prevention and treatment team for sexual abuse.
- Little support from the government and low levels of attention from the public with regard to child sexual abuse.

Measures taken:

- Win approval of the government;
- Put more efforts on publicizing; raise public's awareness of child sexual abuse prevention and treatment issues;
- A personal safety curriculum was implemented, training teachers, parents and children and empowering them;
- Investigations and researches as of child abuse prevention were carried out, and several books on child abuse prevention and treatment were released;
- Trainings concerning child abuse report, diagnosis, differential diagnosis and treatment were delivered to medical personnel, police, social workers and volunteers;
- Prevention work in some communities.

ESTONIA

Dr Ruth Soonets

The main problems are as follows:

- deficient communication between specialists
- shortage of resources

- poor availability of services
- little knowledge about laws, acts and regulations
- the network of specialists, able to collaborate, have not been developed in all corners of Estonia
- there is no unified, nationally coordinated system of helping children and that of rehabilitation.

What about addressing these issues? I expect that the implementation of national development plan 2010-2014 to combat violence will contribute in solving these problems.

IRELAND

Dr Kevin Lalor and Dr Rosaleen McElvaney

Ireland does not have mandatory reporting legislation so the issue of reporting concerns remains a problem. Children can disclose sexual abuse to professionals and this may not be addressed formally within the investigative system. Resourcing is an issue with social workers' caseloads being very high. Typically, children and families cannot access therapeutic services unless the account of abuse has been deemed credible following an investigative interview, resulting in significant cases of 'inconclusive' outcomes with unclear recommendations. This has led to entrenched difficulties for families and disillusionment with the system's ability to protect children. Formal reporting to police authorities remains alarmingly low in Ireland.

JAPAN

Prof Yumiko Kirino and Dr Toshihiko Yanagawa

Problems and barriers we find frequently when preventing the effective management of child sexual abuse cases are:

People in general, including professionals, have not learned about Child Sexual Abuse Accommodation Syndrome (CSAAS). In other words many people in Japan still tend to believe the perpetrator when he says, "The child is lying (about being sexually abused). I did not do it." I think this is one of the main reasons as to why we have few child sexual abuse cases being substantiated every year in Japan. To solve this problem, there have been many workshops for professionals to learn about CSAAS.

Due to no existent system in Japan, too many professionals, such as teachers, social workers, doctors, psychologists, police officers, prosecutors, ask the same question (what has happened) to the child. So, the investigative work itself is harming children in Japan. Also, due to no multidisciplinary team for child sexual abuse cases in Japan, it takes too long to investigate and intervene with child sexual abuse cases. To solve this problem, nothing has been done in Japan yet, even though some of us are campaigning for establishing multidisciplinary teams to investigate and intervene with child sexual abuse cases.

This is not just about a child sexual abuse case specifically, but in Japan family courts traditionally get involved in very few child abuse cases when removing children out of home. In other words, in most cases, with parents' agreement children are placed in care on a voluntary basis. And there is no such system set up as a forensic interview in Japan.

LEBANON

Dr Bernard Gerbaka

Main problems are related to: situation of child and family in constitution; situation of vulnerable children (refugees, street children); civil unrest; and conflicts in relation with community issues.

Obstacles are:

- Legal: Child protection is managed by civil courts while family matters are managed by religious courts. There are no dedicated and exclusive child judges; there is still no child police. In response, settlement of mixed cases is made through informal conjunction and discussion between courts.
- Health: health coverage is not universal. Mental rehabilitation is not mandatory or systematically implemented for perpetrators. In response, child protection units are emerging tools in hospitals.
- Social: mandated social workers may face challenging situations in terms of their security and safety in often risky positions. Even representatives of law may face threats in some areas where weapons are present. In response, child protection issues are discussed with cultural resources and child protection policies are managed within the Higher Council for Childhood, as an inter-ministerial body anchored to the Ministry of Social Affairs.

MALAYSIA

Dr Irene Cheah

There are problems with implementation of the processes in management of sexual abuse due to lack of capacity in terms of numbers of skilled workers in the management of child sexual abuse. The public generally sees management as prosecution of perpetrator only.

Further, there are issues involved in following up with home visits in a timely manner because of difficulty in accessing the families in high risk families who relocate frequently easily. Thus in incest cases, the sexually abused child is often sent to a welfare home should the perpetrator still be at home on bail. This happens if the mother is not prepared to believe the child, for example if the alleged perpetrator was the breadwinner, and the mother does not protect her child. To avoid this, the child becomes inadvertently victimized again by being sent away from home instead of the alleged perpetrator.

There is a high rate of reporting consensual sex between adolescent girls and young men as rape – girls report it as being forced against their will when parents find out – so police report is made. From religious viewpoint and culturally, premarital sex is stigmatizing to families so police report is done to 'save face'. Both adolescent girls and adolescent boys are psychologically traumatized by the arrest and system procedures after a report is done. Generally, the public feels strongly for a moral and religious code prohibiting premarital sex. Teenagers are generally unaware of risk of pregnancy and sexually transmitted disease. In addition, parents and teachers are reluctant to have comprehensive sex education in school.

In the management of sexual abuse:

- The police have set up a specialized investigation unit trained to interview children and to do video interviews. These videos are used as supportive evidence and the children

would still have to go to Court. However, there have been efforts to make the Court child friendly.

- In certain Courts there are CCTV's linked to the Court so that the child is in a separate room and does not have to face the alleged perpetrator in Court. In addition, there are welfare officers to bring the child to Court for a preliminary visit to familiarize the child to Court process and place.
- The non-perpetrator parent, usually the mother, is counseled by the doctors and welfare officers to believe the child's story, especially when she sees the child's responses in the interviews and protect the child as best she can and to bring back the child for follow-up.
- Welfare officers to help with the family's financial situation if the perpetrator is the breadwinner.
- Rehabilitation of sexually abused children not satisfactory as the highest risk cases are not always brought for follow-up. There is a high default rate of children being brought to hospital clinics for follow up especially in chronic sexual abuse as the parents find it financially difficult to take the day off when they see the child is coping "well".
- Mothers or parents who come for regular follow-up are able to see why it is important to believe the child and counseled as to how to protect the child and children are given 'permission' to let the non-abusive parent know if there are any further episodes of attempted sexual abuse in the future.
- Follow-up and effective management is important to reduce the secondary effect social stigmatization of the sexually abused child as the family may treat her differently.
- Recently, group therapy for mothers and adolescent children has been set up as a pilot programme by the Child Psychiatric Department in Hospital Kuala Lumpur.

Interim protection order is available for women who are physically abused by their husbands but not for abused children or mothers who seek to protect them.

- Welfare officers can ask police to issue Interim Protection Order (IPO) for the father/family member to be not within reach of the child (but this is not often implemented for violence to children as opposed to violence to wives).
- The Court can place a restrictive order on the alleged perpetrator for incest cases but monitoring is difficult in non-compliant families.

More work needs to be done on:

- increasing awareness in adolescents of the meaning of statutory rape ,
- increasing awareness on gender sensitivity, risk of teenage pregnancies and sex education.

THE NETHERLANDS

Marielle Dekker

Despite the growing familiarity of the AMKs, the past years have shown that interventions and action following suspicions of child abuse as well as relief for victims often take too long to arrive. Next to the fact that care workers and bystanders are not always aware of the signs of child abuse or do not – dare to – report them, professionals at times appear to refrain from exchanging information sufficiently, due to confidentiality. As a result there is no deliberation or collaboration. In order for this to change, much work has been done in the past years to improve recognition, reporting and collaboration.

To improve collaboration, a national system of a digital child file is developed. This file will be used by the local health service and will contain health and other relevant information about each child between 0 and 19 years. In addition, a so-called 'Reference Index for Youth at Risk' (in Dutch: Verwijsindex Risicjongeren – VIR) is implemented throughout the Netherlands. This Reference Index enables professionals working with children and adolescents, within and between municipalities to keep track of young people, inform their 'colleagues' and fine tune their activities.

These positive developments also have some disadvantages. Parents are experiencing the public health care more as a tracking device for child abuse. Some professionals think the digital reference system is an additional administrative burden. Cooperation could also be promoted by organizing a learning work practice, with, for example, multi-disciplinary serious case reviews. To organize such forms of peer review and supervision the Dutch Youth Care still lacks time and money.

To improve reporting, the Dutch Government is preparing legislation, obliging all institutes and professional groups to have a child abuse reporting code. The Ministry for Youth and Families provides a basic model for the reporting code and encourages sectors to provide training programmes on the use of the code.

Although reporting codes are an improvement, medical professionals still lack basic education on recognizing child sexual abuse. The same applies to teachers, police, kindergarten personnel and so on. Child abuse and neglect is not a mandatory part of most residency programs. Specialized forensic knowledge is available on a very small scale. At the Augeo Foundation, we are addressing this problem by developing high quality e-learning programs. In a RCT these programs showed to significantly improve the performance of ER-nurses. Within a year after launching the e-modules, 70% of the Dutch hospitals are using this system to teach their personnel how to recognize child abuse and neglect.

Because of the serious effects of child abuse, the Dutch Government focuses on the prevention and early recognition and halting of child abuse. Up till now, little attention had been paid to the problems in organizing trauma related care. There are a few institutes that offer highly specialized, evidence-based trauma treatment care for sexually abused children. Their capacity is very limited, up to 300 children a year. To address this problem we believe that Healthcare Insurance Companies should be more involved in tackling child abuse and neglect.

Another serious gap is that, in the plans of our government, no attention is paid to children with a handicap, a chronic condition or developmental problems, who are particularly vulnerable!

PAKISTAN

Dr Tufail Muhammad

The existing system is weak and unstructured. CSA is a taboo and hardly 10 % cases are reported. The workforce has also limited capacity and is not adequately trained to manage CSA cases. People are scared to report a case of CSA due to the perception that it will bring shame to the family. At the same time the police and justice system moves very slowly and the victim is always prone to further victimization.

THE PHILIPPINES

Katrina Legarda

Resistance to change and the handing down of old knowledge by the extremely hierarchical/militaristic structure of the law enforcement agencies. This is addressed by on-going extensive capacity-building trainings conducted by, among other agencies, the CPU-Net, in partnership with the PNP, the Philippine Judicial Academy (PHILJA), the Department of Health (DOH), the DSWD, and other NGOs.

SOUTH AFRICA

Prof Julia Sloth-Nielsen

There is an extremely high rate of sexual violation of children. Many cases are not reported; those that are frequently do not result in criminal convictions and perpetrators escape with impunity. The barriers are numerous, including low rates of resolving cases, a high attrition rate in the court system, and fragmented implementation amongst the role players. The Children's Act aims to create better intersectoral co-operation. The Sexual Offences Act addresses antiquated definitions of offences, gendered definitions of offences, and sentencing. Heavy penalties (minimum sentences) were introduced for defined sexual offences already in 1997.

South Africa holds the 16 Days of Violence Campaign every December, which is widely promoted.

Joan van Niekerk

Obstacles include:

- Lack of knowledge and training on the new legislation.
- Overwhelmingly high caseloads for almost all role-players – care of the child is seriously compromised by the HIV and AIDS pandemic and contributes to the impossible workloads of all role-players.
- Lack of research into effective prevention.
- Patriarchy – the sense of entitlement to sexual “favours” and sexual relationships that cuts across most of our cultural groups.
- The culture of violence in South Africa at present – all violent crime statistics are high – and child abuse is just one of many concerns.
- The lack of research into the factors that drive the sexual abuse of children in South Africa, and possible solutions/interventions that would assist prevention and appropriate responses.
- Traditions that are no longer practiced as they were historically and are “misused” in such a way that they contribute to the vulnerability of children and their exploitation – such as “ukutwala”. This tradition in the ancient Xhosa culture allowed a youth – with the help of friends – to “capture” the maiden of his interest after a period of subtly expressed interest from both sides. She would be taken to a hut and presented with “amasi” (milk that is soured in a specific way and considered a delicacy.) If she accepted this offering and drank the milk, she was symbolically accepting the young man as her prospective husband and negotiations between the two families would then begin. Nowadays girls in some rural areas are simply abducted in early adolescence and given in marriage to older men in whom they have no interest, and for whom the first sexual

experience is in fact a rape. This is happening to girls as young as 13 years, despite the legal age of marriage being 16 years.

SWITZERLAND

Dr Myriam Caranzano-Maitre

Frequently encountered problems:

- First problem: the difficult decoding indicators of child sexual abuse, particularly if the child does not mention it explicitly.
- Second problem: the child's statements are often not believed. Many professionals expect a precise, detailed, coherent account from the child victim, which the child is unable to provide either due to his/her age, or the trauma of CSA. Frequently, the consequences of CSA are confused with the causes of CSA; for example, a girl abused multiple times by at least three men from her town is considered a 'little whore', 'she was asking for it', instead of understanding that she was desperately seeking affection and that all three of the men took advantage of the situation.
- Third problem: it is extremely rare to find objective evidence of CSA, meaning it is often the child's word versus the adult's. And for many adults, a child's word is not worth much.
- Fourth problem: not all professionals responsible for dealing with CSA are sufficiently trained on CSA.

How are we trying to address these problems?

- Large-scale, population-wide awareness raising activities on the topics of CSA, abuse in general and the CRC (Child Rights Convention).
- Through training of all professionals working with children on the topic of CSA, abuse in general and the CRC, in order to improve recognition of signs of CSA and abuse in general.
- Through training of individuals responsible for managing CSA cases, including the legal field (lawyers, magistrates, judges).
- Through medical guidelines, distributed to all doctors in Switzerland this March.

Thanks to projects for child sexual abuse prevention in schools and with children. In the Canton of Ticino, where I am active, all children between the ages of 5 and 10 will take part in prevention activities. Their parents and teachers are also involved in order to stimulate the development of better protection and prevention skills.

Reinhard Fichtl

The institutional provision of child protection services in Switzerland is structured according to the political principles of federalism and subsidiary (Häfeli, 2005). Based on these, services are divided between municipalities, states (cantons) and the Swiss Confederation, with a pronounced diversity of agencies and organizations, amplified by linguistical and cultural differences. Furthermore, private agencies play an important role. In an effort to classify the complexity of agencies concerned with child protection in Switzerland, Häfeli (2005) suggested the following areas: i) "tutelary child protection", ii) penal authorities, and iii) voluntary services and specialised organizations. A case of child sexual abuse (CSA) may be managed by one of the agencies of these fields or by several. In fact, dossiers of cases handled by tutelary child protection show a median of 15 different professionals dealing with one maltreatment case (Jud, 2008b).

UNITED KINGDOM

Dr Arnon Bentovim

There are problems, obstacles and barriers in preventing the effective management of these cases at every level. The failure to recognise the signs and symptoms characteristic of sexual abuse given the 'secrecy' surrounding the perpetration of abuse. The very high number of children and young people who describe the fact that they have been abused, but that they have not reported that abuse, is of great concern. The failure to acknowledge abusive actions in relationships or by peers is a striking observation. The failure to report is the product of many complex factors including being involved in complex Perpetrator/Victim dynamics, fear of the consequences of revealing abusive action, actual disbelief when those who could protect do not want to see, hear or believe.

Basic interviews with children. Being able to develop interviews which are accepted within court contexts as being reliable has been a major challenge. Allegations are made that interviews are leading, and do not enable children to describe their experiences in ways which are credible. The research on interviewing and approaches which give more reliable evidence have been adopted with a programme of Achieving Best Evidence (ABE), with the development of child-friendly video suites, better trained police, social work interview teams, and the growing awareness that facilitating spontaneous comments and descriptions even if they are brief are preferable to responses to a series of closed questions.

A further obstacle is the difficulty of taking children into the Criminal Court context to give evidence. Children and young people are put under intense pressure to withdraw statements. Attempts are made to demonstrate their unreliability in terms of memory. A variety of ways of questioning children in court contexts are used which would be rejected as leading in interviews with children, but are used within court contexts to demonstrate the lack of reliability of children's statements.

Within children's civil hearings when the children themselves are not cross-questioned, those assessing children's testimony, who describe interviews with children are criticised for failure to use approaches which will be reliable, to be leading children inappropriately. Training those who interview children to use non-leading approaches is an essential component and to develop specialist skills.

There are obstacles when paediatric assessments of children, particularly genital findings, are poorly carried out. It is essential to ensure that forensically correct ways are approached to collect samples and to carry out examinations of children, recognise genital findings, and to establish findings which closely reflect the actual experiences of children and young people. Ensuring that paediatricians and paediatric examiners have the skills and equipment to observe and recognise the effects of sexually abusive actions is an important element.

Understanding the nature of family contexts where abusive acts occur is an obstacle, the issues of secrecy, process whereby children are induced into relationships which are abusive, of bypassing issues of consent and agreement. The abuse of power which occurs, the process of blaming and rejecting those who are attempting to define that abuse has occurred. Training colleagues in Child and Adolescent Mental Health Services to recognise and carry out assessments is a significant challenge. Organisations such as the Faithfull Foundation have played an important role in the development of skills to carry out assessments of all members of the family, victims, perpetrators and other family members, to establish basic skills and develop training in these skills.

Providing therapeutic work for children who have been sexually abused again is a significant challenge and obstacle. A 2011 survey of children by the NSPCC has revealed how many children are not being provided with adequate therapeutic work. There is a failure to agree on what is the most effective approach to therapeutic work with children who are sexually abused, the role of trauma focused therapies, EMDR and how to deal with the complex impact on young people who show anorexic, bulimia, self-harming or where there is a worrying transition to abusive patterns of behaviour because of the complexity and extensiveness of experiences. There is a need to bring together information from multiple sources, to distil what is most effective from the therapeutic work which has been developed. It is essential to establish some key "common elements" of therapeutic work attempting to ensure that this is widely available through the development of therapeutic services in the Child & Adolescent Teams, Child Welfare Teams and Voluntary Agencies concerned with protection of children and within educational contexts.

UNITED STATES

Dr Randell Alexander

Identifying cases is a big problem. While many come forward, most are heard about when adulthood polls are conducted. The culture has become more tolerant that a child would come forward, and that the child often is believed. Medical expertise is spotty (and with few exceptions, there are no statewide systems for medical responses). States have largely failed to devote money to this. Therapeutic services are likewise spotty, and often inadequately funded.

Donald C. Bross, J.D., PhD

Nationally, the incidence of CSA has been dropping for more than 15 years, which is a good sign and not a problem. Problems of identification, reporting, finding and funding treatment, and interagency coordination continue. Use of computers to entice, sexualize, or otherwise exploit children are being addressed but the problem cannot be shown yet to be lessening. Understanding of the treatability of young sexual offenders still is not completely known and incorporated in the juvenile justice system of the U.S. The most obvious problem is that there is not yet a single prevention program for CSA that is widely endorsed.

Patricia Crittenden, PhD

What are the problems you find most frequently?

- Simplistic dichotomization of good/bad, victim/perpetration, right/wrong, etc.
- Insufficient understanding of the complex psychological and interpersonal aspects of child sexual abuse.
- An attitude toward the offending adults that has a fearful and vindictive quality and lack of willingness to consider the systemic aspects of the families of abused children and the children's own self-protective strategies.

What are the obstacles or barriers faced in preventing the effective management these cases?

- An outdated belief system that does not address the complexity of factors involved.
- Public outrage and media attention regarding severe cases that tend to set the standards for other cases and make more moderate approaches appear 'soft' on the abuse.
- Limited theory/research on human sexuality and the range of its display, including sexual attraction to children.

In what ways have these problems been addressed?

- Mistakes and negative media attention have tended to elicit new guidelines that generally involve more paperwork, higher levels of general suspicion, and a bias toward sensitivity (identifying all cases) at the expense of specificity (identifying only actual cases without including non-cases).
- Language has been addressed as regards interviewing child witnesses. Nevertheless, the stock phrases of the child sexual abuse literature show up in the speech of adults who were sexually abused as children. These stock phrases ('borrowed professional language') replace the unique and person-specific language which the adults use to describe other aspects of their lives, suggesting that professionals have had great impact on how the former children think about (and possibly now can think about) their experience.

Dr Martin Finkel

Although multidisciplinary teams are essential not all teams are created equal. Teams must have highly trained skilled professionals who know the strengths and limitations of their respective disciplines. Collective insights in a nonjudgmental environment where information can be exchanged is critical to achieving best assessments, most appropriate strategies for protection and treatment.

Many systems are too oriented to prosecutorial outcomes and I believe that a health (medical and psychological) outcomes focus is ultimately in the best interests of children. Inadequate professional resources (forensic interviewers, physicians, mental health clinicians) to provide objective, balanced assessments results in poor conclusions and flawed interventions.

Skilled assessments must be made when a child enters the system. If the system fails to invest in having well trained practitioners regardless of their discipline providing assessments then the decisions that follow will be flawed. Simply stated: If the doctor doesn't get the diagnosis right, you don't get the right treatment and you don't get better!

H.D. "De" Kirkpatrick, PhD

As a private practitioner (forensic psychologist), the most frequent and common problem I experience is a wide variation in the education, training and experience of the CPS investigators. Often these individuals carry enormous caseloads, and when they are assigned to a complex case, they don't have the specialized skills necessary to deal with complicated cases. Another common problem is the stress of these investigations causes a high turnover rate among CPS staff.

There remains a wide variation in how child advocacy centers evaluate suspected victims of child sexual abuse. Specifically, the quality of video-taped recordings of the interviews runs the gamut from very poor to excellent; there is little quality control from community to community or state to state. In an effort to minimize the number of interviews an alleged CSA victim experiences, the child is interviewed with a number of other persons watching behind a two-way glass or mirror. In recent years, there seems to be an encroachment of a strong law enforcement/prosecutorial bias into these interviews.

There is a lack of consistency in how much the child is made aware of the interview process and whether or not the child is given adequate opportunity for consent. In probably all states' mandatory reporting laws, there is a provision for protecting the identity of the reporter. While this usually makes sense, in cases where there is a possibility that the report was

malicious or retaliatory, keeping the identity of the reporter concealed or protected sometimes makes it difficult for a proper and thorough forensic investigation of the allegations.

Effective management of the sexual exploitation of children via the internet is highly problematic. In one study (Wolak, et al, 2007), three quarters of the victims were female, the overwhelming majority (99%) were minors and were teenagers (76% between the ages of 13 and 15). Often without any parental controls, teenagers who are naturally curious about their sexuality and romantic relationships and lacking the experience and necessary good judgment find the internet an exciting place. Most adolescents are unsupervised when they are online. More research is needed about what type of sexual predator (if there is such) uses the technology to access victims. A recent report by the Internet Safety Technical Task Force (2009) stated that parental involvement is the most important tool in protecting minors on the internet.

In the U. S. public and private agencies and professionals have had a difficult time recognizing that no single sign or symptom, including aberrant sexualized behavior, characterizes the majority of sexually abused children (See Friedrich, 2005).

Within a number of legal and mental health contexts in the U.S., it remains difficult for agencies and professionals to recognize normative sexual behavior (See Friedrich, 1993). Consequently, children with sexual behavior problems often receive a variety of labels which are negative and may lead to their misconduct being seen as a crime and not a behavior problem. Consequently, an increasing number of children and adolescents in the U.S. are at risk for being adjudicated for sexual offenses (See Gurley, et al., 2007 in Kuehnle and Connell 2007).

The social and legal view adopted by the U.S. on youth sexual offending has moved away from rehabilitation and towards punishment (See Gurley, et al., 2007, p. 145). Within the government and private sectors in the U.S., unsupported assessment techniques continue to be used in CSA evaluations (See Murrie, et al., 2007, in Kuehnle and Connell). Fortunately, the number of children interviewed by judges in camera appears to be low, but there remains a variance in the skills among judges about how to interview children and adolescents about CSA matters.

Even with the publication of the NACC recommendations (2001) there remains a wide variation in the legal representation of children. Although the multi-disciplinary team (MDT) approach has improved the response and coordination of our local county's response, one of the biggest problems remains how a local school's personnel respond to a child's "disclosure" at school. Despite in-service training for all principals, vice-principals, and counselors each year in each public school, sometimes children go through several "interviews" by school personnel before they are interviewed by DSS investigators.

Another major identified problem is the low number of CSA cases the local (Charlotte-Mecklenburg, North Carolina) district attorney can/will actually prosecute. The average is only about 6-8 per year.

Dr Richard D. Krugman

The entire system has been criminalized and as a result many sexually abused children and their families receive no treatment. The only money available for treatment comes through the criminal justice system.

The mental health system in the U.S. has neither the resources nor the capacity to treat all those who need it. Insurance coverage for this treatment is inadequate. It is not clear that this has been addressed.

Chris Newlin

There are several most common problems faced with these cases. Associated strategies to respond to these issues are listed below each one:

- **Significant caseload of emotionally-draining content:** It would be valuable to have external psychological support for those professionals working on the frontlines of child sexual abuse response. These individuals are working in a psychologically hazardous environment and need this support to continue working in an effective fashion.
- **Limited public awareness/support of child sexual abuse:** Continued efforts to increase the public understanding and awareness of child sexual abuse, its warning signs and potential impacts. While there has been a dramatic increase in the research, it would be helpful to help translate this research into practice more effectively.
- **Difficulty in developing a cohesive multidisciplinary response to child sexual abuse:** Due to limited financial support and the dramatic diversity of communities throughout our country, it has been very difficult to implement a standardized model. While we have made progress in developing some overarching concepts, the variability of implementation means that some children receive much better services than others.
- **Limited financial support for the CAC model to be implemented fully:** Having a more visible social presence would help increase both the general public's awareness of child sexual abuse, reduce the stigma associated with child sexual abuse, and increase funding from both government and philanthropic sources.

Patricia Peterson

Problems of proof, limited availability of competent and reimbursed therapy, identification of the youngest victims, on-line exploitation of children, exploitation of runaway children, and proper accountability and treatment of the youngest offenders (1/3 of the cases of CSA involve offenders who are also minors) remain big issues. Due to current economic stressors on families and institutions, we are finding there is a greater need for services but fewer resources.

Jill-Ellyn Straus

In the criminal justice system the laws governing what evidence can be introduced and the ability or lack of ability of a child to testify in court have a great effect on the ability to prosecute a case. The burden of proof is the highest – “beyond a reasonable doubt”, and evidence is often only “he said-she said” with little or no corroborating evidence. The sanctions have also become extremely harsh and “one size, fits all” even though the cases and the people involved are unique and may not warrant the same response. Juries remain very skeptical of believing such crimes actually occur and conviction rates remain low, despite the public outcry. The rise of internet crimes against children raises a whole new set of problems – from identifying and finding the actual victims and determining their age to what type of intervention is most appropriate. Keeping children safe from on-line perpetrators is very

difficult with children's access to computers and cell phones, even their on-line computer gaming equipment.

In the civil arena, therapy for both victims and perpetrators takes a very long time and its effectiveness is often questionable. Obviously a case cannot stay open for years on end, so coming up with appropriate ways to conclude a case can be difficult.

Dr Viola Vaughan-Eden

There is a lack of education and training among all disciplines responsible for the investigation and prosecution of child sexual abuse cases including social/caseworkers, law enforcement officers, medical and mental health professionals, prosecutors and judges. Due to the lack of knowledge and understanding of the CSA research literature, investigation and prosecution of CSA case are often inadequate. Also, there is no consistent protocol being followed therefore many cases of CSA are not appropriately handled.

Serious barriers to preventing the effective management of these cases has to do with lack of interest in obtaining quality CSA education/training, lack of funding for training, varying priority within jurisdictions and among disciplines, limited funding for research, and limited public awareness and education. The federal government recently reauthorized the Child Abuse Prevention and Treatment Act (CAPTA) and the Children's Bureau is organizing more online information and working more collaboratively with non-profits organizations such as APSAC and NCA. APSAC provides and works collaboratively with other non-profit organizations to provide evidenced-based trainings and conferences regionally and nationally. APSAC publishes the journal of Child Maltreatment and the Advisor to disseminate cutting edge research and information.

oooOooo

Q4: Are there aspects of the 'evidence-based'/'evaluated' literature about child sexual abuse that you consider to be unhelpful or irrelevant within your region, culture, or language-group? Why? What would you recommend in its place?

ARGENTINA

Dr Irene Intebi

As a result of the lack of training, evidence based literature is not widely disseminated and approaches differ a lot among provinces, cities and jurisdictions. Those whose professionals are better trained follow evaluated literature while those with poorly trained professionals conduct very poor interventions (interviews, protective measures and criminal investigations and procedures).

Judge Carlos Rozanski

Generally, this type of literature is not taken into account given that each region of the country has its own social characteristics and there are very pronounced cultural differences among them. This forces training programs to be based on the general features and main consequences of child sexual abuse and to then adapt the interventions to the specific features of the region where the facts have taken place.

AUSTRALIA

Sue Foley

I think the problem is that most interventions are "ideology" or legally based not evidence based even in Australia!! I think the issues for Aboriginal families are confounded by other psycho-social and economic difficulties. The issue for refugees and other cultures means an increasing level of complexity. Use of brief interventions is very limited. Use of evidence based practice is patchy. Churches, schools community groups all continue to struggle with the impact of sexual abuse in their institutions.

BRAZIL

Prof Benedito Rodrigues dos Santos

The status of evidence-based research in Brazil is still very incipient. It makes difficult comparisons between Brazilian phenomena and those of the other countries. In general, the major problem with the 'evidence-based' literature is the small scope of the samples and the width of the generalizations. Contradictory findings also misled policy makers. Studies taking into account gender, ethnicity, and cultural diversity (including rural areas) are still under-represented.

CHINA

Prof Fuyong Jiao

Yes, there are.

General issues:

- Child abuse is always hidden within the family; no one would know it unless the media reports it. The family feels disgraceful to talk about child sexual abuse in public.
- Sex education is not very frank, and is very late; very few schools open up such lessons; some students have no access to sex education through formal channels even when they are in their teens. Moreover, parents seldom talk about sex with their children or educate their children about sex.
- Lack of professional sexual abuse trainings to police, thus they are unable to deal with such cases properly and a second-time injury is usually caused to a child.
- Cooperation between sexual abuse prevention and treatment providers are uncoordinated and inefficient.

Reasons:

- The traditional Chinese notion of "Domestic scandals should not be publicized".
- Chinese are very sensitive to sex-related opinions, it is disgraceful and shameful to talk about sex in their mind, and many teachers and parents have never had formal sex education, let alone to educate children about sex.
- The police heard little about sex and lack of motivation and awareness to learn about skills concerning how to deal with sexual abuse issue.
- China's relevant service providers are still in its infancy, they have little experience of how to cooperate with each other efficiently and closely, and they cannot clarify its role in the whole system.

Recommendations:

- Provide quality and timely services to child being abused, strengthen cooperation between different sectors in the child protection system, and try to solve the problem as quickly and as efficiently as possible.
- Promote sex education both in teachers and parents and children, and publicize sex knowledge in a proper manner but fast pace.
- Provide accessible and practical trainings to the police, and strengthen the professional skills of them.
- Enhance cooperation and communication among all sectors, and build up a more reasonable and perfect national child protection system. At the same time cooperate more with equivalent organizations in foreign countries, and draw the advanced experience and overcome our own shortcomings.

ESTONIA

Dr Ruth Soonets

In Estonia and in Baltic Sea regions we do not practice specific traditions that harm or provide injuries for children. We do not practice circumcision of children. In Estonia we would need evidence based professional literature for the social workers, child protection workers and about child abuse prevention both for specialists as well as for parents.

IRELAND

Dr Kevin Lalor and Dr Rosaleen McElvaney

There have been limited attempts to investigate interviewing techniques with children where, despite serious concerns that the child has been abused, no disclosure is forthcoming. Also, there is limited research investigating cases where there is an acrimonious relationship between parents and an allegation is made by a pre-school child. These two groups constitute a significant proportion of those presenting for assessment. Traditionally, research has tended to focus on children who are able to disclose with an emphasis on how to improve interview techniques so as to facilitate prosecutions, rather than on how to facilitate disclosure or how to meet the therapeutic needs of the child.

Research on therapeutic work with children has tended to focus on those therapeutic models that are easier to investigate (such as cognitive behavioral therapy), show short term effectiveness and target samples of children who do not have complex difficulties. Many children presenting to services have multiple problems which may or may not be related to the experience of sexual abuse, and require multi-systemic interventions which are more difficult to evaluate due to their complexity. More 'real-life' research is needed to identify those aspects of currently used interventions that are effective in order to utilize limited resources to the best possible effect. There needs to be more focus on practice-based evidence in conjunction with evidence-based practice.

JAPAN

Prof Yumiko Kirino and Dr Toshihiko Yanagawa

As far as I know of, there has been practically no evidence-based practice concerning child sexual abuse cases in Japan.

LEBANON

Dr Bernard Gerbaka

This question should specify what types and levels of evidence are at task. On the contrary, home visitation and visitation of minors in conflict with the law by family is helpful, as well as civil service by minor perpetrators.

MALAYSIA

Dr Irene Cheah

Much of the practice in Malaysia is based on general aspects of the evidence based literature of sexual abuse. Variations due to cultural differences are not evidence based as there is no evidence based local literature on practices for sexual abuse.

THE NETHERLANDS

Marielle Dekker

In the Netherlands, courses for primary school children are available with information on sexual abuse, physical child abuse and bullying. Central theme in this program is: How do you

recognize it and how you react to it? These programs reach only a few children because they are lengthy, costly and require specialized teachers. Parents are involved in one separate session.

From various international and national review studies the same ambiguous picture emerged about the effectiveness of resistance training. These so-called school-based sexual abuse prevention programs seem to improve the knowledge of children and improve their skills, but it is unknown whether these programs actually prevent sexual abuse (MacMillan et al, 2009; Mikton & Butchart, 2009, Topping and Barron, 2009; Zwi et al 2007). About the quality of the underlying studies, most researchers are critically (Topping and Barron, 2009; Zwi et al, 2007). There are also indications of a negative effect of these programs (Finkelhor 1995, in: Hermanns, 2008; Topping and Barron, 2009; Zwi et al, 2007). A survey found for example that maltreated children that participated in resistance training were maltreated more serious than maltreated children who had not participated (Finkelhor 1995, in: Hermanns, 2008).

Recommendation: We believe that parents and other adults should be more actively engaged in the primary prevention of child sexual abuse. The percentages of parents who discuss sexual abuse with their children fluctuate over time and per country, but can be improved in many countries. For example, many studies found that parents tended to emphasize stranger danger without explanation to children of the risks of being abused by someone close to them. Many feel they do not have the skills or language to talk to their children about abuse prevention. Relatively few parents use educational materials when they talked to their children about sexual abuse prevention. Small numbers of parents attend prevention programs. We think it might be worth the try to develop high quality interactive e-learning programmes for parents that teach them how to talk with their children about sexual abuse. Maybe these programs can also contain digital exercises that parents and children can perform together (such as watching video cases and discussing together if this situation provokes a “yes-feeling” or “no-feeling” etc.). (See also: Child Abuse Review, vol. 19, nr 2, 2010. Georgia Babatsikos. Parent’s Knowledge, Attitudes and Practices about Preventing Child Sexual Abuse: a literature review. And: Child Abuse Review, vol. 19, nr 2, 2010. Sandy K. Wurtele and Maureen C. Kenny. Partnering with parents to prevent childhood sexual abuse.)

PAKISTAN

Dr Tufail Muhammad

There is a paucity of high quality published data around CSA. Most of the literature is based on newspaper reports, hospital based statistics, case studies and some qualitative information regarding societal perceptions. There is a need for proper documentation and large-scale community surveys at national level to construct a true picture of CSA in Pakistan. Moreover the information regarding the perpetrators is inadequate and is hindrance in the way of developing evidence-based prevention programs.

THE PHILIPPINES

Katrina Legarda

No conflict so far.

SOUTH AFRICA

Prof Julia Sloth-Nielsen

We have very little evidence based literature to explain the prevalence of sexual violence.

Ioan van Niekerk

- Unhelpful in the sense that the research is usually done by academics in academic environments and based on smallish populations and not on broader populations.
- Unhelpful in that a lot of research is donor driven – usually by foreign donors, many of whom come into the country with agendas and patronizing attitudes, do not consult with workers in the field to any extent, do research and leave – having raised expectations but contributed very little in a practical sense.
- Funding is usually there for pilot projects – but not for roll out at scale.

SWITZERLAND

Dr Myriam Caranzano-Maitre

Our work is primarily based on the WHO and ISPCAN publication “Preventing Child Maltreatment: a Guide to Taking Action and Generating Evidence”, as well as numerous publications in the journal “Child Abuse and Neglect: The International Journal”. These documents are extremely useful, particularly to those of us who do not have the facilities to conduct our own epidemiological or efficacy studies. In my opinion, what would be useful is a new publication collating the most recent experiences and recommendations in the field of childhood prevention, both for avoiding victimisation and preventing some of them from becoming paedophiles. It would be helpful to broadly promote the importance of prevention in schools.

Reinhard Fichtl

The Optimus Study tries to shed lights on the following:

Population Survey (Estimating the magnitude of the problem):

The population survey aims to collect lifetime and previous-year prevalence of sexual abuse experiences for nationally representative samples of youths 15–17 years of age, as well as information on other types of maltreatment, risk factors, protective factors, and consequences of abuse. In order to ensure cross-national comparability, a glossary with operational definitions and measures for core items is used in all studies. Some of the assessments must be done in school settings to enable comparisons with youth in other countries. However, as the sampling must reflect the local context, additional sampling may be necessary to ensure full inclusion of different segments of the population, such as out-of-school children. Sample size needs to be large enough to be able to identify meaningful differences in exposure between countries and among important segments of the target country population.

Agency Survey (Understanding the service system and how cases are handled):

The agency survey aims to provide an in-depth understanding of the agencies that respond to victims of sexual abuse and describe how cases are handled once they come to the attention of officials in these agencies. The agency survey must include a count of new abuse cases brought to the attention of officials over a defined period of time in a representative sample of agencies that may have some involvement in such cases.

Relevant agencies include state child protection services, NGOs with specialized services, hospitals, police, and criminal justice authorities. Cases are reported as rates per 1000 and provide a baseline for comparison to rates found in the population survey. This will enable an understanding of reporting practices within the country and how far agencies are able to respond to cases of sexual abuse experiences.

Knowledge Translation (Closing the gap between research, policy and practice):

The goal of the study is to have an influence on the policy and practice community. Thus the study design must involve policy- and practice-relevant stakeholders from the beginning in order to ensure uptake of research results and to advance the field of child protection. The study must also develop advanced plans about how to publicize and disseminate the results to achieve this effect. The results must be organized and presented in ways that serve decision-makers' information needs and provides them clear recommendations regarding interventions, prevention, and practice. Producing research results simply for the sake of publication in high impact research journals is not enough.

UNITED KINGDOM

Dr Arnon Bentovim

The UK is fortunate in that there is a universal Health Service which is free at the point of delivery. Child Protection and Social Welfare Services cover all parts of the country; there is adequate benefit for those who are not employed, caring for children, separated from a breadwinner. Therapeutic Services are provided free at the point of delivery and generally speaking the majority of families involved in Court and other contexts are supported through Legal Aid payments which ensure that advocacy and representation are available at every level. At a time of increasing financial stringency, these provisions are becoming less generous, less available. More and more families who have significant social problems, multiple abuses, are at risk if services do not have adequate financial support.

One of the downsides of universal free at the point of delivery treatments is that high intensity therapeutic input described in Trauma Focused Therapeutic Work, EMDR, complex treatments for offender behaviour is limited to a smaller number of children, family members, including perpetrators than would be ideal, and which are supported in the literature and which could be made available to the largest number of individuals. The patchy nature of resources means that there is 'Post Code Lottery'. If a family lives in the right place they may get better services!!

Generally speaking initial assessments are more effectively completed than the availability of longer-term work for children who are victims, and their caregivers, young people who are perpetrators and adults who are perpetrators of abuse. The lack of thorough treatments in all areas is a major problem because of resources.

There is a major lack of adequate information about the nature of sexual abuse available to children, young people, and family members. Although there are many excellent preventative programmes available they are not applied adequately. Although the 'Stop it Now' programme has begun to be effective.

UNITED STATES

Dr Randell Alexander

I would trust "science" literature even more. GW Medical has books on sexual abuse and assault that are excellent. No irrelevant literature that I am aware of regarding diagnosis.

Patricia Crittenden, PhD

- Too great an emphasis on evidence regarding the event and too little attention to the familial and cultural factors that drew the adult and child together in this manner.
- Too little differentiation among types of sexual abusers (familial, institutional, stranger, etc.); each has a different developmental history and pattern of victimization.
- The demonization of sexual abusers that cannot be sustained by the empirical literature (which finds high levels of adult/child sexual behavior – much too high for statistical deviance).
- The value laden and pejorative language that we have created to describe what happened. For example:
- 'Victim' already implies innocence and thus reduces identification of aspects of the child that contributed to being selected or maintaining the sexual activity.
- 'Perpetrator' already implies both full causal input and, separately, full responsibility for that input.
- 'Grooming' implies a specific intent that may not match the actual intent of the adult at the time of the sexual involvement.
- Language such as this dichotomizes a complex human experience, making it difficult to think in **systemic** ways about **multiple causal factors, developmental aspects of assuming responsibility** for one's own behavior (for example, is a 15-year-old as 'innocent' as a 4-year old? What about a 10-year-old?), **complicity of victims** (especially in familial child sexual abuse), misunderstood **non-verbal signaling** (for example, confusion in the mind of the beholder between coy seeking of comfort and flirtatious sexual invitations), and the differences between participants' **attribution of meaning** and authorities' attribution of meaning (both child and adult participants often experience powerlessness, isolation, desire for comfort in general, plus mixtures of comfort and confusion, desire and dread, etc., regarding the sexual behavior).

Why? Because attention to familial and cultural factors would:

- Engender understanding of offenders (who, in childhood, often grew up isolated, mocked, bullied, and intensely lonely; who, in adulthood, found achieving closeness and intimacy with any other human a challenge, and who usually believed themselves unworthy and to blame for mistakes).
- Change our understanding of the systemic aspects of victims and their families (in which both mothers and fathers often wanted to reverse their own childhood experience of isolation, emotional neglect, and distant fathers by having their family have a closer, warmer father [or father figure] who did not overlook children's signals of loneliness or sadness and who, instead, was vigilantly attentive and responded with warmth and closeness).
- Reduce the perception of 'deviance' that makes ostracism possible.
- Lead to reconsideration of community/cultural values and practices, for example, the sadness in isolated communities, the human cost of celibacy, etc.
- Reduce our fear of abusers and increase our acceptance of victims – by finding that both, having experienced difficulties in staying safe and being close, still attempt to surmount those difficulties in ways that we can understand.

What would you recommend in its place?

- A thorough review of human sexuality and the function of adults' sexual contact with children;
- Construction of educational programs to inform professionals about the function of adult-child sexual behavior in human behavior
- Awareness that attachment behavior and sexual behavior are exactly the same (approaches, smiles, touching, caressing, etc.) except that sexual behavior includes genital contact.
- Awareness that the most isolated men, who have been shamed and shunned as children for showing 'soft' feelings, are the most at risk to be abusers.
- Appreciation of the possibility that abusive behavior may have been the adult's desperate attempt to fulfill their hope of closeness and intimacy with another person.
- A non-blaming recognition that victims, especially repeat victims, are not selected randomly but instead that their own vulnerability contributes to drawing the abuser to them. Knowing this could empower victims to change their behavior in ways that would lower their risk.
- An assessment process that includes all family members and focuses not only on sexual acts, but on aspects of family intimacy in general.
- Review of services to victims to reduce the probability that they will be based on the simplified story we have told child sexual abuse.
- Review of the consequences to abusers to increase the probability that they can live safe and fulfilling lives in the future.
- Generate prevention services for isolated and ostracized boys.

Dr Martin Finkel

Even in resource rich countries the acceptance of evidence based practices is suboptimal because of practitioner's reluctance to adapt new treatment approaches. It is hard for me to understand why an evidence based approach would be irrelevant. I believe practitioners want to help their clients get better but don't necessarily make the effort to embrace new treatment strategies because of both internal and external pressures. The development of new skills is time intensive and requires both a commitment and ongoing professional support. Learning collaboratives that adapt to the reality of specific communities/culture are most likely to be successful. The key is how one rolls out new interventions with anticipation of time/fiscal impact on clinicians.

Research suggests that it takes about 20 years to systemically change professional behaviors when it comes to adapting new treatment strategies. This time line is too long but needs to be considered when trying to create systemic change.

H.D. "De" Kirkpatrick, PhD

If parental involvement is the most important tool for protecting children from sexual exploitation via the internet, this finding is inherently problematic because most teens are going to hide their use of the internet from their parents.

Although desirable, it is unlikely that government agencies are going to be able to curb the access of computers and internet by convicted internet sex offenders.

Online sting operations (Perverted Justice) have been criticized as a form of entrapment (Ross and Walter, 2007).

A recent resource for discussing positive and negative evidence-based interventions is Protecting Children from Violence: Evidence-Based Interventions Lampinen, J. M. & Sexton-Radek, K. (2010). (Eds.). New York: Psychology Press.

Video-taping forensic child interviews is considered (by a majority, but not consensus) to be best practice, but there remains a wide variation on how the taping is done.

Effective sex offender treatment (for teens and adults) does not seem to be agreed upon (and often not available).

Chris Newlin

The majority of evidence-based practices which have been published focus on majority populations and cultures. Within the United States, there is need for expanded consideration of the appropriate application of these models for minority populations. This is especially true for First Nation communities as their manner of relating to the world requires the broader concepts learned in evidence-based practice to be applied in a unique and culturally-sensitive manner.

Patricia Peterson

There is so little strong evidence-based literature on prevention that what is available is what is used. As for treatment, controlled studies are still not common and do not allow for great specificity in choosing interventions.

Dr Viola Vaughan-Eden

One of our biggest challenges in the U.S. is being a multicultural society. We struggle to respect cultural differences while keeping children safe. Our evidence-based literature is limited in addressing cultural issue.

oooOooo

Q5: If you had the power to implement an ideal system, what would the components be?

ARGENTINA

Dr Irene Intebi

- I'm in favor of a coordinated system that would protect children at the same time that would prosecute the case.
- Teachers and all staff working with children should be aware both of when to suspect child sexual abuse and where to refer/report cases.
- There should be governmental agencies that could enforce protective measures.
- Forensic psychologists, psychiatrists, social workers and doctors need continuous training and supervision regarding interviewing children and assessing child sexual abuse allegations.
- Prosecutors and judges need specific training to understand child witnesses and victims and the dynamics of child sexual abuse.
- Law enforcement personnel should be trained to conduct proper investigations in child abuse cases (very rarely the police intervene in these cases; mostly in extrafamilial sexual abuse cases).
- Treatment programs for victims and families should be created.
- Treatment programs for juvenile and adult offenders should be created.

Judge Carlos Rozanski

In my understanding, the ideal system must be based on the principle of the "child integral protection". According to this view, as I said earlier, the priority of the intervention is not the sanction, even though I consider it indispensable, but the protection of the abused child from the first minute. This forces each intervening office to take action to guarantee the mentioned integral protection and, at the same time, to ensure that those who investigate and, in their time, judge the suspects do not compromise the initial premise about integral protection.

It is very common in many countries that after a 'courageous' victim support task at the beginning of a process, the same victims are forced to appear in front of a judicial court to have the 'suffered horrors' come alive again. The point of such action is usually not to impair the defendant's 'right of defense', without considering that the most basic principles of the sexual abused victim's respect in no way involve violating the rights of any suspect.

What this is about is becoming aware that the suffered trauma makes the abused child a very special and vulnerable witness. In that regard, the best way of following the right process for the defendants and the children is by creating the appropriate conditions so the victims are heard in a way they are not hurt and that especially avoids pressures and improper interference from the abusers or those who help them.

The presence of a child in a trial or any other method of contact between the child and the suspect or the child and strangers to the specialized interviews, whether they are police officers, prosecutors, defenders, or judges, is in violation of the principle of integral protection, and at the same time, it is what in fact most frequently plots against an efficient and fair sanction.

AUSTRALIA

Sue Foley

An ideal system would be one that starts with child safety being systemically and holistically. The standards and values arising from recognition of the rights of the child should be the principles against which all services are evaluated.

The system needs to include prevention, therapy for children their family and child as well as family sensitive timely forensic processes.

- Therapeutically: A shared framework such as TFEBT or other trauma treatment and child and family programs into which various cultural and theoretical approaches can be incorporated needs to be established.
- All approaches must include ways for children to tell their story, get assistance with any trauma symptoms and consistently access support and care from safe and appropriate family members.
- There are tools which it would be great to adapt for consistent use of such approaches Examples include Liana Lowenstein's materials (Canada); from Australia, Tania Skippen's tool My Mountain, the Innovative Resources tools, and the Protective Behaviors programs of which there are many good examples.
- Forensically: well trained doctors and psycho-social professionals able to gather evidence and give valid opinions.
- Medically: good developmental professionals able to assist with the impact of cumulative harm, including sexual abuse.

BRAZIL

Prof Benedito Rodrigues dos Santos

- Preventive policies.
- Integrated mechanisms among agencies for reporting and investigating cases.
- Child-friendly and integrated approach for the first care of the child (lately we have been studying the models of Children's Advocacy Center and Zebra Center of Canada).
- Psychological care for children.
- Social and psychological care for the offenders.
- Better indicators and mechanism/methodologies of monitoring and evaluation.

CHINA

Prof Fuyong Jiao

Components are:

- Social welfare system for children and families;
- Perfect justice systems;
- Parenting support, home visitation, child care;
- Child care, juvenile justice, maintenance, adoption, child witnesses and victims;
- Social behavior change.

ESTONIA

Dr Ruth Soonets

A multiagency and interdisciplinary approach to child sexual abuse in the Baltic Sea region needs to be developed. The Competence Centres, where multiagency and interdisciplinary collaboration will be under one roof.

The main basic functions of the Competence Centres will be:

- Multiagency collaboration (Child Protection, State Police, Prosecution, Children Hospital paediatricians, gynecologists, and psychiatrists);
- Facilitating collaboration and coordination of Child Protection System, Police, Prosecution and medical staff in the investigation of child sexual abuse;
- Providing a child friendly setting for joint investigative interviews and medical examinations;
- Ensuring professional implementation of investigative interviews;
- Ensuring that the child-victim and her/his family receives appropriate assessment, treatment and support;
- Establishing professional work practice and guidelines by interdisciplinary cooperation;
- Enhancing specialized knowledge on child sexual abuse and disseminating that knowledge to professionals and the public alike;
- Organizing networks of specialists in local, national and international levels (education, training, research).

IRELAND

Dr Kevin Lalor and Dr Rosaleen McElvaney

The Child Advocacy model in the U.S. has a lot to offer inasmuch as it brings together the various professionals involved in managing child sexual abuse from the legal, child protection and therapeutic perspectives. However, the emphasis does appear to be more on achieving successful prosecutions and is less focused on services for the abuser. The legal system as it stands does not have the capacity to offer families an ideal resolution to the problem of sexual abuse within the family. Some have suggested that child sexual abuse be decriminalized in an attempt to encourage disclosures by both victims and perpetrators and facilitate people in seeking help. The punitive approach of the legal system can act as a deterrent to those needing help. If the legal framework was driven by the child's needs as opposed to society's needs, perhaps children would feel safer in society.

JAPAN

Prof Yumiko Kirino and Dr Toshihiko Yanagawa

If we had the power to implement ideal system in Japan concerning child sexual abuse cases, its components would be:

- A multidisciplinary team with child welfare social workers, a psychologist, a doctor, a police officer, and a prosecutor for each community to investigate and intervene with child sexual abuse cases.
- A forensic interview by a multidisciplinary team.
- A family court system with judges who are very well trained in handling child sexual abuse cases.

- An advocate for the sexually abused child.
- Treatment system in which the sexually abused children, their siblings, and non-abusive parents can be treated for a long period of time.
- Legislation to back up (1)(2)(3)(4)and (5).

LEBANON

Dr Bernard Gerbaka

"Children come first" would be the slogan of the strategy at the beginning. As for the environment, creating a mandatory space for children, in Constitution then within policies, would enforce the natural and socially compatible implementation of child friendly processes, including development plans.

MALAYSIA

Dr Irene Cheah

To improve family support and prevention of child abuse and neglect

- Community program to look into prevention of child abuse and neglect as a whole, and where promotion of child rights is ingrained in the community.
- Training on good parenting skills and social welfare support for families in difficulty and a system for early detection of families who are dysfunctional or neglectful.
- Political will to increase resources such that there is an increase in number of social workers.
- Educational system to incorporate gender sensitivity and respect for girls effectively in moral and religious teachings.
- To look into child safety issues like poorly lit streets near schools, screening of or asking for references for those who work with children or as security guards.
- To have available a child sexual abuser registry.

To improve child protection and rehabilitation after diagnosis:

- To enhance the multi-disciplinary and multi-agency response in terms of skill and capacity and to increase links with the non-government agencies and community support.
- To increase the number of welfare homes which are structured with foster 'parent' looking after a group of 5-10 children in small homes in a complex in preference to institutionalized care.
- To have foster families to look after children at risk where the families are dysfunctional or in incest cases, until such time that the family and child are rehabilitated and reintegrated.
- To improve mental health resources for work with families
- Having a child witness service and child friendly court system throughout the country. There should also be a Family Court rather than a court where children may meet adults being charged for other crimes.
- Effective rehabilitation in prisons for perpetrators and to work with families and perpetrator to enable the perpetrators to return home.
- Families to be bound by court to go for rehabilitation if necessary.

THE NETHERLANDS

Marielle Dekker

In the Netherlands, Prof Hermanns recently published a framework with an ideal “care continuum”, consisting of 55 different components. So the answer to the question for an ideal system is very extensive. So, here’s just a ‘wish-list’:

- More preventive (and voluntary) help available for pedophiles. See the promising results of Dunkelfeld project (www.kein-taeter-werden.de) and Stop-it-now: (www.stopitnow.org.uk).
- Information to all parents on sexual abuse prevention.
- Programs in schools in which children become aware of violence and abuse.
- Recognizing signals of child sexual abuse and neglect is a mandatory component of the residencies of all who work with parents and children. Investments in enhancing communication skills for professionals.
- Reporting Codes in every institute.
- A short(er) period of investigations and decision making after a report.
- Police reports go to court more often.
- Specialized centers combine diagnosis and care, like the CAC’s. Evidence based care for parents and children is provided after sexual abuse is confirmed. The capacity of this type of care should increase.
- Child/safety should be the core/value during the whole trajectory from report to the end of offering help-care.
- Systematic attention for the safety of children living in youth care institutions, institutions for handicapped children or living in foster care.

PAKISTAN

Dr Tufail Muhammad

I would go for a holistic and evidence based structured child protection system with two arms operating synergistically. These would be:

1. Prevention: Through awareness raising and vigilant mechanisms at:

- Home
- Neighborhoods
- Schools
- Orphanages, shelters and other such institutions
- Workplace
- Health care system
- Disasters and other emergency situations

Another important component would be to train and help children develop protective behavior.

2. Response: Through properly trained multi-disciplinary teams consisting of:

- Medical, paramedical and Nursing professionals
- Psychologists and Psychiatrists
- Social workers
- Police, lawyers and judges

THE PHILIPPINES

Katrina Legarda

The CPU-Net, in partnership with the DOH through the health-service delivery system and in tandem with multi-disciplinary teams, is in the process of establishing child protection units in all 81 provinces of the archipelago. To date, the CPUN, in partnership with the PHILJA, has finished training all the family courts around the country (over 6,000 judges and court personnel): the training of the regular courts in areas that have no family courts will start this year.

SOUTH AFRICA

Prof Julia Sloth-Nielsen

I personally, contrary to many of my child rights colleagues, place a great deal of faith (for the future) in the new child protection register set up by the provisions of the Children's Act. Part B of the register, which would operate at a national level, is intended to contain a list of persons unsuitable to work with children. It is to be used for screening of employees and the wide range of persons who come into contact with children in the course of their work. I believe that it can play a valuable preventive role if it were to become widely known that abusers would lose their job.

Whether South Africa can implement properly an electronic register is a moot point. Other countries in the region have decided not to implement a national register due to the high costs and capacity constraints. I refer to Namibia, Tanzania, and Botswana, for instance.

Joan van Niekerk

- Implement a "best interests" of the child approach that focuses on the protection and healing of the child and family above all else.
- Motivate for further law reform that is need and practice based.
- Train all the role-players in the law and policy and how to use this in a professional way.
- Ensure manageable caseloads.
- Introduce and monitor the implementation of inter-sector protocols.
- Introduce a monitoring and evaluation system that would try and ensure the best possible service for every child.
- Use knowledge gained from practice and research – with both victims and perpetrators to develop prevention programmes both for the short and long term.
- Focus interventions on young offenders and track their progress over time to monitor effectiveness of programmes.
- Engage extensively with traditional and religious leaders whose beliefs and practices might support the vulnerability of children.

SWITZERLAND

Dr Myriam Caranzano-Maitre

In terms of promoting respect for the child:

- The CRC should be an integrated part of school curricula, in order for every child to understand from an early age that he has the right to respect and that if anyone hurts

him, he should talk about it and ask for help. He should also know who to turn to in case of problems.

- Parent training: all parents should understand the importance of respecting their children and the consequences of child maltreatment and CSA. Greater support and implementation of schooling for parents is desirable. In addition to helping parents teach respect, they could be used to teach CSA primary prevention messages in order to allow parents to insert them into day to day education.
- All professionals working with children, and anyone who works with children in their free time, should be trained in child protection and promoting respect for the child – the implementation of the CRC. Training modules of this kind should be included in basic training and continued education courses for all individuals working with children.
- Politicians and civil servants in charge of State finances should assign sufficient economic resources to the promotion of respect for the child.

In terms of preventing maltreatment and CSA:

- Programmes for preventing child maltreatment and CSA should be systematically inserted into school curricula, such that every child is aware of key prevention messages.
- Parents, teachers and supervisors of extra-curricular activities should also be involved in prevention programmes
- Parental support: it should be easier for parents who recognise they are having problems to turn to pedagogic support services or agencies. Some such services already exist, but action is often only taken once the situation is extremely compromised.
- Basic training for all individuals in contact with children, regardless of their profession. All should have a minimum level of knowledge regarding child maltreatment and CSA in particular: how to recognise and intervene if it is suspected (who to ask for help).
- Possibility for individuals experiencing paedophilic impulses to seek help: if a paedophile is aware of his problem (rare, but they exist), he must be able to talk to a specialist who will help him NOT commit CSA.
- Greater political and economic support for all points outlined above: prevention cannot be done for free.

In terms of interventions in cases of maltreatment or CSA:

- Continuous training: all professionals involved in interventions for CSA cases must keep up to date.
- Networking of all experts working with children, particularly in educational and medical fields. Far too often, each sector works behind closed doors (and years pass before anyone notices that the paediatrician suspected, the teacher suspected, the coach suspected... and nobody said anything until the adolescent himself in turn committed CSA of the neighbour girl...).
- Task Force: network for cases of CSA (proven or suspected). In my limited experience, network activities conducted by various professionals called upon to cooperate in cases of CSA greatly improves possibilities for aiding child victims.
- Greater political and economic support for all points outlined above.

Reinhard Fichtl

- national system
- transparent
- harmonized case handling
- chain of prevention – handling – prosecution – rehabilitation

UNITED KINGDOM

Dr Arnon Bentovim

It is essential that any intervention approach be **preventative and systematic**.

Level 1 - Primary Prevention

- i) This is to prevent maltreatment, impairment of health or development, and ensure children grow up in the circumstances consistent with safe and effective
- ii) Care, ensuring children know who they can contact when they have concerns about their own or others safety and welfare.
- iii) Pro-active work which aims to target particular groups, for example to safeguard and promote the welfare of groups of children who are potentially more vulnerable than the general population. These can include children living away from home, children with a disability or children of parents with mental illness, drug and alcohol abuse or domestic violence who are particularly prone to suffer trauma and family violence and which forms the context for the perpetration of sexually coercive behaviour.

There are some structures that are available in the UK which would have a firm place in any ideal service:

- Childline – which is operated by the National Society of Prevention of Cruelty to Children and is an example of a free telephone helpline for children who have not been able to speak in other contexts. Childline can take protective steps to seek help for a child, encourage steps to seek help for a child directly, to encourage the child to speak to a protective figure, maintain contact with the child and develop experience in supporting children directly living in a context of family violence where they may be being sexually abused. Childline has played a key role in the UK in providing a free line to seek assistance and support and is an essential element in an ideal service.
- Stop It Now – this is a recent development of an application of a Public Health approach to sexual abuse. The Stop It Now campaign aims to inform the public about the nature of sexual abuse, and helps family members concerned about abuse to seek assistance, irrespective of whether they are partners or parents, or are themselves the abuser. The Stop It Now organisation managed by the Faithfull Foundation is gradually developing centres in London, in various parts of the United Kingdom and in Scotland, Northern Ireland and in Wales. The aim of the Stop It Now organisation must be to be able to reach out to the individuals who call, to provide direct counselling as well as telephone counselling. The process of protection and developing a therapeutic approach for families and for individuals who perpetrate is an essential development of an ideal service, so there can be a link from those seeking help to those who require protection and therapeutic intervention.

Level 2 – Proactive Work – Aiming to Target Particular Groups

- It is evident inspecting the statistics of children who are vulnerable to abuse, that there is a high incidence of abuse by peers, partners and young people.
- The need is to extend preventative services to develop the service in sex education which occurs universally in schools in the UK a more detailed understanding of relationships and avoidance of dating violence and sexual violence in relationships between young people. There is evidence about who is more vulnerable to being involved in potentially violent abusive partnerships during adolescence. The approach adopted by David Wolfe in Canada in Toronto of extensive education in schools to

reduce the incidence of sexual violence between young people would be an important contribution to prevention. This approach would also provide:

- Information to assist those children in understanding that abusive responses in a context of care are unacceptable.
- There is great current concern about the involvement of children and young people in internet abuse. An essential element of preventative work for young people within educational contexts should include self-protection skills, the Internet, as well as with partners.
- It is essential that there is broad based management of risks on discovering dangerous sites on the internet and prosecution and prevention of those who are at risk to children through education, child care, locking children into child prostitution by child trafficking and abduction. Attempts to ensure that Social Contact sites such as Facebook should be pursued.

Level 3 - Secondary prevention is concerned with the recognition and intervention with children and families where there is evidence of children being subject to trauma and family violence, to ensure adequate protection from further harm, and to assess children and families needs. This involves the provision of interventions aimed at supporting strengths and addressing difficulties for children and families so that children's needs can be met.

- These are pro-active services for children at risk of harm where there has been sexual abuse. The ideal approach would be that the 7 stages of the process described by myself and colleagues (Bentovim et al. 'Safeguarding Children Living with Trauma and Family Violence', 2009) where there are safeguarding concerns about a child are established effectively in each region. There needs to be well integrated services involving police, social work and health agencies, working together to ensure that each stage is efficiently and well conducted, using evidence based approaches to assessment and intervention.
- There needs to be legislation and procedures which ensures adequate protection and support for victims and services for those who offend and their families. These stages include:
 - Stage 1 - the phase of identification of harm and initial safeguarding. This requires an extensive network of well publicised routes for children, and concerned family members to indicate that sexual abuse is occurring. Skilled police and social work interviews and health examination are required when a child complains through a help line or professional. The examination should take place in a suitable 'children's house' designed to be supportive and child friendly, where all professionals concerned with an initial investigation can provide an ideal environment.
 - Supported by the Local Safeguarding Children Boards, all professionals working with children need to have full knowledge and information about the behaviour of children and statements which are indicative of sexual abuse. All professionals need to be aware of the approach to assessment which ensures that a child or young person can provide a full picture of their experiences in a reliable way.
 - There needs to be good evidence based assessment of the initial parenting, and the protective capacity of the potentially non-abusive parent, and appropriate arrangements for support of the child, whether a family member or in a context where they can be supported. Disbelief is one of the areas which is of greatest distress for young

children, and it is essential that approaches are taken where children feel they are believed and supported.

- These need to be skilled assessments by trained police and forensic specialists of the alleged perpetrator, and extensive assessments of offering potential and therapeutic needs and potential.
- Stage 2 – making a full assessment of the children's needs, parenting capacity, family, environmental factors and levels of harm. It is essential that there is a multi-agency assessment involving appropriate professionals, social work, psychological, psychiatric and forensic to evaluate all aspects of the children and family members functioning, including the alleged perpetrator, family context of potential care as well as the children's therapeutic needs.
- Stages 3 and 4 – establishing the nature and level of harm and harmful effects. The application of the SAAF (Safeguarding Assessment and Analysis Framework, 2011) so that a full assessment can be provided of the Risk of Future Harm to the child in the family context and the Prospects for Intervention with the family can be ascertained, as well as more specialist assessments of children and young people who are victims with young people who are perpetrators and adult perpetrators in terms of their level of risk, the nature of support and supervision they require, as well as intervention and supportive family members. The complex assessments of an organisation like the Faithfull Foundation need to be provided universally.
- Stage 5 – developing a plan of intervention to include therapeutic work for a context of safety and protection from harm for the child or young person and supportive family members as well as an extensive programme of therapeutic work with children and young people who are victims and young people who are responsible for sexually harmful behaviour, as well as adult perpetrators.
- Stage 6 – rehabilitation of the child to the family when living separately, or moving on from a context of protection and support.
- Stage 7 – placement of children in their new family context where rehabilitation is not possible.

These imply an involvement with services for children and families, education, physical, mental health, young offenders, services for adult, physical and mental health offending community services and housing. It is essential is for each area to develop a well integrated approach to provision for the multiple aspects of therapeutic intervention that are required for individuals and families, and to be integrated by an organisation like a Local Safeguarding Children Board responsible for the management of all forms of abuse.

Level 4 - Interventions – Specialist Services for Children Who Have Suffered Abuse and Neglect and Their Parents.

This includes ensuring that there is the wide availability of specialist therapeutic services for children and families from perpetrators which are available in each community whether this is within the community, in specialist resources for those individuals who have high levels of risk, and in whatever context the child, parent or individuals responsible for sexually harmful behaviour are placed, including in secure settings or in prisons.

An important element of long-term impact of sexual abuse is the awareness of its role associated with other forms of maltreatment in long-term mental and physical health problems, ensuring that interventions are available in all these contexts.

Parents who have been sexually abused

A particularly important area concerns those adults who have been sexually abused, for example, women who may be carrying a significant burden, who have not been provided with appropriate therapeutic work, which risks intergenerational re-enactment of failures of care, or sexualisation of relationships either directly or through partners with interlocking sets of problems. Awareness of all those working in Maternity and Child Health of the impact of abuse within their own childhood which may not have been addressed is a final area of prevention that is essential if a community is to address issues of sexual abuse effectively and complete the circle.

UNITED STATES

Dr Randell Alexander

I would have federally funded centers of excellence (Health CARES proposal by the American Academy of Pediatrics). Statewide, I would have funding for a coherent system of child abuse centers. Florida is the only place that has this currently.

Donald C. Bross, J.D., PhD

Effective prevention programs would be available and funded throughout the land. Mandatory identification and an array of legal responses to confirmed CSA would be legislated and financially supported. Treatment for victims of CSA would be a right of victims, and there would be sufficient qualified therapists to meet the demand for treatment.

Patricia Crittenden, PhD

- Early non-pejorative family assessment.
- Delay in removal of family members until either the child requested it or evidence of dangerousness had been gathered and agreed upon.
- Programs to enable other forms of appropriate intimacy for abused children and abusing adults so that family relationships were strengthened, not disrupted.
- Avoidance of ostracism and shaming of abusers because exclusion from family intimacy is what lies behind the desperate efforts to contact children that lie behind sexually abusive behavior.

To conclude, I do not mean to condone child sexual abuse in any way. I am well aware that its effects are terrible and go even into the next generation of children of former victims. Nor do I mean to undermine the huge effort of professionals over the last 30 years to address the once taboo topic of child sexual abuse. However, in the more complex framework that I advocate, it is apparent that some of our professional responses that were well-intentioned were in fact harmful – for both victims and abusers. Just as we did not intend harm, I am not convinced that adults who harm children always intended harm.

As understanding of maltreatment and procedures to prevent it and respond to it passes from early responding countries to other countries, I would hope that our missteps would not be repeated.

Instead, I hope that a more compassionate, more differentiated, less vindictive, and more preventive approach can be taken. This approach should reflect understanding that:

- sexual behavior with children comes in different contexts each of which needs a different response,

- essentially all offending adults were themselves victims of mistreatment in their childhoods,
- many sexually abused children come from troubled families and that their efforts to accommodate their family conditions can inadvertently invite contact by exactly those adults who themselves are most hurt, and
- sexual behavior, being so similar to attachment, can function as attachment when attachment itself cannot function.

Human life is complex; when one door is closed, we find another way to each other. Knowing the multiple functions of sexuality and the intense effort to connect that its misuse reflects, we could design response procedures that were both protective and compassionate – and that furthered the goals of human connection that motivate both abusers' and victims' behavior.

Dr Martin Finkel

This could be a whole book. Essentially if I was developing a system from the bottom up, I would want to develop a blueprint that reflects a strategic plan that integrates all of the professional disciplines and achieves societal buy in. Any successful approach must include primary, secondary and tertiary prevention. My system would have a health oriented focus. Just as one builds any structure its ability to withstand earthquakes will be dependent on the strength of its foundation. Foundation building is a slow process and successful systems are built when realistic goals are identified, achieved and then further developed. Without adequate fiscal resources little can be achieved that creates permanency to our systems of child protection. I believe that there can be great return on investment when children mature into healthy productive members of society.

H.D. "De" Kirkpatrick, PhD

- Top-down, bottom-up, and lateral communication among concerned parties and agencies, without so much emphasis on "turf issues".
- More cooperation/collaboration among public (CPS) and private sectors in assessing controversial CSA cases.
- More world-wide education of the public about the problem of child trafficking and human slavery.
- More research about effective internet safety mechanisms.
- Policy reconsideration by legislative and justice organizations about the increasing criminalization of child/teen sexualized behavior.
- Create a world-wide consensus of the definition of CSA (including sex slavery) and bring an end to it.
- Establish an empirically based child interviewing protocol world-wide utilized by all persons investigating, representing, and adjudicating CSA cases.
- Establishing the availability of legal counsel for children in CSA cases world-wide.
- Ensuring adequate, permanent funding for attorneys representing children in CSA cases.

In our local community (Charlotte-Mecklenburg, North Carolina, U.S.), several missing or underserved elements were identified: 1) there remain "gaps" in services in non-traditional, after hours' situations; 2) there are gaps in "free" services for indigent populations, especially services offered that are culturally and native language appropriate; and 3) teens get labeled as sex-offenders when maybe they should not.

Dr Richard D. Krugman

- I would utilize Health Law – find sex offenders to be public health hazards to children and society and quarantine them in hospital settings until they were judged to be safe.
- These facilities should be research facilities to look for etiology and treatments for child sexual abusive behavior.

Chris Newlin

This is a very difficult question as we have been working very hard over the past twenty years to correct deficiencies in the systems. Following are a number of items that would be of great value in our ongoing efforts to protect children from sexual abuse and to respond effectively to the needs of those who have been abused:

- Additional funding for governmental agencies and NGO's addressing child sexual abuse.
- Increased public awareness of the issue with associated improved levels of reporting child sexual abuse.
- Standardized child sexual abuse and exploitation criminal statutes for the entire country.
- Standardized CPS organizations and structure for the entire country.
- Federal legislation that supports the multidisciplinary response to child sexual abuse and strongly encourages the public-private partnership to respond effectively.
- Improved education and openness to education for judicial staff, especially judges.
- Increased training on child sexual abuse in graduate school training programs.
- Incentives for individuals with sexual urges involving children to receive help before committing acts of violence involving children.

Patricia Peterson

More money for research on prevention and treatment, research on the proper use and coordination of civil and criminal legal processes, continuing investment in on-line exploitation crimes, and coordinated protective services, victims assistance, and mental health services. One example of a pilot program we had hoped to implement is to assure assessments, including mental health evaluations, of the siblings of children who are victims of sexual assault but this has not occurred due to lack of funds.

Jill-Ellyn Straus

I think we were making great strides in developing creative ways for children to “testify” or for their evidence to come in. The Supreme Court’s very strict interpretation of the confrontation clause put an end to much of the creativity. Making sure that all people working in both systems are well educated in child psychology and the dynamics of these crimes would greatly help. We still have great issues with public education – recognizing that the dangers generally are close to home and not strangers lurking behind trees. We need a better way of identifying and distinguishing perpetrators from one another – who is a predator and needs to be contained long term and who is amenable to treatment and less drastic intervention. I think that the two system approach is still necessary and appropriate. I think that there are case where clearly children are not being kept safe and human services intervention is needed; other cases where there is truly an identified bad guy that needs to be removed from society. The joint training of professionals working in the field is so much more productive than operating in our silos. We see much better cases coming from the multi-disciplinary approach to investigation, prosecution, and treatment.

Dr Viola Vaughan-Eden

APSAC envisions a world where all maltreated or at-risk children and their families have access to the highest level of professional commitment and service (<http://www.apsac.org>).

Ideally, I would have a system where all professionals involved in the prevention, investigation, and prosecution of CSA would have expert training and educational activities. CSA cases would be handled only by those (social workers, law enforcement, doctors, prosecutors, judges, and mental health and medical professionals) who have specialized education/training. Since CSA is an ever evolving field, those trained would have to receive ongoing certification/re-credentialing by a reputable governing body such as a state or federal agency. Universities and colleges would offer accredited courses leading to a certificate. Additionally, a specialized training program would be required by the judiciary and offered by the American Bar Association or the National Council of Juvenile and Family Court Judges for attorneys and judges who would then complete something similar to the Multistate Professional Responsibility Examination in order to practice with these cases. Policy-makers would consult and collaborate only with those qualified to provide theoretically sound, evidence-based research and services. CSA would receive the public awareness, attention and funding as if it was a medical/disease epidemic.

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COMMENTS FROM THE LATIN AMERICAN AND CARIBBEAN REGION

Alessandra Guedes

Regional Advisor – Family Violence - Pan American Health Organization

Limited data

Research on child sexual abuse in Latin America and the Caribbean (and globally) is limited and tends to be characterized by small, non-representative samples, diverse definitions of abuse, and differing age cut-offs for child sexual abuse. All of these characteristics make studies difficult to compare across settings.

Although researching childhood sexual abuse is fraught with ethical challenges, some recent and ongoing efforts have made strides in this direction. Two of the most notable ones are: Adverse Childhood Experiences (ACE) and Together for Girls (spearheaded by the CDC in collaboration with other groups).

Assuming that ethical challenges can be overcome, better data on the magnitude of childhood sexual abuse (and child maltreatment), as well as risk and protective factors, is key for both advocacy and programming.

Limited capacity by the health sector to identify and respond to cases

The public health system is a main point of contact for women, children, and families at a range of junctions in their lives and offers the potential to identify and provide services to survivors of sexual violence, thus potentially mitigating its consequences. However, in Latin America, as in many other countries globally, violence is not always seen as a health issue and health care providers are rarely trained to identify and treat cases of violence. Further complicating matters, health care providers are reluctant to address violence because of fear of being implicated in legal proceedings. More effort must be made to include violence in relevant health (and other) university curricula, as well as in the provision of in-service training.

Need for and challenges of intersectoral collaboration

Addressing childhood sexual abuse (as well as other forms of violence) requires multi-sectoral collaboration. However, such collaboration tends to be time consuming and challenging for a variety of reasons, including conceptual differences (such as limited familiarity with the evidence), individual challenges (such as, competition for funding / visibility) and organizational restraints (such as, staff turnover, rigid funding mechanisms).

Efforts to address childhood sexual abuse must also work to improve capacity for multi-sectoral collaboration.

Need to build the evidence base on primary prevention

Although limited work has been done in the region to respond to childhood sexual abuse, even less has been done in the area of primary prevention of childhood sexual abuse.

Greater attention must be paid to primary prevention of violence in childhood and more effort must be made to rigorously evaluate such prevention initiatives.

Addressing the intergenerational consequences of violence

Exposure to violence during childhood has been linked to both perpetration of violence by men and victimization of violence by women. Men who were sexually abused as children or who witnessed violence among their parents are at higher risk of perpetrating both intimate partner and sexual violence. And women who experienced maltreatment in childhood and / or witnessed parental violence are at a greater risk of becoming themselves victims of intimate partner and sexual violence (World Health Organization/London School of Hygiene and Tropical Medicine (2010) Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva: World Health Organization).

Such evidence points to the regrettable inter-generational effects of violence and stress the importance of breaking this cycle by tailoring interventions for children exposed to violence with the goal of preventing future victimization and perpetration.

Linking work in childhood sexual abuse to other key health areas

Exposure to childhood sexual abuse is linked to a host of immediate and long-term negative health outcomes both that continue into adult life. Programs addressing childhood sexual abuse need to understand the immediate and long-term consequences in order to design appropriate interventions.

Additionally, programs addressing childhood sexual abuse must reach out to programs addressing other areas of relevance, such as:

Limited access to safe and legal abortion

For instance, access to safe and legal abortions is limited in the Latin America and Caribbean region, even for cases of rape.

Link with HIV

Sexual violence against girls is associated with an increased risk of acquiring sexually transmitted infections, including HIV/AIDS. Programs interested in preventing HIV need to address sexual violence and, conversely, those addressing sexual violence must also address HIV.

Mental health

Girls who experience sexual violence are at significantly greater risk for depression, PTSD and suicide. Incipient discussions in the region are taking place in an effort to understand an increase in the number of suicides among young girls and at least one country (El Salvador) has started to perform pregnancy tests on women who committed suicide. More effort must be made to understand the connections between suicide in young girls, sexual violence, pregnancy and lack of access to abortion.

All responses are the personal opinions of the individual respondents and are not the official viewpoints of the respondents' employers, governments, governmental agencies, or their countries. Several people responded to the questions but preferred not to have their answers published; therefore, their responses have been removed from this document.

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Appendix 5: JUDGE CARLOS ROZANSKI: Some Thoughts on Child Maltreatment and Abuse

The history of childhood is a history of abuse and maltreatment. Through the centuries, this history was passed on by twisting the facts and, often times, hiding away the truth. This process prevented any changes that could have reversed these injustices. Only through a broad perspective that takes into account the reality shall the numerous institutional practices that tolerate and validate this story of suffering be understood and eventually eliminated.

While intervening in these cases, the State almost always ignored not only the characteristics of child maltreatment but also the victims and especially the vulnerability that characterizes children.

In this sense, each disrespectful intervention not only revives the suffered abuse but postpones, sometimes indefinitely, the possibility of recovery for the young victims. These actions, while inflicting new violence against children (this time originating from the institution itself), denote a severe neglect from those who, through their profession, have committed to using their knowledge to improve the situation of, and not re-victimize, abused children.

It is important to remember that abuse is mainly characterized by occurring in secret, generating great confusion to the victims, self-blame, guilt, anger, great fear and, when the abuse happens within the family or partner group, the child's feelings towards the abuser are even more exacerbated due to this relationship. Furthermore, the abuse is always inflicted with violence (physical and/or psychological) and is produced in a relationship of inequality between the victim and the victimizer. Finally, child abuse should be a public matter and not in any way "private" as it was successfully presented for centuries, which provided impunity for the abusers.²

On the contrary, interventions that acknowledge the characteristics of the problem, consider the consequences it causes to the victims, and focuses on supporting and standing by the victim's side are the best path to begin the phase of recovery, which also provides the child with the possibility to develop her full potential in spite of the wounds that she will carry for the rest of her life.

The need to re-think these intervention practices originated from the review of those practices that, until very recently, were a common method of addressing child abuse cases not only in police stations, but also in the court system, and are still present in different regions of Argentina. Thus, especially in provinces where standard procedures had not yet been modified, victims have to wait for long hours in each stage of the intervention procedure. In many cases, they are sent from one place to another with the argument that the complaint

² Crimes of a private nature in the Latin American criminal codes refer to crimes that can only be investigated at the request of the victim. They are usually crimes that offend the "honor" of the victim and frequently deal with sexual assault. This was long used as a justification for not intervening in child sexual abuse cases since the victims, being minors, cannot bring legal complaints and their families or guardians, who could report the crime, may be involved in the crime. Crimes against public order are those in which the State investigates the crime, even when the victim does not file a complaint. [Added by ISPCAN to provide clarification.]

needs to be done at the police station, or the office of the public prosecutor, or at the court. At the same time, health sector personnel may not be adequately trained in handling child maltreatment cases and often exacerbate the situation by their mishandling of the case. Child victims, who have already been abused, do not need the negligence of a system that it is not prepared for these types of emergencies.

In other cases, fortunately, the system response is better. In the city of La Plata, for instance, trained police and health personnel are located in the same place where the report is filed. Here, the first contacts with the victim as well as essential examinations are performed, avoiding further suffering to the children.

The distinction between one type of intervention and another is given by the confluence of factors that range from the individual to the institutional. In this sense, most significant advances in this matter have taken place in recent years, including the enforcement of the Convention on the Rights of the Child. Though it is true that this did not immediately change the condition of children, it established the legal framework that in our countries represents the maximum hierarchy (integrated into the National Constitution), which clearly defines as a criminal any person who does not protect or who re-victimizes an abused child.

One of the most important areas in which we should work is the respectful intervention of caregivers who have not met their legal duties towards children. Respect for the articles of the Convention on the Rights of the Child (CRC) should be instilled as a guiding principle from early education to postgraduate education; this will translate into comprehensive child protection. Now that the Articles of the CRC have been incorporated into the existing laws, they should guide the activities of each professional – medical practitioners, police officers, psychologists, social workers, judges, teachers and prosecutors – so that their work is in the “best interests” of the child.

If these basic premises are met, then the habitual and the ordinary will be that the physical and emotional integrity of a child suffering from maltreatment and abuse is taken into consideration following the previously mentioned parameters every time the system intervenes. Otherwise, as it was mentioned before, the practice should be considered illegal and must be reported.

The responsibility to modify this kind of insensitive interventions is both personal and institutional. At the present time, the new paradigm of child protection is that the police and legal system should not prioritize the investigation of the felony according to standard criminal investigation procedures but that both the police and the legal system should ensure holistic protection of the victim. It is precisely by following this path that the conditions are created to allow elucidation of the facts and eventually the punishment of the offenders.

Concerning this matter, in 2003, the Argentinean National Congress passed law # 25852, which modified the Federal Criminal Code in regards to the allegation process of abused and maltreated children.

Since then, in the city of Buenos Aires and in numerous provinces, children are not required to testify in court as was unfairly required in the past. This practice disregarded the characteristics of the problem of child abuse and favored the above mentioned impunity of the crimes. Having the victim testify in a courtroom full of strangers often resulted in silencing the victims or making them change their allegations.

The changes introduced by removing the child witness from the courtroom and the subsequent use of other interviewing techniques, such as one-way mirror interviewing rooms, allowed the creation of conditions appropriate to the characteristics of the problem and respectful of the developmental stage of the witnesses and of the traumatic effects of their experiences.

As regards abused and maltreated children, this is the truest way of complying with the right of the child to be heard, as stated in Article 12 of the Convention on the Rights of the Child, the procedure described above creates the best conditions for child victims to be heard.

We should be cautious with all attempts to disregard this new way of dealing with child victims based on the principles of defendant's rights, as the old interrogation practices created confusion and favored the abusers, causing more suffering to the victims and inevitably silencing them as well. Due process and the defendants' rights to their defense are not being questioned but their observation should not contradict due process to the child victims or the respect of their rights. Conditions need to be created or adapted to allow children to be heard, respecting the principle of their integral protection, at the same time allowing the monitoring of evidence with no violations to the principles of due process but protecting child victims from destructive strategies only aimed to achieve impunity of the abusers.

In this regard, beyond the expected complaints from those who resist changes intrinsic to revisiting their own behaviors and practices and, obviously, from the abusers and those who make a profit in this field, the changes that are already taking place are encouraging.

The challenge now is to continue expanding such changes, especially through the comprehensive training of service providers that includes raising their awareness to respond adequately and to resist the pressure of those pursuing impunity. Under the current Human Rights paradigms, adequate interventions with child victims of abuse is not an option but an ethical commitment and a legal obligation.³

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³ This article was published in July 2009 in the magazine "Comunicarnos", edited by the Committee for Children and Youth at Risk from the Archdiocese of Buenos Aires –Year 9, Number 98.

Appendix 6: DR ARNON BENTOVIM: CSA - Practical Interventions

CSA - a Review of Practical Interventions from an International Perspective

1. Social Science Perspective on the Overall System

From the early days of the 'modern' recognition of child abuse with Henry Kempe and his colleague's publication of the Battered Child Syndrome in 1962, an interdisciplinary approach to professional practice has been established. Different forms of abuse have been recognized: investigation, management and intervention developed. This applies to all forms of abuse, including child sexual abuse. The fact that sexual actions perpetrated against children have long been perceived as a criminal act has meant police, law enforcement and judicial processes has played a key role in the communities' response. In 1976 Henry Kempe made a forceful presentation at the International Child Abuse and Neglect Conference in London where he stated that there was a growing awareness and recognition of children who were being sexually abused represented a further stage in the recognition of different forms of maltreatment within the community.

Kempe's approach was that child maltreatment was not only a serious hazard to physical health, but there also needed to be a mental health perspective to understand the impact of maltreatment on the child, and factors which led a parent to behave abusively towards a child or to fail to protect. Social welfare services were required to ensure that arrangements were made to protect the child. A law enforcement/judicial approach was also required to determine whether a crime had been committed and the needs of the child for care and protection established. Interdisciplinary work – multidisciplinary work has featured in the management of different forms of maltreatment from the outset. The recognition of sexual abuse as a form of child abuse as well as a criminal action against a child has meant that a multi-disciplinary approach has also applied to children who had been maltreated sexually.

The advantage of interdisciplinary work is that it provides a context for sharing information, decision making, planning and support - complimentary approaches can be integrated for the benefit of children, parents and society. There are many instances of successful inter-professional interdisciplinary work in the field. In the UK following analysis of failures of communication in high profile child abuse tragedies, 'Working Together' has advocated child health, child welfare, the police and education services should form closer working relationships. In the United States the Advocacy movement established protocols for interdisciplinary work; in Scandinavia the Children's House Movement has been influential in improving inter-disciplinary practice; specialist Hospital units in Australia, Israel and elsewhere world-wide have provided child- friendly environments.

Managing the boundary between individuals from different disciplines is a key element to the work. The contribution that each individual's agency and professional discipline needs to be recognized and have its appropriate role, as well as developing shared skills to enhance the protection of children and support families. The blurring of boundaries, 'Working Together' and mutual influence has meant that a consensus has developed in the management of physical and emotional abuse and neglect, through child protection and the care-system in many countries. Police action is more likely to be advocated in emergency situations or if abuse is severe or life-threatening.

In the management of child sexual abuse, the criminal/judicial approach has always played a more prominent role. The fact that sexual abuse occurs extensively outside the family has meant that the criminal law has relevance to protect those children who are abused in the social context, trafficked to be prostitutes, or whose images are published or accessed on the Internet. There is potential for inter-disciplinary conflict between agencies whose role is prosecution and punishment rather than protection and family support when sexual abuse occurs within the family. This requires recognition that agencies have different functions and roles which they need to operate with an appropriate degree of autonomy balanced with collaboration and cross-reference.

Those who abuse sexually are responsible for criminal acts and require an appropriate response. It is argued the best way to protect children is to prevent offenders harming children by targeting risk, preventing relapse, and encouraging offenders to live a 'Good Life' (Ward, & Gannon, 2006). Therapeutic work should be available in prison and the community, to support the rehabilitation of individuals in the community with management approaches such as the Circles of Support, and a Multi-Agency Community Protection approach. Children and family members need to be protected both when abuse occurs within the family, and extra-familial to assist recovery from the impact of a major traumatic experience.

2. Overall Practice Principles

Definitions

The World Health Organisation has defined sexual violence in a broad fashion as "Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or act, to traffic or otherwise direct against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, included by not limited to the home and work".

The definition includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with the penis, other body part or object. The legal definition of rape may vary in different countries (World Report on Violence and Health, WHO, Heise and Garcia-Moreno, 2002 and Jewkes, Senn and Garcia-Moreno, 2002). Sexual violence can occur at any age – including during childhood, and may be perpetrated by parents, caregiver, acquaintances and strangers, as well as intimate partners. "These forms of violence are in the majority, perpetrated by men against girls and women; however the sexual abuse of male children is also common."

The definition of sexual abuse accepted to many parts of the world defines:

- Sexual abuse within the family context – those acts where a caretaker uses a child – or a young person – for sexual gratification. Acts range from exposure and witnessing sexual activities – non-contact abuse, to forms of contact abuse, genital touching, mutual masturbation, attempts or actual intercourse – the essential is that a child or young person does not have the knowledge or maturation to be able to consent.
- Extra-familial abuse includes those acts which use the child for sexual gratification by strangers, peers or intimate partners where consent cannot be given, or when there is coercive sexual action. Extra-familial abuse needs to include the changing role of the internet and social networking and includes the involvement of children in making pornographic images and distributing and viewing those same images.

These definitions need to be kept under close review since they change and develop as the phenomenon of sexual abuse of children and young people changes within the community. The emphasis in some countries might focus on the trafficking of children for purposes of prostitution, or an emphasis on the use of Internet for targeting children and young people.

There is an overlap between these different forms of sexual abuse and the criminal code. In each country there are various definitions of rape, as indicated in the WHO publication. A wide variety of factors affect the way each country interprets rape in their criminal codes including the:

- definition of when a young person has the capacity to consent to consensual sexual activities;
- age of criminal responsibility, which differs from country to country;
- nature of the sexual activity, the weight given to different forms of contact and none-contact abuse; and
- nature of the relationship between perpetrator and victim, difference in their ages and developmental status.

There needs to be extensive interdisciplinary consultation to ensure the definition changes to adapt to changing patterns of sexual abuse within the community.

What is striking in all these definitions is the lack of any **definition of the impact of abusive events** on the child or young person themselves. A definition by Bentovim (1998) was introduced in Working Together – UK guidance to professionals (HM Government, 2006) to describe the phenomenon of harm, a key issue within care proceedings in the UK. Harm is described as:

“A compilation of significant events, both acute and longstanding, which interact with the child’s ongoing development and interrupts, alters or impairs physical development and significantly psychological development. Being the victim of violence and abuse or neglect is likely to have a profound effect on a child’s view of themselves as a person, their emotional lives and their attachments and on their future lives”.

The most harmful effects of sexual abuse are seen when they are in combination with other forms of maltreatment. Consideration of the impact on the child firmly links the management of child sexual abuse with other forms of maltreatment.

Prevalence

Prevalence refers to the number of children in the community who experience sexual abuse during their lifetimes. There are various approaches to establishing prevalence which includes constructing a total population sample in terms of age of children, social context and is large enough to include the cultural and ethnic variations within the population – for example Finkelhor’s reviews of Child Victimization

(http://www.unh.edu/ccrc/Child_Vic_Papers_pubs.html) replicated in other countries such as the UK (Radford et al., 2011. London: NSPCC). In the Baltic Sea countries and elsewhere young people of 16 -18 are interviewed on the grounds that they are close enough to their early experiences and able to report on the different forms of maltreatment they have experienced. Other approaches include the use of smaller scale anthropological research, or focus groups to capture different experiences of sexual abuse within the population.

Prevalence rates differ to reported cases in the community. Even in countries where there are extensive services for the identification and management of children who are maltreated. In the recent UK prevalence study, (Radford, 2011.

http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_PDF_wdf_84181.pdf), 11 times more abuse was suffered than was reported. A third (34%) of contact sexual abuse by an adult remained unreported, and the highly prevalent sexual abuse by a peer was unknown in over 80% of cases.). It was particularly difficult for young males to report abusive action, by a female.

(Baltic Seas Study. See

http://srpcenter.org/docs/002_The_Baltic_Sea_Regional_Study_on_Adolescents_Sexuality.pdf). Sexual abuse was perpetrated by 95% of males and 5 % of females, who are an important group which has been much neglected. Peers and intimate partners were more frequently responsible for coercive sexual contact. Overall the incidence and prevalence of sexual abuse in the community has significantly lessened in recent years (See Finkelhor and Radford). This perhaps indicates that public openness ensures that maltreatment in general and sexual abuse of children within families is no longer a secret or taboo area, and is unacceptable. Finkelhor has argued that the drop in prevalence of sexual abuse may be accounted for by the vigorous prosecution of those who offend sexually against children.

Multiple victimisations

A finding which has been replicated in a number of countries (See Finkelhor, Baltic Sea Studies, Radford et al, Skuse et al, and Salter) is that a minority of children suffer multiple victimizations, as they reach adolescence. Physical violence and maltreatment by a parent/guardian and exposure to family violence is associated with sexual abuse occurring within the family. These young people are at risk of developing sexually harmful behaviour, abusing siblings, perpetrate or are subject of intimate partner violence, and are vulnerable to abuse by adults outside the home. These may be the young people who seek out internet sexual contacts, putting themselves at significant risk; they may use pornographic material to reinforce their sexualized response to living with trauma and family violence. This group of children subject to cumulative abuse and adversity is described as suffering **poly-victimisation** (Finkelhor) or **poly-traumatisation** (Svedin).

Recognition of child sexual abuse

It has been established through many studies of child sexual abuse that the presentation of sexual abuse occurs in a number of ways, both direct and indirect, which includes:

- Disclosure is probably the most frequent and best recognized presentation, although disclosure may be partial and limited in scope. (See Lyon and Ahern, 2011);
- Physical indicators such as rectal or vaginal bleeding;
- Sexually transmitted diseases, vulvo-vaginitis (vaginal discharge);
- Dysuria, frequency, urinary tract infection, pregnancy;
- Psycho-somatic indicators such as encopresis, secondary enuresis, various eating disorders of a bulimic variety;
- Behavioral indicators:
 - Pre-school sexually explicit play, sexualized behaviour
 - Middle years sexual precocity, regression in school performance associated emotional disorders
 - Teenagers sexual precocity, running away, self-destructive behaviour, addictive behaviour;
- Children with learning problems or physical disability may present with aggressive or sexualized behaviour and attempts at disclosure which may not be understood.

The **key to recognition** is to ensure that:

- All professionals who are in contact with children have an understanding of the different forms of presentation, and understand the context of secrecy, intimidation and silencing associated with sexual abuse (for example, Summit – Accommodation syndrome).
- Whether reporting is mandatory or a professional duty, it is essential that, whatever approach is adopted, there be a well developed interdisciplinary community structure, for example, 'Local Safeguarding Children Boards'/Advocacy Structure, which fosters a community interdisciplinary approach to sharing information, and establishing procedures for identification and management.
- Guidance and training needs to be provided to alert professionals as to ways children and young people present when they have been sexually abused, how to report their concerns, and who to consult (for example, 'Working Together' in England).
- There needs to be appropriate **interdisciplinary structures** established when reports are received to make a decision how best the investigation should be mounted. A variety of approaches have been adopted to establishing inter-disciplinary teams, such as an interdisciplinary "strategy meeting", where police, social work, health, education professionals designated through their role in the community can meet, share information, analyze information and plan a strategy.
- In parallel to establishing good professional practice, there needs to be a well **structured public health approach** to informing the public about the harmful nature of sexual abuse and how to report concerns. Campaigns needs to be mounted through public education channels, the Internet, social working network site and the media.
- There is also a need for a portal for perpetrators – adult or young people, or their partners or family members, to be able to report to a helpline and receive advice on a confidential basis on how to address their concerns. The 'Stop It Now' Public Health campaign in the United States, the UK and in Europe (for example, Germany) mounts public health campaigns about sexual abuse, makes a helpline available, and offers face to face meetings. Such agencies need to work closely with statutory protection agencies, and not set themselves up as an alternative to statutory agencies. There are reports of individuals drawing attention to their addiction to unlawful pornography sites, or their sexual feelings towards children and young people. This approach compliments the process of professionals, recognizing the presentation of children and young people and the extensive investigation of the involvement of children in unlawful sexual activities.
- Telephone help-lines, internet support sites can assist children and young people directly in reporting their experiences. Counsellors need to be trained to assist children and young people calling in who may at first be silent, unable to speak and only gradually be helped to reveal their painful experiences. The emphasis is to help children and young people find safety, and to intervene in a high risk situation.

Investigation

It is essential that **community arrangements** for the investigation of sexual abuse are well established and the interdisciplinary approach well developed. It is helpful if each community has:

- a structure to represent all professionals - police, education, health, social work - and to establish and train designated professionals who carry out investigations of different forms of maltreatment including sexual abuse
- safe child friendly contexts where investigations take place

- guidelines for how the interdisciplinary process works in practice.
- i) It is essential to have **skilled child health practitioners** who can examine children, particularly those with somatic symptomatology of psychosomatic presentations. Physical signs of sexual abuse may be transient and regularly not found in children who provide credible descriptions of abuse. A general health examination can provide significant reassurance, and physical examination of children may encourage them to be able to begin the process of describing their experiences. Standardized recording of examinations, photography, video colposcopy records can be helpful if there are to be proceedings which require credible evidence.
 - ii) In many countries interviewing **children and young people** who may have been abused is carried out by skilled interdisciplinary interviewers. Police, social work professionals or specialist investigators have been trained to interview reliably, building on the increasing knowledge about the development of children's capacity to recall and share experiences. Recording interviews can protect children from having to give repetitive accounts. The basic principle is that all professionals in contact with children who may have been sexually abused should "listen" and to be trained how to help children describe their experiences.
 - iii) The approach that has the most empirical support to interviewing children is the **National Institute of Child Health and Human Development approach (NICHD)** (Saywitz and Goodman, 2011). The NICHD based approaches (used extensively in the United States, United Kingdom, Israel, Canada and elsewhere) was developed by a group of researchers led by Michael Lamb to encourage the use of open-ended prompts to elicit verbal narrative responses and to translate widely supported research-based recommendations into operational guidelines. The phases of the NICHD protocol includes:
 - An introductory phase which explains the purpose and ground rules, and eliciting a promise to tell the truth.
 - A rapport building phase
 - A training in episodic memory/narrative event practice
 - A transition to substantive issues using open-ended, non-suggestive verbal prompts
 - A free recall phase, investigating the incidents using a variety of open-ended prompts
 - Closure.

The approach tends to discourage the use of props such as dolls and drawings. It recommends their use later in the interview if necessary for clarification. There are concerns that 'props' may unnecessarily increase the risk of eliciting inaccurate information.

- iv) **The Corner House Forensic Interview Protocol: RATAC** (1989) has also been widely used in the US and Japan and includes five elements:
 - Rapport
 - Anatomy identification
 - Touch enquiry
 - Abuse scenario
 - Closure.

This approach which builds on approaches widely used in the 80's and 90's (Vizard and Tranter, 1989) uses media, easel pads, drawing of face, pictures and family circles and asks names for anatomical parts of the body using anatomically detailed drawings, discusses touches as the primary method for introducing the topic of suspected abuse with children under the age of 10 years. Anatomical dolls are used as a demonstration aid. Although widely used, there have been no peer-reviewed articles describing the behaviour of interviewers using the RATAC protocol in the field (Toth, 2011).

There are similarities in the approaches in terms of timing, supportive warm and friendly interviewer demeanor, establishing rapport, maintaining objectivity, open-mindedness and without bias. The approach needs to be flexible and appropriate peer review and training is required. Differences are to do with inviting narratives in the NICHD approach, with an emphasis on recall rather than enquiry and reconstruction through the use of extensive prompts in the RATAC approach.

- v) **Children who have communication difficulties** because of disability, limited speech and language. Children and young people who perpetrators may consider they are safe abusing children who are unable to describe abusive experiences. 'In My Shoes' is an approach which involves a 3 way interaction between the child, computer and interviewer which helps children with disabilities to describe their experiences (See: <http://www.childandfamilytraining.org.uk/inmyshoes.html>). A child is encouraged to be an active participant using the programme, images can be manipulated, a range of tools such as speech and thought bubbles, sculpting figures, writing text messages and a drawing tool engages children, giving them a greater degree of control and participation in the interview process. A pain module helps the child locate any pain, its shape, site, and periodicity.
- vi) An important element of investigation is **the interview with the alleged perpetrator**, the gathering of appropriate forensic information, a police function and key to the establishment of the realities of the child's statements.
 - A helpful approach to interviewing perpetrators whether adult or young people responsible for sexually harmful behaviour is the use of Motivating Interviewing, or what Jenkins has called 'Invitations to responsibility' – whether the individual has the 'courage' to accept responsibility for the action described by the victim. Attempts to 'externalize' the abusive action, as being a 'force' which has to be struggled with, and which can take control, may help alleged perpetrators to be more reflective about their behaviour.
 - 'Assumptive' styles of interviewing which indicates a familiarity of the 'thinking' which accompanies sexual abusive behaviour may assist those individuals accept responsibilities who wish to get help.
 - Actively confronting denial by asking what consequences would be feared if the individual took responsibility is another approach. There is a need for constant interdisciplinary work, training, feedback and liaison to ensure that there is understanding of perception of victim, offender and family member.
- (vii) **Recognition of Patterns of Abusive and Sexually Harmful Behaviour.** It is helpful to be aware that a number of different patterns of abusive and sexually harmful behaviour are recognized. There is general acceptance of a distinction between:
 - **Adult males who perpetrate severe forms of sexual abuse** both within and outside the family with evidence of violent, sexually coercive actions against children, peers

and adults, characterized by anger, aggression and antisocial behaviour, with callous unemotional personality features. There is a significant risk of relapse and repeated abusive acts.

- **Adult male abusers who perpetrate abuse against known children** within the family and social context, who have higher levels of abusive experiences themselves, intensive sexual preoccupations, distorted thinking about children and sexuality, may take part in ring activity, use the Internet as a source of victim and use imagery as a source of reinforcement. They employ complex grooming approaches to gain trust and achieve apparent 'compliance' and 'consent.' They are at risk of relapse.
- **Internet offenders** who access pornographic material - this can be a solo activity, or as part of a complex international network of individuals who are responsible for creating and using pornographic material involving children. There is considerable debate whether they are at risk of hands-on abusive acts, or whether they remain more fixed in a fantasy world, with less liability to relapse if apprehended.
- **Children and young people**, boys and girls under the age of 12 years, are described as showing 'reactive' patterns of sexually harmful behaviour. They have often experienced sexual abuse themselves, and their 'sexualized' eroticized behaviour has resulted in them behaving in sexually inappropriate ways with peers and younger children.
- A mixed group of **older children and young people** who abuse in a coercive fashion against children, peers and adults, both within and outside the family. They have often experienced high level of maltreatment and adversity, and may have co-morbid disorders such as Attention Deficit, and Learning Difficulties. Sexually harmful behaviour may commence from a young age, they may have sexual preoccupation, distorted thinking about the appropriateness of sexuality with children, and are at risk of relapse.
- **Female sexual abusers** have been significantly less recognized than males, and less well researched. However they do represent a significant minority of abusers – 4-5%.
 - **Younger females** are recognized as being responsible for coercive sexual behaviours, or involving younger children in sexually harmful activities (McCarten et al., 2011). They are young people who have experienced high rates of sexual abuse themselves and associated adversity.
 - **Adult women** offend against children or young people, their own or children in their social context as sole offenders, or in combination with a co-offender. Like adult male offenders there are women who offend as part of wide ranging anti-social behaviour, and those who solely sexually offend. As well as histories of sexual abuse and adversity, they are recognized to have mental health and personality difficulties which trigger and maintain abusive attitudes (Cortoni and Gannon, 2011).

(viii) Recognizing Family Contexts. There is no one pattern of family context described which can be recognized as characteristic of the setting for sexually abusive behaviour.

- The group of young people who grow up in families who suffer high rates of victimisation, and who are subject to physical abuse, neglect and exposure to violence are at risk of being sexually abused.
- A common observation is the operation of a 'Trauma Organised System' (Bentovim, 1995) where the abuser who may be a family member, or "extra familial" abusers who has "groomed the family" – has influenced the family, and professional network to "blame the victim", and minimize and disbelieve often halting disclosures.

- Berliner (2011) draws attention to research which describe families as less cohesive, more disorganised, with difficulties in communication and emotional support.
- The absence of parental figures and the presence of 'non-biological' parent figures particular those who target a vulnerable partner and children, increases risks.
- Hawkes (2011) drew attention to the risk of older children who themselves suffer privation and who have 'caring' responsibilities in larger families, turning to younger children seeking affection in sexual ways.

Management

It is helpful to have an inter-disciplinary framework to describe children and families which has relevance for all professionals who are concerned with children who are maltreated. The UK Assessment Framework (Department of Health et al, 2000) has now been adopted in a number of countries and is a helpful eco-systemic approach to both establishing the needs of children who are maltreated, the parenting issues and the context of the individual and family and environmental factors.

It is helpful to consider a number of stages to management to help all professionals to orientate and integrate their activities.

Stage 1 - The identification of sexual abuse and making decisions about initial safeguarding.

This is a complex process and depends on many factors within communities. The key is to interrupt the abuse of the child. Often when a child has made a statement which alleges that sexual abuse has been suffered, the nature of the abuse, extent, the identity of the abuser and response by potentially caring parent figures is uncertain. Initial assessments of the family and the identification of the alleged perpetrator help professionals to make a judgment of how best to provide initial safeguarding and protection for a child or young person whilst more detailed assessments are completed. There needs to be a separation of the alleged perpetrator and child to minimize attempts to silence the child, and dismiss allegations. The ideal is for the child to be cared for and protected by supportive family members whilst the perpetrator lives separately. There are a number of variables which need to be considered:

Whether the abuse is intrafamilial or extra-familial. The response of caretaking family members to the initial sharing of information is key.

- If the alleged abuse is intrafamilial does the caretaking parent support, believe and take the allegation seriously, or is there an instinctive joining with the alleged perpetrator to blame the child for making a 'false' allegation.
- If the alleged abuse is extra-familial, does the family support the child or is the child likely to be rejected, blamed and punished for what may be perceived as a blameworthy action, for example, putting themselves at risk. Determining whether a child is at risk of further abuse or rejection is a key to initial safeguarding.

The role and reliance on the perpetrator for family support. In many countries lacking a well-developed welfare system, there are few alternatives to support for the family if the alleged perpetrator is separated from the family.

- In such situations the child may need to be cared for outside the family to ensure initial protection, rather than asking a perpetrator to live separately whilst a fuller assessment is being carried out.
- The need to develop safe houses, supportive networks to protect and support victims may be an essential development in countries where resources to support families without the breadwinner is a key concern.
- There may be a potential for a safety plan to be made whilst a parental figure or young person responsible for sexually harmful behaviour continues to live at home. This is more frequently used when physical abuse has occurred and requires a high level of interdisciplinary and family collaboration.

The legal context. In situations when it is felt that a child might be at significant risk, it is essential that interdisciplinary consultation determines the best way of ensuring the immediate protection made where a child is in danger.

- In some countries the police have the power of being able to establish a period of protection for a child,
- In others civil child protection procedures are used to find a 'place of safety'.
- A health route to keep a child in hospital may be another approach.

Stage 2 - A full assessment of the child's needs, parenting capacity, family and environmental factors.

The advantage of using an eco-systemic framework (UK framework) is that it attempts to bring together the influences which impact on whether a child's needs are being met and understand the factors which lead to a child being sexually abused:

- It takes a broad view of the child's needs, including the impact on health, educational, emotional/behavioral development, identity, family and social relationships, social presentation and self-care.
- Parenting is considered in terms of basic care, safety, emotional warmth, stimulation, guidance and boundaries and stability.
- Family and environmental factors which impact on the capacity of the parent to provide safety and care, includes family history and functioning of each of the parents, the influence of the wider family, housing, employment, income, social integration and community resources.
- Assessments of these elements of the needs of child and family need to be carried out using evidence based approaches. All professionals whose task it is to assess children, parents and family life, should be equipped with the appropriate tools and training to make a reliable assessment. If a Court is to be asked to arbitrate in civil proceedings in terms of care or in criminal proceedings, the availability of evidence based approaches to all aspects of the assessment of individuals within the family context is an essential component to provide a holistic picture of a child, parent, family members, victims, caregivers and perpetrators.
- There are now assessment tools for young people who are responsible for sexually harmful behaviour (Friedrich; and Beckett), as well as assessments of young people's general physical and mental health.
- There may also be a requirement for a variety of specialist assessments from forensic psychologists and psychiatrists, child and adolescent psychiatrists and psychologists for children and young people, specialist sexual abuse treatment agencies to assess families' capacity to protect and the level of risk, as well as

family therapists to understand the complex nature of family life in abuse situations.

Stage 3 – Establishing the nature and level of harm and harmful effects on the child and young person.

Sexual abuse is most harmful when it occurs together with other significant forms of maltreatment, neglect, physical abuse, emotional abuse and exposure to a context of family violence. Further explorations are needed to establish the extensiveness of sexual abuse, not only by the named perpetrator, but also by other perpetrators. A careful matching of the statement made by the child, physical findings and the statement made by the alleged perpetrators, police and forensic interviews, begins to establish the extensiveness of abuse, over what period it occurred, and its traumatic impact, such as the presence of PTSD symptomatology.

- **Establishing the Nature of Harm** An extensive holistic view of the child's life and development needs to be taken in the family context so that the experience of child sexual abuse is put into its appropriate context of family life, understanding the approach taken by the perpetrator to promote abusive action and the response and protective capacity of the protecting caregivers.
- A holistic family assessment also needs to be completed for **children subject to extra-familial abuse**. They may have been subject to other forms of maltreatment, and parenting failures which make them vulnerable to extra-familial abuse, from adults in the child or young person's environment, or through partners who respond with coercive sexual behaviours.
- It is helpful to have an **interdisciplinary framework** so that assessments by paediatricians, child and adult mental health practitioners, forensic specialists, child and family and social welfare teams and educational teams can be integrated.

Stage 4 Harm Analysis – The profile of Harm and Risks of Re-abuse -likelihood of Future Harm and Prospects for Successful Intervention and Rehabilitation

Information can be combined to develop a profile of the harm a child has been exposed to, the impact on all aspects of development and needs for care, protection and therapeutic work.

- **Framework of harmful impact on the child and young person.** Figure 3 illustrates an approach (SAAF Bentovim et al, 2011) which provides descriptors of more and less serious abusive action, more and less extensive impact on the child or young person's functioning, and greater or lesser needs for protection and therapeutic intervention. The descriptions provide a profile of harm, the risk of future vulnerability based on the extensiveness of harm sustained, impact on functioning and resultant needs.
- **Multiple severe sustained sexual abuse** associated with other forms of maltreatment which has an extensive impact on developmental trajectory puts a child or young person at greater risk of future harm, than a single form of non penetrative sexual abuse, which has limited impact on functioning.

Safeguarding Analysis Proforma – Analysing the Profile of Harm and the Risk of Re-Abuse or Likelihood of Future Harm

Severity of harm and impact on the child *		
Level of functioning	Areas to be considered	Level of functioning
LOWER RISKS		HIGHER RISKS
<p>Single forms of harm/less severe/ not sustained.</p> <p>Limited traumatic effects, better modulated arousal, mood variable, reasonably compliant, empathic and responsive.</p> <p>Limited impact on health fewer, less severe, less sustained injuries, and impact on growth, care patterns, and health.</p> <p>Limited impact on emotional development, secure attachments.</p> <p>Satisfactory unfolding of cognition and language, educational progress and learning skills.</p> <p>Limited impact on relationships and identity, no sustained patterns of withdrawal and hostility, more collaborative, friendly, caring, discriminating and positive self-regard.</p> <p>Child's social presentation and self-care skills appropriate.</p> <p>A balance of reduced vulnerability and greater resilience factors.</p> <p>Satisfactory history of early development in all dimensions and no evidence of previous harm.</p>	<p>Nature and impact of Harm sustained and what needs to change</p> <ul style="list-style-type: none"> • Nature of harmful actions • Impact on child's health, growth and care • Impact on emotional development - traumatic effects, attachments, mood and behaviour • Impact on educational/psychological development • Impact on identity and family and social relationships • Impact on self-presentation self-care skills • Balance of vulnerability/resilience factors - disability, intelligence, gender, developmental stage • History of previous care, how needs met and previous harm 	<p>Child subject to multiple/severe/ harm/ sustained harm, neglect/ emotional /physically/sexually.</p> <p>Considerable impact on health repeated or severe injuries, bruising, fractures, growth failure, genital injuries, neglect patterns, e.g. a child has feeding or sleeping problems poor self care, fabricated illness.</p> <p>Extensive traumatic effects, poorly modulated arousal states, pervasive mood difficulties, aggression and oppositional behaviour, sexualisation and failure of empathy.</p> <p>Considerable impact on emotional development, disorganised, indiscriminate attachments.</p> <p>Considerable impact on Psychological Development, significant delays in cognitive, and language skills, considerable educational difficulties, failure to acquire skills.</p> <p>Considerable impact on relationships and identity, sustained withdrawal, dependency, hostility, unresponsive, exploitative, fighting, controlling, rivalrous, abusive, anti-social, indiscriminate, precocious sexuality, self-hatred.</p> <p>Major issues with child's social presentation or self-care skills.</p> <p>A balance of greater vulnerability and few resilience factors.</p> <p>History of impairments in any of the dimensions and/or history of previous harm.</p>

* To establish the level of severity consider each factor in terms of pervasiveness, intrusiveness, frequency, duration, persistence and unusualness. Also indicate what needs to change as this is likely to be the focus for intervention.

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- Abusive potential risk of young people** It is important to consider the harmful effects on children and young people who are victims of sexual abuse, and to consider the risk associated with children and young people who are beginning to display sexually harmful behaviour associated with abuse and adversity in their lives. A holistic assessment, both as a young person who has an offending potential, as well as a young person who may have been significantly harmed and may need protection is required.
- Frameworks of risk with young people** These frameworks are based on the research on factors are used to predict risk of being responsible for future harm, and to consider the young person's need for the level of control to ensure community safety and the intervention required. Future risk cannot be predicted with any certainty, as the risk of young people re-offending remains low. Therefore these measures integrate what is known about factors associated with

the current risk of abusive behaviour including static and dynamic factors concerned with history and current functioning.

- A number of frameworks are based on factors used to predict risk, including the **ERASOR – Estimate of Risk of Adolescent Sexual Offence Recidivism** (Worling and Curwen, 2001), JSOAP, AIM, ASAP. Domains assessed include: Sexual Interests /Attitudes, deviant sexual interests, anti-social attitudes – social isolation-negative peer associations-interpersonal aggression- poor self esteem, high stress family environment- rejection. The number of such factors present indicates the extensiveness of risk and the need for supervision and intervention.
 - **Abusive potential risk of Adults.** There is more evidence about the predictive power of the risk assessments with adults who are responsible for the sexual abuse of children and young people. It is customary to consider static and dynamic risk factors.
 - **Static risk factors** being the fixed historical characteristics proven to be associated with recidivism, for example, STATIC-99R/STATIC-2002 (Hanson and Thornton, 1999; 2000)
 - **Dynamic Risks factors** are the factors which have a potential for change, and are associated with more risk of recidivism, or a potential for safer relating to children including such factors as alcohol and drug abuse, fluctuations in mood or intoxication (STABLE -2000, STABLE-2007; Hanson and Harris, 2010).
- **Assessment of parenting, wider family and environmental factors** needs to take a broad view of the parents' childhood, their life experiences and how they have been processed, as well as couple and family relationships, physical and mental health and parenting capacities. This information complements the assessment of static and dynamic risk and the protective capacity of parents whether for future intra-familial or extra-familial abuse.
- **A more positive outlook** for the future care of the child is:
 - Parents and family members take appropriate responsibility for abusive action or a failure to protect, recognise the harm caused to the child.
 - There is an awareness of any failure of parenting to be appropriately child-centred, and a willingness to undertake the appropriate parenting work.
 - The assessment of individual and family factors indicates there is not too heavy a burden of physical and mental health concerns,
 - Family functioning has potential for reasonable strengths, and includes the potential for a none-abusive parent to care adequately and protect without a partner's support.
 - The risk profile of an abusive young person or parental figure indicates a reasonable potential to respond to therapeutic work.
 - Intervention needs to be available, and family members should be open to work with the professional network.

- **There is a poorer outlook** when a family member deemed to be responsible for sexually abusive action:
 - Denies responsibility for sexual abuse, a potentially protective parent disbelieves that abuse has occurred, and fails to acknowledge the child has been harmed.
 - Parenting has shown significant failures of protection, care, stability stimulation and appropriate boundaries and where there is limited motivation or capacity for change.
 - The burden of individual and family factors may have contributed to a failure to protect, sexually or physically abusive behaviour is minimised.
 - There are major risk factors such as alcohol or drug abuse, serious domestic violence reinforces and complicates the context of care provided for the child. The prognosis is far poorer in such situations and the need for alternative care more likely.
- **There is a doubtful outlook** when there is a lack of clarity about whether responsibility has been taken for abusive action, whether a parent can take protective action, whether harm is recognized, and whether parenting, individual and family factors are modifiable within a child's time framework. This situation needs further intervention to clarify whether a more positive outlook exists or a poor prognosis.

Stage 5 – Making a plan of Intervention:

Statutory Intervention

Decisions need to be made on an interdisciplinary nature about the intervention which is appropriate and required:

- In some communities the sole response for sexual acts is criminal approach, a decision is made to take action to prosecute a perpetrator, whether a young person responsible for sexually harmful behaviour or an adult with sexually abusive behaviour, testing the evidence of the child in court.
- In other contexts a decision can be made whether to pursue the Criminal and/or Child Protection/care system. If a prosecution fails and there are concerns, the matter may still be tested in civil care proceedings. Alternately, despite prosecution, civil care proceedings may be required because the child is unsupported, disbelieved and there are doubts about safety.
- The care route assesses whether a child has been harmed significantly, the responsibility taken by the alleged offender, the care needs of the child and the needs for intervention.
- **A criminal conviction** may be an avenue for a young person responsible for sexually harmful behaviour or an adult perpetrator to access intervention. Those with the most serious offending need the most extensive intervention to reduce recidivism as a way of protecting the community.
- **The impact on children in Court proceedings.** In many countries, the constitutional right of those who have an allegation made against them is to confront their accuser, and to test the evidence through vigorous cross-examination. Attempts have been made to prepare and support the child or vulnerable individuals, and to ensure that cross-questioning remains appropriate and not abusive. Video recordings of children's

evidence may be admissible; children can give evidence through video links. There are currently cases being taken to the Supreme Court in the UK to test the contention that challenging cross-questioning of children in the criminal court is an abuse of their human rights and should not be permitted. Children should only give evidence in the exceptional circumstances. In Israel only children over 14 give direct evidence.

- Within the **civil care proceedings** video evidence is accepted, the expert not the child is questioned about the nature of the interview and whether this is reliable. There is full access to the range of all assessments and a holistic approach can be taken. There are various degrees of legal representation and challenge within civil proceedings. Scottish system focused on parents and professionals, not legal representatives, the Family Courts in the UK and Juvenile courts in the US and the child has a representative and Guardian to ensure that his or her voice is heard.

Therapeutic interventions with children, young people who are victims, young people responsible for sexually harmful behaviour and adults responsible for sexually abusive actions and potentially supportive family members.

General Factors in Intervention

Recent research about intervention in therapeutic work has emphasised the importance of general therapeutic factors as a contrast to the specific factors focused on the particular conditions. A variety of different approaches, dynamic, systemic and cognitive delivered in a consistent structured way has been shown to be more effective with limited differential between them compared to “treatment as usual” in a community. General common factors which seem to make an overall difference to interdisciplinary work include:

- **Forming a therapeutic alliance**, with individual workers, and members of teams - establishing an alliance fosters the formation of attachments, Fostering and activating of attachment systems supports a sense of security and a capacity for exploration.
- **Creating an interactional matrix** by inter-disciplinary teams working and supporting individuals, groups and family members, creates a sense of community, and mutual support
- **Establishing complementary approaches** to work so that therapeutic and care professionals need to promote a benign process of **social engagement** and to work in a way that is complementary rather than conflictual, that is, inter-disciplinary similarities of approaches.
- Members of the interdisciplinary team need to have a capacity to **understand the experiences of living with trauma and family violence** and to promote the individuals they are working with to think about themselves and others without being emotionally overwhelmed.
- **Group work approaches** have been used extensively in treatment of child sexual abuse, both working with children and young people and perpetrators and family members. Group work offers both support and challenge; there is an opportunity for discussion with peers, potentially increasing self-esteem, empathic responding and improvement of interpersonal skills. The knowledge that all group members are there to work on sexually abusive behaviour removes the stigma and collusiveness which the individual context of one-to-one work can create. Group work programmes need to be cohesive, well-organised and well-led, encourage the open expression of feelings, produce a sense of group responsibility and instill a sense of hope in group members (Beech and Forden 1997; Ward et al 2006)

- There needs to be an appropriate balance of **support** in therapeutic work and **challenge** to the position taken by children, young people, supportive parents, abusive adults or young people showing sexually harmful behaviour. A position of criticism without support is not effective.
- The inter-disciplinary therapeutic team has to act as the **minds and awareness of family members** and to be aware they are at risk of becoming the vehicle for alien, rejected parts of children/young people and adults family members.
- It is helpful to distil the **effective elements of therapeutic approaches** from random control trials, and bringing them together as a number of modules to fit the profile of needs of those being treated.

Specific Approaches to Intervention

Treatments for the effects of child sexual abuse

Researchers have documented the disruptive effects sexual abuse has on children's cognitive, emotional, social and behavioral development. Recent research suggests abuse and its adverse effects may negatively impact brain development as well (Pollio, Deblinger and Runyon, 2011). It has been repeatedly found that survivors of sexual abuse are at increased risk for developing significant mental health disorders, including Post Traumatic Stress Disorder (PTSD), major depression, opposition and conduct problems, as well as substance abuse disorders. They are in addition at increased risk for self-harm, medical difficulties and interpersonal problems.

Empirical evidence of effectiveness of intervention

- Play therapy has had a key role in working with children and young people who have been sexually abused. There is limited empirical assessment, however the integration of play therapy and evidence based cognitive behavioral approaches seems promising (Gil, 2006).
- Psychodynamic, eclectic and family therapy approaches have been widely described to treat sexually abused children (Finkelhor and Berliner, 1995; Monck, Sharland and Bentovim, 1994; Trowell et al, 2002). There are promising results, but vigorous evaluation of effectiveness is required.
- Cognitive behavioral therapy. Trauma-focused cognitive behavioral therapy (TF-CBT) has the strongest evidence based of any treatment for CSA, has been rigorously researched with 7-pre/post or quasi experimental studies, and 7 studies utilizing random assignment and comparison groups (Pollio, Deblinger and Runyon, 2011).

Description of Trauma-Focused Cognitive Behavioral Therapy.

The components of TF-CBT are summarized by the acronym **PRACTICE**. This includes:

- Psycho-education providing information about trauma and common reactions to children and non-offending caretakers and accurate information to combat distorted thinking;
- Parenting skills – praise, selective attention, time out and contingency reinforcement schedules;
- Relaxation techniques to reduce physical manifestations of stress and trauma;
- Affective expression and modulation – building skills to help children express and manage their feelings more effectively;

- Cognitive coping presenting the relationship between thoughts, feelings and behaviours – the cognitive triangle, identifying and challenging unhelpful and inaccurate thoughts replaced with more helpful accurate thoughts;
- Trauma narrative and processing – gradual exposure through written, verbal, art, and/or play activities encouraging the child in a graded manner to share and process abuse related experiences, thoughts feelings and sensations;
- In Vivo mastery of trauma – reminders, gradual exposure to feared stimuli to counter fears which generalize and lead to avoidance.
- Conjoint child/parent sessions to enhance communication between child and caregiver;
- Enhancing future safety and development – teaching safety skills to help children feel empowered and enhance their ability to protect themselves. There is a need to enhance these modules with evidence based modules to target anxiety which can be generalized, depressed affect and challenging disruptive behaviour and sexualized behaviour.

Parents who are supporting children and young people who have been sexually abused:

- Need to have psycho educational models to help them understand processes associated with abusive action;
- To understand and support and manage their children's anxiety, anger, depression and post-traumatic symptomatology;
- To reflect on the impact on themselves and their relationships;
- To understand the ways in which they have been inducted into disbelieving the statements of children and believing abusive parents;
- to challenge the maladaptive, abusive attitudes and responses of young people responsible for sexually harmful behaviour or adults who abuse;
- To understand processes such as grooming, sexualisation and the way in which children and young people who have been sexually abused may become responsible for abusive behaviour in turn;
- To repair attachments damaged by abusive individuals who undermine the relationship between children, young people and potentially caring parent figures.

Children with sexual behaviour problems

The ATSA taskforce (Chaffin, Berliner, 2008) describe children aged 12 and younger who initiate behaviours involving sexual body parts that are developmentally inappropriate or potentially harmful to themselves or others, distinguished from normal child sexual play and exploration. This includes behaviours which are self-focused or behaviours involving other children.

Empirical findings with outcome research.

Two randomized trials were reported, specifically focusing on children with sexual behaviour problems or sexually harmful behaviour (Bonner et al., 1999) comparing a 12 session psycho educational, cognitive behavioral group treatment programme (CBT) to 12 session play therapy group. Although there was short-term reductions for both children in both treatment groups, a 10 year follow-up sexual offence arrest and child welfare sexual abuse perpetration report outcomes was significantly in favor of the CBT condition (Carpentier et al., 2006). Structured and directive approaches are most effective involving the parent/caregiver in the treatment process.

Components include:

- Identifying and recognizing the inappropriateness of, and apologizing for rule violating sexual behaviours which occurred.
- Learning and practicing basic simple rules about sexual behaviour and physical boundaries.
- Age appropriate sex education.
- Coping and self-control strategies including relaxation skills, problem solving skills or routines to encourage stopping and thinking before acting.
- Basic sexual abuse prevention/safety skills.
- Social skills.

Parents and caregivers need:

- To develop and implement a safety plan – supervising and monitoring – communicating with other adults – modifying the plan over time.
- Information about sexual development, normal sexual play and exploration and how they differ from sexual behaviour problems.
- Strategies to encourage children to follow privacy and sexual behaviour rules.
- Attention to factors which contribute to the development and maintenance of sexual behaviour problems.
- Sex education, listening and talking with children about sexual matters.
- Parenting strategies to put positive relationships and address general behaviour problems.
- Supporting children's use of self-control.
- Relationship building and appropriate physical affection.
- Guiding the child towards positive peer groups.

Young people who are responsible for sexually harmful behaviour 12 years and above

Empirical evidence of effectiveness of intervention:

- There have been two trials of multi-systemic therapy (MST) for young people responsible for sexually harmful behaviour (Borduin et al, 1990 and Letourneau et al, 2009). The latter trial tested the effectiveness of MST against a group work treatment for juvenile sex offenders which has been widely practiced and addressed deviant arousal, victim empathy, relapse prevention and family counselling. MST demonstrated significant reductions in sexual behaviour, delinquent behaviour, substance misuse, externalizing behaviour and out of home placements.
- Intensive CBT based residential treatment approach for young people responsible for extensive sexual harm, and complex co-morbid conditions showed significant improvement if treatment was completed compared to those who terminated prematurely.

The components of multi-systemic therapy include:

- To empower parents with the skills and resources needed to independently address the inevitable difficulties which arise in raising adolescents.
- To empower adolescents to cope with familial and extra-familial problems.
- Strategies are derived from pragmatic family therapies, behavioral parenting training and cognitive behavioral therapy.
- Directly addresses intra-personal difficulties through cognitive problem solving, and addresses familial difficulties associated with inconsistent discipline, low monitoring, family conflict and extra-familial association with deviant peers, school difficulties.

- Factors associated with youth, serious antisocial behaviour including sexual offending. Interventions are individualized and flexible.
- Specific protocols address youth and caregiver denial about the offence t addresses safety planning, and minimize the young person's access to potential victims.

The Intensive residential CBT approach:

- Takes a general view encouraging young people being to develop a 'Good Life,' ensures the availability of good quality parenting, remedial education and individual, group and family intervention
- Individual and group work programmes address distorted and maladaptive beliefs about sexual activities with children, and provides sex education
- Develops empathy for victims
- Understands the pervasive role of anger
- Deals with denial and confronts sexually aggressive behaviour
- Develops appropriate assertive behaviour
- Understands and interrupts the cycle of offending
- Reduces known risks and forms a Relapse prevention plan
- Provides Trauma focused CBT to deal with their own experiences of abuse
- Create their own Trauma Narrative to track the pathway to their sexually harmful behaviour
- Prepare for an apology session as part of a 'Restorative Justice' approach

Working with Adult Sexual Offenders

The goal of sex offender treatment is a reduction in sexual recidivism. However, despite the widespread implementation of sex offender treatment programmes, research demonstrating treatment effectiveness – reduced recidivism – is not yet conclusive (Kirsch, Fanniff and Becker, 2011). However, there are difficulties defining and measuring this goal, ethical and logistic concerns made it extremely difficult to implement randomized clinical trials. It is known that estimates of re-offending often give a falsely low pattern, and self-report measures are questionable because of the tendency to deny and minimize deviant behaviour. Because the act of prosecution itself acts as a deterrent, there is a low base rate of reoffending, necessitating a lengthy follow-up to detect treatment effects, for example at least 4 years are required. Large scale meta- analyses of treatment outcome research generally support the effectiveness of sex offender treatment, particularly cognitive behavioral therapy based approaches. Despite some contrary evidence about effectiveness, in general there is considerable evidence supporting the effectiveness of multi-component cognitive behavioral therapy and relapse prevention based treatment for sex offenders.

Components:

- Programmes typically employ Multi Component Cognitive Behaviour Therapy within a Relapse Prevention framework (Kirsch, Fannif and Becker, 2011)
- Analyses, challenges distorted thinking to promote behavioral, thinking and emotional change
- Group work programmes target deviant sexual arousal, distorted cognitions, social skills deficit, empathy deficits, impulse control, emotional regulation, poor interpersonal relationships, substance abuse, and pro-offending attitudes
- Deviant arousal addressed by behavioral techniques which extinguishes the link between sexual arousal and deviant fantasies

- Analyzes the links which lead to offending behaviour to establish a Relapse prevention plan
- The 'Good Lives Plan'(Ward and Gannon, 2006) helps construct a more balanced, pro-social, personal identity
- A multi- modal self –regulatory approach to all aspects of functioning (Stinson et al, 2008)

It is essential that any therapeutic intervention uses evidence based modules which have been demonstrated to be effective, and uses evidence based assessments of a wide range of functioning to assess whether intervention has been effective using a consistent feedback process to monitor the course of therapeutic work.

Stage 6 – Rehabilitation of the child to the family, or moving on from a context of protection and support.

The issue of rehabilitation of children who have been sexually abused to abusive siblings and parents is a highly complex and controversial area. There is a movement towards **restorative justice**, to promoting the opportunity of those who have completed extensive therapeutic work to be able to apologize and understand the perspective of the victim, to free them from any sense of guilt or responsibility, and begin to work on relationships between parents or older siblings and family members to assist them in dealing with longstanding concerns about relationships which are amenable to therapeutic work.

Lengthy sentences for abusers, a penal rather than therapeutic approach insistence that they live away from children and young people, may provide protection, but gives no opportunity for change, and restoring any valuable links in relationship with the family. Provision of appropriate community supervision, ongoing therapeutic work, Circles of Support means that there is a potential for 'Restorative Justice'. There are individuals of such high risk that they may need lengthy periods of the public being protected from them, others have lower levels of risk and can be more safely worked with and supported to live in the community.

Young people who are responsible for sexually harmful behaviour have a lower risk of re-abuse, treatment does reduce abusive potential. The key to rehabilitation of children who have been harmed in family contexts and the return of individuals who have a potential to harm sexually relies on the successful completion of a therapeutic programme for all family members, and a 'permanent' re-adjustment of family relationships. The 'caring parent' needs to take the lead in managing family life, establishing control of boundaries, developing a secure attachment with the former victim, and to have a significantly enhanced capacity for intimacy, sharing and communication to form a powerful protective alliance (Bentovim et al, 1989) There are considerable difficulties when a maternal figure is also the abuser, because of the difficulty in providing a protective parental figure.

Stage 7 – Placement of children in new family contexts when rehabilitation is not possible

This is a stage where children placed for adoption or long-term placement when they are not able to remain with a family member, or when there is rejection or attempts to work towards a therapeutic outcome for young people or adults who offend within family contexts cannot be achieved.

It is important to consider that young people who have been exposed to sexual abuse, may if they have also been exposed to high levels of physical violence, neglect and emotional abuse or rejection, may in turn be at high risk of developing promiscuous or perpetrating behaviour.

The availability of long-term therapeutic work is essential to support both a young person and families who they are placed with to assist them in understanding and helping young people who may continue to have sexual preoccupations associated with unresolved abusive experiences.

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Appendix 7: DR BERNARD GERBAKA: Edited Report on the Arab Region

The prevention of child abuse and neglect (CAN) and violence against children (VAC) is based on a human rights vision, involving universal child rights and national processes. Since the meeting with the UN special representative for the study on violence in 2003, the Arab region was involved in the UNSV (UN Study of Violence) in many tracks:

- Research, through studies, questionnaires and qualitative data - involving academic sectors and NGOs;
- Advocacy, with the involvement of multiple agencies in the UNSV, including governmental structures and civil societies;
- Training of professionals, with multidisciplinary tools, some of them developed with the WHO and UNICEF, as frameworks and guidelines for intersectoral approach to the prevention of child abuse;
- Capacity building, by setting or developing multidisciplinary teams within national structures;
- Tools for child protection, culturally adapted by national teams, in order to set strategies for the prevention of VAC; and
- Evaluation, integrated within program implementation, with the purpose of enhancing transparency, sustainability and efficiency.

INTRODUCTION

The definition of the child is contained in article 1 of the Convention: "every human being below the age of 18 years unless, under the law applicable to the child, the majority is attained earlier". The present definition is adopted by most countries in the Middle East and North Africa regions (MENA).

Violence is defined as presented in the WHO World Report on Violence and Health: "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation".

Violence against children is a global problem. Children experience violence in schools, in institutions, on the streets, in the workplace, in prisons, as well as in their own homes. Violence can affect children's physical and mental health, impair their ability to learn and socialize and undermine their development as functional adults and good parents later in life. In the most severe cases, violence against children leads to death.

Violence against children, including physical violence, emotional violence, and neglect, is a violation of children's rights. Article 19 of the Convention on the Rights of the Child (1989) calls for legislative, administrative, social and educational actions to protect children from all forms of violence and abuse.

The UN study on violence against children examined the phenomenon of violence in the Middle East and North Africa Region, its different forms, its causes, and its impact on children, thus identifying the necessary measures for eradicating this phenomenon and the responsible actors, including children themselves, in protecting themselves from exposure to violence [recommendation of the UN General Assembly in its resolution no. 57/190]

The Committee on the Rights of the Child (CRC) has ensured that this study should lead to the development of intervention strategies that aim at protecting children from all forms of

violence, with a view to effectively providing the necessary protection and prevention [A/56/488]. (7)

The regional 2005 UNSV consultation in Cairo was the first step in the development of regional interaction, followed by the meeting of national teams with the ICRC in Geneva in 2006 and again the Cairo conference in 2007 (8). Those important landmarks allowed stakeholders in a growing number of Arab countries to enhance interaction between international organizations and national representatives, while increasing the networking with Councils for Childhood, National Committees for the prevention of violence, Women and children ministries, as well as other official bodies within governmental structures. The purpose of this process is to combat CAN and reduce VAC in the Arab region, while installing appropriation structures for efficient programs that would be accepted and developed by diverse cultures in the region. (9, 10)

BACKGROUND

This report comes in the framework of the follow-up and implementation of the study of the Secretary General of the United Nations "on combating violence against children". In order to achieve the objectives for the plan, the second Arab Children's Fund on the protection of children invested in careful management of the family and children, to follow up Arab and international efforts to stop VAC, including the study of the UNSV (2006). In preparation for the study outcomes, the UNSV mechanism developed a regional consultation (Cairo, 2005, 2006, 2007), which reviewed national efforts, presented during the special session of the General Assembly of the United Nations in 2006.

Based on the recommendations of the UNSV, the Arab Children Commission included the issue of violence against children as a permanent item on the agenda of the twelfth meeting (Damascus 2006), in order to coordinate the Arab position that reflects the concern of Arab governments to provide protection for children.

The Committee of Arab Children at its thirteenth session (Riyadh 2007) recommended the following:

- A request to the Technical Secretariat to create "a committee to follow up the recommendations of the UNSV" that will monitor the implementation of the Arab States towards the recommendations, and determine the relevant mechanisms of action.
- The heads of national commissions to combat violence against children will join the committee.
- Representatives of Member States will choose a President for the Commission for a period of one year.
- Committee members will include international partners and some representatives of civil society.
- The Committee meets twice a year.

The first meeting of the Monitoring Committee was held at the headquarters of the Secretariat General in 2008, under the chairmanship of the Arab Republic of Egypt with the participation of twelve countries. The meeting issued a number of recommendations including: the preparation of a questionnaire to be filled out by the competent authorities in Member States, in order to prepare a comparative report on the extent of implementation by Member States of the recommendations of the UNSV. The Department of Family and Children developed a questionnaire, in consultation with some experts, and sent it to the high councils, committees and bodies and institutions concerned with children (governmental and civil).

The second meeting was held in 2008, and issued a number of recommendations including: preparation of a comprehensive and comparative study about the realization of UNSV recommendations based on the responses of States, and presented at the third meeting of the follow-up by a committee of experts: Jordan, Egypt, and Morocco.

The third meeting was held in 2009, and issued a number of recommendations, of which the following: Send a draft of the comparative report to the Arab countries for review and update, and to invite the Member States that have not responded to the questionnaire to provide the required data.

The fourth meeting was held in 2009, and issued a number of recommendations, mainly the following: renew the call for the Member States - which had not responded to the questionnaire - to complete the required data, and an invitation to the Committee of Experts for the drafting of the report based on new data received from Member States.

The Department of Family and Children circulated the Final Report and Recommendations, a comparative draft on the implementation of Arab States to stop violence against children.

New data was received from seventeen countries, namely: Jordan, United Arab Emirates, Bahrain, Tunisia, Algeria, Sudan, Saudi Arabia, Syria, Iraq, Oman, Qatar, Kuwait, Lebanon, Libya, Egypt, Morocco, and Yemen. It is clear that the report did not include any information on five countries: Djibouti, Somal, Comoros, Palestine, Mauritania.

OBJECTIVE OF THE REPORT

The report compares the implementation of the Arab countries to the UNSV. It is a background and key for the fourth Arab high-level meeting for the Rights of the Child (October 2010), and will be submitted to the United Nations to reflect the extent of implementation to the recommendations of the UNSV. The report is also an assessment of the Arab efforts to stop violence against children during the past three years, in addition to being an Arab vision of the future steps of child protection from all forms of violence and abuse, one of the main objectives of the plan of the second Arab Children's Fund. Thus, this report aims to:

1. monitor the reality of violence against children and to identify problems and priorities.
2. build an action plan to combat violence against children, including:
 - elaboration of policy and programs;
 - identifying agencies responsible for the coordination of implementation;
 - identifying the needs in terms of funds and human resources;
 - developing indicators to evaluate performance and follow-up implementation.
3. follow-up the mechanism of implementation in Arab countries.

APPROACH TO THE IMPLEMENTATION OF THE UNSV RECOMMENDATIONS

In light of the UNSV, general recommendations include efforts to stop violence against children that are addressed primarily to government agencies of Arab States to refer to their legislative, administrative, judicial, and those related to policy-making, service delivery and institutional functions, as well as others addressed to specific sectors of importance such as public bodies, professional and labor issues, research institutions, employers, and non-governmental organizations, as well as parents and children. These include recommendations

on strengthening the commitment to national and local levels, in terms of strategies and plans for the Protection of Children.

The recommendations of the UNSV highlighted the need to prepare a national plan, with clear objectives and timeframes, which specifies the activities and actions to be taken by countries in the framework of the prevention of VAC, and develop indicators to measure progress. Recommendations also include the formulation of national strategies and plans with realistic goals.

In this context, the report focuses on recommendations that allow the identification of instruments to develop ongoing national strategies and plans for 14 responders Arab States [Algeria, Bahrain, Tunisia, Algeria, Saudi Arabia, Syria, Iraq, Oman, Qatar, Kuwait, Lebanon, Egypt, Morocco, and Yemen] with a diversity of strategies and plans. As indicated in the available information, many Arab countries have either developed national action plans, such as Algeria, Sudan, Egypt, Yemen, or introduced activities and programs for the protection of children within existing plans or strategies, such as Jordan, Syria, Lebanon, and Morocco.

PRESENT SITUATION

Arab Countries and the UNSV

Child protection strategies are already set in some countries and are in the process of development in others, whereas some countries still struggle with safety issues to comfort their child protection policies. Less is known about other Arab countries who did not yet share information about their child protection strategies (1). Since 2003, international organizations have been thoroughly involved in different stages of those processes, including the development of national and regional policies in response to the UNSV, mainly in the setting of a sustained support and stable national structures, in order to improve child protection policies as well as child friendly processes (2). In a significant step to respond to the UN questionnaire on VAC, 9 countries have submitted a report at that time: Egypt, Sudan, Syria, Yemen, Qatar, Kuwait, Morocco, Palestine and Algeria. Lebanon had a catch-up report.

Arab countries, however, have difficulties providing enough data regarding the situation of violence against children in their respective context. Also, available studies do not cover all countries in the region. Although most Middle Eastern and North African States have endorsed the CRC, few included in their country reports replies to the comments made by the UN regarding the rights of the child (7). Finally, the voices of children is almost absent from replies to the questionnaire with the exception of one or two countries, reflecting the absence of children's participation in defining the problem or possible solutions (8).

Furthermore, although the participation of civil society organizations is mentioned in almost all reports, yet the voice of civil society remains virtually nonexistent in reports, as the critical voice of NGOs is represented in discussing the impact of protective measures for children. In that report, the views of both the executive bodies and those of civil society are however highlighted (8).

A review of the available studies clearly shows that there is a great similarity between countries of the Middle East and North Africa region concerning the causes behind the high prevalence of violence against children in the different areas, including its most common forms. Discrepancies between countries exist regarding certain types of violence such as FGM

(female genital mutilation) or “honor killings” and the size of other phenomena such as street children and child labor (11). Risk factors may be classified as follows:

- Economic factors: increased rates of poverty and unemployment, which will increase with global economic crisis.
- Social factors: dysfunctional families in multicultural contexts, marital disputes of parents, large size of families, polygamy; social tensions and armed conflicts,
- Prevalent cultural beliefs: attitudes towards raising children (such as assumptions that an extent of physical or verbal violence may be useful for child rearing) (13)
- Lack of awareness: regarding appropriate child rearing practices and the harm that some might provoke (such as shaking babies)
- Role of the media and programs which sometimes encourage violence (for example, scenes of violence and child participation in armed conflicts)
- Legislation: lacks provisions that target the protection of children. In cases where those laws are present they may not be adequately enforced. Also, reporting of violence against children is not compulsory in most of the countries in the MENA region

SITUATION ANALYSIS

Most studies refer the scarcity of data on violence against children to a number of reasons, such as the sensitivity of the issue - especially when it occurs in certain contexts such as the family - but also the tendency to under report violence against children and the lack of awareness of its negative consequences, etc. Finally the issue attracts minimal attention from researchers and investigators, except recently, despite the abundance of studies addressing violence in the community in general in the last decade. Some of the country reports mention that such data are not available because of lack of field studies and epidemiological research on part of relevant bodies. (1, 3, 4)

Concerning the Middle-East Region

In Egypt and Lebanon, for example no periodic reports are available regarding child deaths due to violence, because such crimes usually happen as individual cases and do not represent a phenomenon; moreover, they are often attributed to accidental injuries. Thus, there are no government reports on child deaths suspected to be secondary to violence. In 2009 however, a child deaths review team was created in Lebanon, and one is on its way in Jordan. In this perspective, a child protection unit was also installed in the same premises. (1, 3, 5)

In Syria the reply to the UNSV admits the widespread prevalence of violence against children, whether in the home, at school, on the street or at the work place. The reported cases of violence do not represent however the whole reality due to lack of accurate monitoring mechanisms. Also there is lack of media coverage of the issue. (1, 13)

Palestine does not report an estimate of the size of the problem, and refers to the absence of such statistics. Also there is no monitoring of crimes committed against children nor of the complaints associated with that violence. (1, 12)

Concerning the Gulf Region

“The Meeting of Experts in the Region of Gulf Cooperation Council” on the maltreatment of children, held in the Kingdom of Saudi Arabia in 2004, agreed on the presence of cases of child maltreatment in all countries of the region. (1, 4)

In Yemen, although the government did not undertake any national surveys during the last decade addressing the issue of violence against children in particular, still there are some studies which address family violence in general. Also, there is a public system that officially investigates causes of death, including deaths of children. A periodic monthly report is published, describing a summarized statistical review of deaths which are known or suspected to be as a result of violence. (1, 4, 8)

In Qatar, no previous surveys have been made regarding the prevalence of violence against children; there is, however, a report that shows the total number of cases of violence against children as given by relevant state bodies. (1)

Kuwait stated that violence does not constitute a phenomenon in the country; therefore there are no available statistics on that matter. Also there are no governmental bodies specialized in addressing violence against children in particular. There are, however, administrations and bodies within state ministries which are concerned with all human rights issues who undertake the follow up of all human rights issues and the defense against any violation of those rights, including children's rights and any form of violence that children might face. (1, 4, 7)

Concerning North Africa

Sudan indicates that some research and surveys have been done concerning the market children, domestic laborers, child labor and juvenile justice, but did not report the findings of those surveys. (1, 8)

Algeria has a system of fact finding and research which allows official investigation of cases of child deaths by the security authorities and the police once the issue is addressed in a legal investigation and reports statistics regarding child deaths due to violence. A forensic death certificate is needed for such an investigation. The legal security authorities and the police have to periodically submit a statistical report on deaths and send it to relevant bodies and ministries. (1, 7, 8)

Concerning the Whole Region

Several reports on violence against children in different countries of the MENA and Gulf regions (Iran, Jordan, Lebanon, Yemen and North Africa) have indicated the prevalence of different forms of violence (physical, verbal, sexual, neglect) at the home or at school. (5, 15, 16) However, the size of the problem is yet not clarified in most of the countries. Useful tools in this perspective include:

- The I-CAST questionnaires (Lebanon, 2006, 2007, 2008; Egypt, 2006)
- Definitions of CAN, that need to be integrated within the provisions of law as being in accordance with:
 - The provisions of the CRC
 - The professionals' descriptions, mainly in the health sector
 - The societies' culture and awareness.

MANIFESTATIONS OF VIOLENCE AGAINST CHILDREN AND RELEVANT LAWS

Female Genital Mutilation / Female Circumcision (FGM)

FGM is a manifestation of violence on girls and a fundamental breach of their rights; this habit is still exercised in a number of Arab countries, but does not include all Arab communities. This cultural phenomenon is not reported in Tunisia, Algeria, Syria, Qatar, Morocco, Lebanon,

Jordan; on the other side, there is no law preventing female genital mutilation in Sudan, Egypt, Yemen; other countries did not provide information on FGM. The reasons behind the continuation of this practice are related to cultural heritage and aims at ensuring the girl's marriage and social status. Despite the existence of legislation in a number of Arab countries to curb the practice of this habit, it is still widespread in some of them due to weak legislation and lack of implementation. It is worth noting the position of the OIC edited in Cairo in December 2009 as recommendations to countries against FGM.

Sudan was among the countries trying early to tackle the process; however, the Penal Code of 1993 does not contain any reference to criminalize the practice, which is still widespread among a large proportion of married women 15-49 years old, up to about 89%. The ratio varies between areas, where less cases are reported in the Darfur region, to reach 87% in the eastern region, and different ratios are also noted based on religion, where Muslim women FGM incidence reaches 90%, as compared to 47% for Christians.

In Egypt, the decision of Egyptian Health Minister No. 261 of 1996 prohibits female circumcision in public hospitals and private clinics, except in medical cases only, approved by the Department of Obstetrics and Gynecology. Although this decision has been a significant development in the Department's position on the issue of female genital mutilation, it still contains a loophole for those who want to practice female circumcision. The National Council for Childhood and Motherhood organized a national project to combat female genital mutilation, which aims to mobilization of society at large, changing behaviors and renouncing the habit. The project builds on empowerment of girls at risk of female genital mutilation and information on their rights; the project aims to reach 120 villages free of female genital mutilation within a three years period.

Statistics show that in 2003, the size of this phenomenon in Egypt was high, with a rate of FGM of 97% among married women between 15-45 years old, and 82% for girls below the age of 15 years. There was a disparity in the practice of circumcision between rural and urban areas, with higher proportions in rural areas. The study performed by the National Council for Motherhood and Childhood with UNDP in 2004 to change the trend towards the practice of female genital mutilation reported that about 50% of young people – male and female – manifested their opposition to this phenomenon.

In Yemen, the national level of female genital mutilation is 25%, with variations by region, where up to 96% in coastal areas, up to 38% in the mountains, and up to 38-40% in desert areas. Some studies suggest that circumcision in Yemen is prevalent in coastal areas because of the multiple waves of migration from East Africa, and that most cases of genital mutilation are done in the first weeks after birth, and that practice is mostly based on conviction of religious heritage. The Minister of Health issued in this regard a decision No. 1/3 of 2001, which prohibits carrying out female genital mutilation for all workers in public and private health services. Yemen also addressed the subject of female circumcision in a number of provinces in the framework of female genital mutilation

Remaining countries did not provide any information in this regard.

Honor Killings / Intra-familial Femicide

Honor crimes represent the most severe types of domestic violence against girls, and are led by prevailing beliefs about shame and honor. In general, little information is available on this kind of violence.

Algeria, Oman, Morocco do not report the existence of the phenomenon, as well as Jordan, Syria and Lebanon, where there are laws to prevent crimes of honor; in Libya, a law bans and punishes crimes of honor. Other countries did not provide information on the subject. OIC edited recommendations in December 2009 to stop crimes of honor.

Early Marriage

Although there is a general trend towards raising the minimum age for marriage in Arab countries, early marriage is still widespread in some areas. Many countries of this region reduced the legal age for marriage; in particular, OIC edited recommendations in December 2009 to increase the age of legal marriage to 18 years. Early marriage prevents girls from continuing their education, and reduces women's capacities to participate in the development process, in addition to increased spending on health services and treatment as a result of diseases that expose her as a result of early marriage; furthermore, early pregnancy can lead to severe risks to the health of teenage mothers, in addition to unwillingness of girls at this early age to carry the burden of early motherhood.

There has been a remarkable progress by some States to prevent early marriage; there is, however, a discrepancy in the minimum age for marriage between the ages of 16 and 18 years. In Jordan, Algeria, Oman, Qatar, Egypt, and Morocco the minimum age of marriage is determined at 18 years for both sexes, except Qatar that set the age of 18 years for males and 16 years for females. Algeria set a minimum age of marriage at 19 years, while Sudan referred to a law to prevent the marriage of a minor without specifying the age of the minor, and Syria is currently working to prepare a law to prevent the marriage before the age of 18 years.

Despite this legislative attention, the age of marriage is still young and is not linked to other important variables such as education. The age determined as an age of marriage is when young people are about to go to university; even then, it is clear that marriage may be a reason to stop learning or not to continue it.

Corporal Punishment

With regard to child's rights to protection from corporal punishment - and other cruel or degrading treatment, which involves violence and physical abuse, or threat from any form of beating - this social concept is one of the domestic issues relevant with violence at the international level, and in the Arab region. Within this framework, Jordan, UAE, Tunisia, Algeria, Oman, Qatar, Lebanon, Egypt, Morocco, and Yemen have developed a series of laws and procedures that prohibit corporal punishment in schools, but implementation lacks.

Sexual Violence

Children are exposed to sexual abuse that might occur in the family or school and in various institutions. Sexual violence is reported in 8 countries: Jordan, United Arab Emirates, Sudan, Oman, Qatar, Lebanon, Egypt, Morocco, and Yemen, where the existence of laws that prevent violence and sexual exploitation are not specifically available. In Yemen, there is a draft of an amendment to the Children's Act, which is in the process of development.

In connection with sexual violence, it is worth noting that all member states who have ratified the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and pornography, have committed to the development of measures and initiate actions to protect children from some form of sexual violence, in laws penalties and operational procedures embodied in laws of childhood and relevant legislation. This process ranks first in terms of importance to reduce sexual violence on children

INTERNATIONAL EFFORTS AND THE UNSV IN THE ARAB WORLD

International professional organizations have contributed to the global effort for the prevention of child abuse and neglect: identification of efficient procedures in respective backgrounds, increasing the knowledge base, reducing the acceptance threshold of CAN, thus enhancing the quality of national visions in terms of child oriented policies (2, 15). In some areas of the Arab world, initiatives are hindered by armed conflicts, with many violations to the CRC, the EU Guidelines and the Geneva conventions (17, 18). They are also challenged by unstable socio-political situations in many counties of the MENA region (15, 16).

The mission of professionals - at academic or informal levels - aims at the prevention of maltreatment as well as the identification and management of abused and neglected children. Established in taskforces, they accomplish such missions within multidisciplinary teams, such as law enforcement personnel, child welfare and mental health specialists in addition to research resources and health professionals. However, and unless controlled by reliable monitoring systems, professional training and societal implication, increase of violence against children can be expected in many countries of the Arab region - in view of the alarming rates of associated risk factors (8, 9, 19).

Roles and Responsibilities of the Parties Concerned to Stop Violence against Children

This section presents a comparative analysis of the recommendations contained in the Arab countries to the questionnaires for the roles and responsibilities of the parties concerned to stop violence against children. There have been a series of recommendations linked to sites of violence, scenes of violence which has been divided into five, namely: family and home, and educational institutions, care institutions and the judiciary, and the local community and the street, including the workplace. The recommendations included on the location of violence against children, which had been drawn at each site as follows:

1. In the Home and Family

Given the important role played inside the home in the care and upbringing of children, States must concentrate their efforts to stop violence against children on programs to support parents and caregivers, and parental education, building capacity for families living in difficult circumstances, and offering training courses and seminars for families and relevant institutions concerned with supporting the parents.

It is clear from recommendations of Arab countries that in order to help families to reduce violence against children, Arab States ought to give increased attention to programs for families in difficult circumstances such as families headed by women, women in rural areas, and low-income families. Therefore, countries need to implement a range of programs and projects targeted at those types of families.

As for educating parents, Arab countries need to increase their efforts in this area, particularly because targeted programs focus mostly on media programs, printing material and dissemination of publications and periodicals; these programs are too few and too partial to achieve appropriate education programs for parents. Tunisia leads in this area, as it has developed a national strategy to deal with violent behavior within the family on one side, and a media strategy for the rehabilitation of the family, support and enhance their capabilities on the other. Also, Egypt developed programs for families facing difficult circumstances through a project to reduce poverty, in collaboration with the

National Council for Childhood and Motherhood, in order to empower women in their civil rights, and families in small enterprises.

2. In Schools and Educational Institutions

It is important to highlight the role of schools and educational institutions to stop violence against children, and to clarify that all children should be able to learn in an environment free from violence, and schools safe and appropriate for them. The recommendations were confirmed by the responses of Arab States to the questionnaires based on four pillars: to encourage schools to adopt and implement codes and regulations to conduct non-violent strategy and teaching free from violence, intimidation or threat, humiliation or physical force, special programs the school environment, and encourage the building of skills, and curricula free of violence, and implement anti-bullying policies and, finally, recommendations regarding the approval of curricula, teaching processes and other practices the principles of the Convention on the Rights of the Child and the absence of signals that encourage violence.

Through our past, and through the data available to our responses to the questionnaire indicated that the bulk of the Arab states have yet to develop codes of conduct and regulations of the school, by contrast, there is increasing interest in addressing violence in schools.

With regard to teaching strategies free from violence, intimidation or threat, humiliation or physical force, it shows that there is an urgent need to give this issue greater attention to access to the stage to enable all States to have the strategies to teach free from violence and other forms of cruel treatment, and not merely the programs and activities Sporadic lack inclusiveness and integration, although there was indications that the process for building the strategy for this area.

With regard to programs targeting the school environment and encourage the building of skills and non-violent approaches and implementation of policies against violence, it was found that the Arab countries with an interest in the school environment free from violence and adopt a set of laws, programs and activities to respect the rights of the child in the school.

As the extent of the approval of curricula, teaching processes and other practices the principles of the Convention on the Rights of the Child and the absence of signals that encourage violence, it became clear that most Arab states to intensify efforts in disseminating the culture of child rights among the various officials and actors in the educational process to ensure the approval of curricula and operations faculty and practices associated with the principles of the Convention on the Rights of the Child, which included some Arab countries, namely: Jordan, Algeria, Libya, Yemen, and Saudi Arabia, the principles of this Convention in the curricula at various stages with the concepts contained in the protection of children from violence.

3. In Systems of Care and Judicial Systems

Study focused on the United Nations that the State is responsible for ensuring the safety of children in residential care and detention facilities, juvenile justice. Came the responses of Arab States to the questionnaire, according to eight themes concerning the role of care systems and judicial systems in the reduction of violence against children, are as follows: efforts to reduce the rates of children in institutions and give priority to family

preservation and community-based alternatives other, and efforts to reduce the number of children who entering justice systems, and efforts to promote alternative measures and rehabilitation programs, and policies to encourage re-evaluation of the measures taken regularly, and ensure the transfer of the child to the family or community, and independent mechanisms for lodging complaints, investigation and access to address issues of violence in care and justice systems, and special programs tells the children all their rights within institutions, and actions taken to facilitate the access of children in institutions to the existing mechanisms to protect them, and the existence of independent bodies have the power to monitor the situation of children in care institutions and judicial institutions.

Through our previous to this axis, which relates to systems of care and judicial systems, reveal the data that we received from the Group of Arab States on the following: at the level efforts to reduce rates of children in institutions and give priority to keeping families and community-based alternatives, the growing awareness within the Group of Arab States of the importance of overriding the policy of the institution as the only solution to addressing the issues of children in difficult situations, including children accused of breaking the law. Also note that some Arab countries, namely: Jordan, Tunisia, Algeria, Qatar, and Egypt, have special programs to create mechanisms and specialized human resources to promote the priority of the survival of the family in all the measures taken, either through mediation and support families, or through alternative families, and to encourage foster care system. Also passed in some Arab countries, especially UAE, Bahrain, Oman, Libya to implement programs and activities to raise awareness of the role of family in all actions concerning children. With regard to children's events, we find that the Arab countries had been directed towards the development of special laws to protect this group of children, and to give priority to the re-education and social inclusion, family involvement in all measures taken with the development of special programs for legal assistance and guidance, and support mechanisms for mediation and problem-solving

4. In the Workplace

Spread phenomenon of child labor in many Arab countries, and different magnitude of this phenomenon in all countries, according to the definition used and the approach taken in data collection. In most countries is difficult to determine the size of the phenomenon, because the areas of child labor in the informal sector and in small workshops, and marginal business. The number of studies on this topic is that the children work in difficult circumstances, and extends their work for long hours, has more than 10 hours, and subjected to violence by the employer or other workers, who were often older than him, whether violent verbal or violent physically during the beating. There is also the unknown number of children working in hazardous areas, which represent the worst forms of hazardous work, and these working children are deprived of health care and working in actions that threaten their health and impede their development. Child labor has thus become one of the great challenges facing childhood, due to the loss of the child dependency rate and the low standard of living of many families, forcing them to push their children to the labor market.

5. In the Community

A study of the United Nations should take into account that the measures are mandatory to prevent violence against children. Response in local communities requires addressing the risk factors of social, economic and physical infrastructure. The responses for the Arab

countries regarding the role of the local community to stop violence against children in five main points are:

- Prevention strategies and deal with violence at the local level.
- Programs and policies adopted to reduce the social and economic inequalities.
- Training programs for police and other security institutions on the Rights of the Child.
- Efforts at the local level for coordinating and tracking services for children victims of violence.
- The role of the local community in promoting and supporting government initiatives and civil society for the prevention and the prevention of violence against children.

Sexual Exploitation and Trafficking in Children

Children may be subject to sexual abuse in the family or school or in the different institutions. However, the term sexual exploitation is used to refer to childhood prostitution and their use in pornographic activities. The same applies to trafficking in children where the child is transferred from one person to another in exchange for money. This is usually done in order to use those children in different forms of domestic labor, agricultural labor and also in sex tourism.

Laws in all countries of the Middle East and North Africa region prohibit sexual exploitation of children and the production of pornographic material in the context of prohibiting prostitution and sexual exploitation in general.

As for sexual abuse, many countries do not have specific laws that protect children subject to rape. The penalty is usually a severe one in case the victim is under age. The rapist may be spared the penalty, if he agrees to marry the victim and in many cases the girls are forced to marry their rapists.

In the regional conference on Commercial Sexual Exploitation of Children in North Africa (ECPAT), organized in Rabat, Morocco in June 2003, the five participating countries submitted a report regarding the situation of sexual exploitation of children and suggested recommendations to address this phenomenon (23). Lebanon is also, by nature, a place for sexual tourism, where legislation is not tackling directly internet crimes, sexual exploitation, or extra-territoriality, thereby aggravating conditions for sexual abuse, etc. (1, 10) On the same subject, an International Conference on Effective Strategies for the Prevention of Child Online Pornography Trafficking and Abuse was held in Bahrain, March 2009.

Reports from Arab countries agree that it is difficult to obtain accurate data and information regarding the prevalence of sexual exploitation. Police records also do not provide an estimate of the size of the problem.

The prevalent form of sexual exploitation in the North Africa region is child prostitution; child trafficking is associated more with economic exploitation than with sexual exploitation since it is associated with child labor in areas such as domestic labor.

The sectors most at risk are street children beggars and domestic laborers. Forced early marriage, especially in Egypt, Mauritania and Chad are considered a form of sexual exploitation, as are the child trafficking in Iraq and the problem of smuggling children inside the state of Libya for the purpose of prostitution and slave trade.

Arab professionals provide expertise to decision makers about the condition of children in such settings, where problems are too big for one Arab country, including living conditions and social challenges, sexual and commercial exploitation of humans and organs, humanitarian assistance and support, as well as access to education and control of frontiers, arm smuggling and corruption.

Arab Professionals have Objectives, Tools and Expertise

Organized in networks, professionals integrate institutions and enrich human resources in contact with children; based on an interdisciplinary team approach, they develop skills and knowledge, encourage collaboration within local and governmental institutions, call on academic and research organizations, stimulate funding from private sectors, interact with families and informal sector and - last but not least - innovate opportunities for youth participation. Some of the objectives of Arab professionals are:

- To identify valuable resources and key persons working with children.
- To develop and improve models for detection and management.
- To increase public awareness in the definition, recognition and prevention of CAN.
- To design and facilitate educational and training materials, and provide a sustainable educational support for professionals and NGOs working in the area of CAN.
- To support local and governmental cooperation, and encourage the Arab region (MENA) and global efforts in child protection, mainly with ISPCAN expertise.
- To help launch specialized centers for research and others for the management of maltreated children.
- To ensure that adequate and independent surveillance systems are available and that monitoring of extent and pattern of child maltreatment is studied.

An important aspect of the mission includes comprehensive reporting on CAN and involves the efforts to improve child protection. In this vision, the major objectives are as follows:

- Provide professional expertise and technical support to gather information from resources and professionals.
- Establish a core group of trained and committed multidisciplinary professionals, to report on cases involving CAN, and monitor actions to comply with CRC provisions.
- Increase the quality of practice in terms of intersectoral and intra professional work, in the areas of health, law, education and welfare services.

In the UNSV perspective, professionals integrate subcommittees or working groups, dealing with: the legal framework, the training needs, the research resources in all types of CAN. As actors in addressing violence, professionals also tackle policies and programs to address violence against children: data collection and research, analysis and evaluation, awareness and advocacy curricula and training.

In reality, despite the professionals pressing demands and the consequent efforts deployed by governments from the levels of policies and legislations to those of implementation and practice, violence against children is still a challenge for several reasons, which can be summarized as follows:

- Examples of cultural beliefs: Some types of CAN, such as corporal punishment, female genital mutilations, early marriage and violence against the girl child still are diversely perceived by stakeholders and citizens; they remain sometimes in Arab societies as private matter or cultural specificities. Modifications are expected in the provisions of

national legislations, in the Arab world and other regional countries, such as Turkey, Pakistan, Iran (24,25)

- Challenges in education: Lack of awareness about child rights among families, educators and child caregivers, remain a challenge. School based initiatives are needed in that regard, like "ambassadors of peace", "One World 2011" as manifested during the Feb. 2009 conference on family violence in Jordan.
- Types of structural obstacles to the CRC implementation: The lack of monitoring systems relating to violence is still a gap in the evaluation and control of violence against children. Child observatories exist in some Arab countries and need to be replicated with more independence (1, 7). Also, the Child Defender project would help national child protection strategies reach rapid, adapted, legalized and socially acceptable interventions toward the implementation of the CRC (19). Furthermore, the Child helpline, available in some countries, is warming up in some others. "Child Friendly Budgeting" is an emerging concept in Jordan, involving Governmental and Nongovernmental sectors. The Child Friendly Budget initiative aims at increasing the attention of policy makers and legislators on public spending that best responds to children's matters and priorities, ensuring its integration into governmental planning in the fields of health, education and social development.
- Legislation discrepancies and pitfalls: All countries of the Middle East and North Africa region have endorsed the CRC. Some countries did not make any reservations, while others have made reservations regarding provisions that were taken to be incompatible with Islamic jurisprudence. Seven countries (Egypt, Lebanon, Jordan, Yemen, Qatar and Tunisia) have equally endorsed the optional protocol regarding child trafficking, child prostitution and child pornography (8).

The definition of a child varies however from one country to another, with subsequent variation in the definition of the age of criminal responsibility. In many countries that age is very young and is therefore not compatible with the CRC (for example, 7 years in Lebanon...to be increased to 10; Libya, Qatar, Saudi Arabia, Emirates, Yemen and Egypt). Subsequently a child that young could be convicted. In some countries which have no definite age of adulthood, children may receive the death penalty, life imprisonment or flogging (especially in Qatar, Saudi Arabia and Emirates).

Maltreatment of juveniles and their detention in difficult circumstances stress the violence they might be subject to by officials and their deprivation of the right to contact their families such as is the case in Lebanon, Libya, Morocco, Syria and Tunisia. In some countries, such as Syria and, beggars and street children are treated like criminals (4, 8, 13).

Weaknesses in enforcement of legal provisions included in the CRC, as well as some discrepancies within national legislations, are congruent problems. There are still, however, important efforts produced towards child friendly laws. This issue is particularly important in the Juvenile Justice and children at risk. Alternative measures for juveniles in conflict with law are on the track, with compensation, reintegration and restoring justice. Legislation and capacity building also appear as critical requirements in the street children problem in the Arab world.

Training and capacity building, gaps to fill:

- Professional capacities and institutional frames are critical points in the efficiency of initiative aiming to provide control of violence and protection of victims. In fact, Arab professionals offer expertise to the institutional settings to increase the level and

quality of knowledge on the science of intersectoral cooperation and /or the usefulness of such a coordinative process, to optimize the development of child protection systems, thus encouraging the participatory process and increasing the capacities of the informal sector to build networks for interventions and collaboration.

- Monitoring and reporting.

Institutions, Monitoring and Evaluation

As for the institutions follow up the implementation of children's rights and protection, show that both: Jordan, Syria, Iraq, Oman, Lebanon, Egypt, Morocco, and Yemen, have a specific institution be responsible for monitoring the implementation agreements child rights and protection in cooperation with institutions concerned with these things. As can be seen on the other hand the participation of a group of institutions in monitoring implementation of the Convention on the Rights of the Child in the UAE, Tunisia, Saudi Arabia, Sudan, Qatar, Kuwait, and is available in both Egypt and Morocco, a National Observatory for the Rights of the Child his version of facts about the situation of children and the enjoyment of children's rights to assist in policy-making relating to children, and the most important objectives of the observatory of the following:

- Use of scientific research in monitoring the reality of the situation of childhood.
- Providing strategic, realistic information on a regular basis on all aspects of children's issues.
- Establishment of an integrated system of monitoring and evaluation to monitor and evaluate national action plan for children.
- Increase the awareness of children and adults of the law and the rights of the child.

The Establishment of Systems and Services for Communication Accessible and Suitable for Children

Regarding the mechanisms that are safe provided by States to report on violence against children, whether by them or others, is clear from the available data that the majority of Arab countries have given increased importance to the creation of mechanisms and institutions are safe to report that children themselves and parents to report all cases of violence in total secrecy, with emphasis the development of mandatory reporting laws.

These centers and receive all communications relating to violence against children. In addition to the criminal justice institutions existing at all, was adopted by all States, except in a few cases, a free telephone lines for receiving complaints, and the cells of listening, counseling and received communications. And civil society plays an important role or fertile for the dissemination of reception centers and closer to those concerned, including children and parents, with the definition of the services of telephone lines and listening centers and guidance

Develop and Implement Systematic Data Collection, Research

Participants to Cairo declaration urged OIC Member States to establish effective tools for systematic collection, analysis and dissemination of data on the implementation of the CRC, disaggregated by age, gender, urban\rural and other relevant factors; and to use this data for the development, implementation and regular review of their laws, policies and programs and to identify child vulnerabilities, to prevent discrimination and overcome disparities (26).

At the level of systems available to collect data and information on the situation of disadvantaged groups and forms of violence against children and monitoring, we note that through the information provided by some states to rely on data provided by the census, data and records available to the institutions working in the field of childhood, in addition to periodic reports. Note that some countries such as Jordan, Tunisia, Egypt and Morocco are conducting studies on the quality and quantity of children in order to provide information and statistics on the different circumstances. On the other hand, confirms the absence of some of the responses of systematic data collection or the lack of an integrated information system, and the other replies indicate the presence of systems for data collection in the process of achievement. Characterized by Tunisia and Egypt that have observatories information, training, documentation and studies. Algeria is also characterized by the existence of a data bank specializes in all matters relating to women and children.

With regard to the indicators used to collect data on violence against children, reports have revealed the absence of strict regulations to determine indicators for systematic data collection on violence against children, the signals were mixed and ambiguous States if he does not explicitly refer to the absence of indicators. The report noted that Jordan, for example to the National Framework for the Protection of the family is the reference for all the concepts and programs, also considered the report of Oman, the reports issued by the police and the courts and the Ministry of the economy are indicators, Yemen was also considered the report of the indicators is to create a database. This shows the ambiguity of the concepts of the process of collecting data on children or the process of collecting data in general in the Arab world.

With respect to records stored data recording births, deaths and marriages at the level of society as a whole (city, countryside, remote areas) and the use of in analysis, monitoring, deployment, confirm the majority of responses to the existence of records of the institutions of the State relied on statistical analysis and preparation of periodic reports is published. One of the main issues that have emerged from some reports, the inability to make use of statistics and records and the existence of periodic problems in collecting material from remote areas. Perhaps this confirms the issue of the relationship between the processes of data collection and organization on a continuous basis, and the need to develop a plan to take advantage of them in all stages associated with policies to address violence against children.

In the aspect mechanisms established by the State to maintain data on children who are cared for parenting, children involved with the criminal justice system, it appears through the information that the few available data are provided by the institutions concerned, including the institutions of justice, interior, security, and social affairs. Sudan is characterized by the provision of e-government system to connect between the ministries in this regard. There are some experiences that work to establish a database of children as is the case for Jordan, UAE, Syria and Egypt. While Saudi Arabia has developed a mechanism for collecting data through the implementation of the national strategy to address poverty, social security, and charities. In Kuwait combines the Supreme Council for planning data provided by the various sectors concerned.

And the classification level of data available on children in difficult circumstances, and violence against children, taking into account gender, age, family characteristics, education, origin, housing (urban, rural ..) and others, indicate the majority of responses available to a classification takes into account the indicators listed below to provide further details.

With regard to schemes procedures, studies and research on violence against children, taking into account interviews with children and parents, and give special attention to vulnerable groups of boys and girls, stresses the different responses to the existence of studies in this area with an openness to the opinion of children and involve them. Other responses pointed to the existence of prospective studies in the schemes have been developed and will be implemented in the future.

This situation reveals the existence of problems and obstacles related to data and research. Fmaizal a long way to collect data about the organization and sustainable conditions for children and the quality of their lives, and about what they are exposed to manifestations of violence and ill-treatment. It also reveals the situation in a shortage of research and studies related to children in general and ill-treatment of children in particular, as well as implementing regular surveys that establish the rules of reliable data in relation to the formulation of policies and strategies to address the problems of childhood

A System of Ombudsman or Commissioner for Children's Rights, Powers and Guarantees Available to Monitor Children's Rights and to Receive Complaints

At the level of measures and actions taken to ensure the best interests of children, it appears that all the Arab countries have achieved remarkable progress in the legislative side of giving priority to the child's best interest and ensure the safety and security, and it is clear that there are corresponding actions for the application of those laws. And Yemen is characterized in this area produced a number of regulations and decisions governing the conduct of work educational institutions, educational and social take into account the material interests of the child's best interest.

Children have no idea of the legal measures or otherwise which target their protection from violence. In this regard, the child-friendly version of the UNSV has been the subject of consultations in some countries of the region (Jordan, Lebanon). In order to interview children and communicate legal procedures and social values, it is important to be aware that they can identify the following forms of violence (8):

- Physical and verbal violence by teachers.
- Lack of any school response regarding that violence.
- Laws prohibiting violence in school are not enforced.
- Poor students are more subject to violence.
- Children also propose some solution to problems concerning them:
- A system of accountability and punishment of teachers who practice violence.
- Training social workers and teachers to be able to challenge violence
- Involvement of parents' councils in addressing the problem and suggesting solutions.
- Establishment of activity clubs (painting, music) in schools to divert violence into creative activities.
- Organization of media campaigns on the issue.

CONCLUSION

The Cairo declaration clearly requested to ban all forms of violence against children Child protection from all forms of violence.

Participants from OIC State Members valued the presence and contribution of the newly appointed Special Representative of the SG on Violence against Children, Dr. Marta Santos

Pais, and expressed their commitment to develop productive cooperation with the Special Representative and to provide her with necessary technical and financial support. In light of the child's equal right to respect his or her human dignity and physical integrity, participants to the Conference recommend to the OIC member States to take all appropriate legislative, social and other measures for an effective follow-up to the recommendations made in the UN Study on Violence Against Children.

Participants call upon the OIC Member States to urgently review and reform their legislation to ensure the prohibition of all forms of violence against children and to link law reform with promotion of positive, non-violent forms of discipline. Building upon the promising experiences of OIC Member States, particular attention should be given to the prevention and combat against harmful practices, including FGM, child marriage, crimes committed in the name of honor, the use of children as camel jockeys, child trafficking, child domestic service and other forms of child labor.

Building upon positive national experiences from OIC Member States, participants to the Conference recommend that each State establish a high level focal point to coordinate all actions to prevent and combat all forms of violence against children, and promote the development of a well resourced national strategy on violence against children, engaging with civil society, including children and young people.

Participants requested:

- That efforts should be exerted to provide protection for children under occupation, and in times of war. They demanded that those who violate the CRC by killing children or subjecting them to imprisonment, corporal and/or psychological torture, should be made accountable and brought to court.
- That poverty alleviation should be targeted, as poverty is considered a primary cause for children's main problems which lead to their deprivation of enjoying a normal life.

Participants encourage the OIC and its Member States to facilitate the establishment of a children's forum to promote the contribution of children to the process of follow-up to the UN Study on Violence against Children and to keep children informed about developments in these areas:

- **Child marriage:** Participants call upon all OIC Member States to increase the age of marriage to 18, ensuring full consent and registration of marriage.
- **FGM:** Participants to the Conference recommend the OIC member States to prohibit by law all forms of FGM and undertake awareness raising and informative campaigns, and promote social mobilization in close consultation and cooperation with the traditional and religious leadership, NGOs, as well as with parliamentarians, to support the enforcement of the prohibition and the promotion of abandonment of this practice, and to provide people who are involved in this practice with alternative employment.
- **Corporal Punishment:** Participants to the Conference recommend that OIC Member States prohibit all corporal punishment and other cruel or degrading forms of punishment or treatment of children, in all settings including within schools and within the family, linking law reform with the promotion of positive, non-violent forms of discipline.

- **Juvenile justice:** Participants call on OIC Member States to complete the development of an effective and efficient juvenile justice system which ensures the full implementation of the CRC in particular articles 37 and 40, and other relevant international standards and taking into account the Committee on the Rights of the Child's General Comment No. 10. In that regard, special attention should be paid to the establishment and progressive increasing of the minimum age for criminal responsibility.

Participants call on OIC Member States to take necessary measures to respond to children in conflict with the law without resorting to judicial proceedings providing that human rights and legal safeguards are fully respected, including community service, restorative justice, (taking into account the Lima 2009 - Declaration on Restorative Juvenile Justice).

Participants call on OIC Member States to take measures to ensure that all children in conflict with the law are provided with free legal or other appropriate assistance and that deprivation of liberty, including pre-trial detention, is only used as a measure of last resort and for the shortest possible period of time, by fully implementing recommendations of the CRC Committee made in Gen. Comment No. 10 regarding the use of pre-trial detention and by introducing and effectively using suspended sentencing and early release

Participants call on OIC Member States to take legislative measures to abolish the imposition of capital punishment on persons who committed a crime when under the age of 18, and suspend the execution of any pending capital punishment. Furthermore, it is recommended to abolish all forms of life imprisonment for crimes committed before the age of 18.

Participants call on OIC Member States to take legislative measures to ensure that children deprived of their liberty have access to education, adequate health care and to sports and other leisure opportunities, can maintain regular contact with their parents and other family members and are fully protected against all forms of violence, including inhuman and degrading treatment or punishment.

Participants call on OIC Member States to safeguard the rights of child victims and witnesses involved with judicial proceedings and take into consideration relevant UN standards and guidelines (26).

Places on the Arab states the issue of concern for children and establishment of their rights and protection as a priority, so that the child is a fundamental unit of society, which reflects the future of the state. This was reflected in the context of its commitment to the principle of children's rights through the ratification of relevant international conventions, or through the provisions of national legislation on the protection to include the whole family. Therefore, provided all the Arab countries' information about the laws preventing the exposure of any person under the age of 18 years to the death penalty or life imprisonment. Found by studying the available data that the majority of the countries that responded to the questionnaire, namely: Algeria, Bahrain and Tunisia, Algeria, Saudi Arabia, Sudan, Syria, Iraq, Jordan, Qatar, Kuwait, Lebanon, Libya, Egypt, Morocco, Yemen, confirmed the existence of laws prevent the executions of children and prevent life imprisonment. Addressing violence against children in the Middle East and North Africa region is the responsibility of the whole society including the state. The state bears an essential responsibility in that respect since it is the party that drafts policies, draws legislations that serve those policies, follows up their implementation, in addition to providing the necessary resources for the implementation of those programs,

ensuring that they are not based on short term projects - scope and duration - but rather on a nationwide sustainable strategy. In this perspective, it is critical that the child victim of violence in all Arab programs and policies is not addressed as an object for charity or protection alone, but rather as a present non-voting citizen, entitled to all human rights and a life free of violence.

Recently, it is noticed that the issue of violence against children is not marginalized in a growing number of countries in Middle East and North Africa. Many of them have established councils and national organizations concerned with human rights in general or even with the human rights of children in particular. Violence against children is now addressed in a way that includes more socially sensitive areas, such as violence inflicted by parents on children in the context of the family, or early marriage or traditions and norms that lead to violent practices against children, like FGM and honor crimes. The theoretical model needs however implementation, evaluation and sustainability.

The right perspective in addressing any form of violence is an essential perspective and entry point to enable interventions and legal amendments to protect that right in the face of violations. This perspective also requires that children be an essential actor in the design of intervention policies, their evaluation, monitoring of implementation and their amendment or development leading to a sustainable protection of that right.

The Arab professionals gave birth to the APNPCAN, in 2004, and changed the name to APNPVAC in order to comply with the layout of the UNSV. Both ISPCAN and the Arab network played an active role in the 2005 MENA regional UNSV consultation context, the 2006 ICRC critics in Geneva and the 2007 UNSV report and meeting in Cairo. The network contributed to widen the platform of interventions and deepen their efficiency in confronting violence against children, as this problem appears to be more and more accepted as the responsibility of the society as a whole. The inclusion of the informal sectors in the State prerogatives remains however a challenge in many countries. The emerging child protection movement is presently in a continuously growing, expanding, and hopefully inclusive and participative design. The result of this social congruence and intersectoral teamwork, led by professionals, with children with whom they work, will be a mixture of cultures, values, beliefs and challenges.

To Ensure Accountability and End Impunity

Different safeguards that ensure that everyone - equally - a system of justice against all perpetrators of crimes against children from one country to another: there are eleven countries, namely: Jordan, Tunisia, Algeria, Iraq, Oman, Qatar, Kuwait, Lebanon, Egypt, Morocco, Yemen, have laws to ensure justice system, such as the Penal Code, or criminal law, or the law of the child, or laws for the care of minors or juvenile care, and ensure that these laws to punish perpetrators of crimes against children. Punishments vary according to acts committed on the laws of that organization from one country to another. In Saudi Arabia, where Sharia based arbitration, the judiciary holds accountable perpetrators of crimes against children, according to the offense committed. It would be useful to point out that Qatar had indicated that the Qatari Constitution guarantees equality and non-discrimination between citizens and residents before the law. Morocco has also taken safeguards in order to accelerate the pace of judicial processing, and implementation of the principle of no impunity, where the cells were created at the level of public prosecution in various courts which dealt with children's issues, especially issues related to violence. Was to issue strict instructions to punish all those responsible for offenses committed against children. And can become some

NGOs working in the areas of childhood intervention as a civil party on behalf of children victims of violence. We offer the following stages that ensure that justice, deterrence and the law relating to crimes committed against children in the Arab countries

Provide Recovery and Social Reintegration

Arab countries provide a range of services accessible health care before entering the hospital or in emergency situations. There are a range of programs and pilot projects in this area, such as developing procedures and protocols governing the coordination between the actors and the provision of specialized units fixed or mobile to deal with issues of violence, and maternal and child health, and training programs for health workers and doctors to distinguish the signs and symptoms resulting from this violence, and training and assigning staff specializing in the early detection of symptoms of violence and reporting. Jordan has developed procedures and protocols, especially the Ministry of Health to deal with cases of domestic violence. Has also developed a specialized unit in the ministry to deal with issues of violence with forensic medicine clinic inside the Family Protection Department to provide medical services for cases brought before it. On the other hand sought to seek a resolution to provide all medical services free of charge to victims of domestic violence. There are in Algeria in 1212 and unit health screening in schools. Is available to all schools in Oman rooms for health services, and Saudi Arabia to provide social protection committees regions of the Kingdom, which means providing care for cases of violence before it. Morocco is characterized by making age 18 and a medical unit to receive the children and women victims of violence, as created and child protection units to provide support and coping urgent health of children victims of violence or threatened violence. Yemen began in 2006 in the launch program for the prevention of injuries and violence. In Egypt, the centers offer health care of the Ministry of Health services accessible by the general practitioner, a preventive services and emergency, and are referred cases critical to the second level of the hospital is also a subsidiary of the Ministry of Health according to the guaranteed by the law of the child Article (7) bus. Were also introduced a mechanism (mobile units) to provide health services to the immediate street children in the gathering places of the street.

At the level of provision of services and social programs for the detection of violence or reduce it, they return the majority of Arab states gradually towards reliance on free telephone lines, which receive complaints and provide guidance and counseling services, with the establishment of special institutions to receive cases of violence against children and follow-up. In addition to the outstanding efforts of NGOs in this area. In this context, Algeria has established offices in each municipality of social activity through which social and economic assistance to families in need. Syria has begun to establish a unit for the protection of the family was receiving complaints about cases of child abuse, investigation and forwarded to the appropriate authorities to address them. It also initiated the establishment of a shelter to protect the child as a center for child victims who cannot return to the community without physical and psychological rehabilitation and re-evaluation of the environment in which they live.

With regard to legal assistance programs for children and their families when appropriate, certain countries that responded to the questionnaire a set of data concerning the provision of legal assistance through mechanisms and similar programs and other miscellaneous. Including projects to protect and care for children in the area of criminal justice and legal aid programs and counseling for children and their families. And services provided to children, including judicial and police services and legal assistance. Some NGOs are working to provide legal services, including legal advice, judicial and legal assistance for cases not able to pay for

lawyers and communications with security departments at the follow-up to ensure safety and to secure the legal procedures to receive or accommodation.

The available data confirm that the majority of countries allocate, within the framework of legal aid for children and families less affluent, volunteer lawyers to argue and provide advice free of charge. We also note some experiments directed towards the creation of public institutions to provide legal escort. And to provide grants to NGOs for the implementation of special projects to provide legal assistance to children. In this context, Jordan entered into force and means of taking advantage of abused children by video cameras, has released the text of this legislature, which could ease a lot of psychological pressure that was faced by children of the many re-evidence. It also carries out a project to protect and care for children in the area of criminal justice in order to provide guidance and legal assistance to inmates in a number of centers and institutions accused of breaking the law. In addition to the implementation of the "light" for legal assistance and counseling for children accused of breaking the law. Emirates has prepared draft legislation to protect children's rights law includes the post of social worker who provides legal assistance to children and their families when exposed to violence. Algeria has a council to assist the minor in all phases of governance. And Tunisia is characterized by the creation of a new system that is leader in all judicial court of first instance charged with providing support and legal advice free of charge.

For health services designed to meet the special needs of children, which helps protect them from violence, a group of States provided information on health services for children, particularly in the area of protection from violence. In the absence of clear indications on the progress made in this area, involving a group of States to require health workers for reporting all cases of violence against children. Featuring some countries the creation units and cells to detect and follow-up health and psychological status of children. With the support of professional societies in this area. Therefore, Algeria has established units, detection and follow-up to the level of educational institutions shall ensure the various aspects of mental health and children. And Morocco had to formulate treatment protocols for children victims of violence, and ratified and became the work in progress.

And for social services related to criminal justice in cases of violence against children, and notes through the extrapolation of the responses, fell services allocated in this area. There are examples of important reference may be made to them, has taken the initiative of Jordan making a clinic for forensic medicine in the Family Protection Department of the Directorate of Public Security where it is examining the cases of advanced management of medical and psychiatric clinic in the same department, to assist cases needing medical and psychological treatment. In Tunisia, the Judicial Guide - a plan were created each court of first instance - to provide support and legal advice to those who are in need, free of charge

The level of "programs and activities geared to develop the capacities dealing with children and children for their contribution to the elimination of all forms of violence against them," is clear from the data available to guide the majority of the Arab countries of concern to strengthen the capacity of working with children of all types through the organization of training courses the first place and to prepare evidence of standards and training manuals in order to raise their capacity to deal with the children psychologically and socially and legally. These programs include:

- Organization of an integrated program of specialized training courses in the field of psychological counseling, and prisoners of researchers and specialists from all regions and dealing with the problems of individuals and families.

- Workshops and seminars for the family for the rehabilitation and upgrading of workers in this field.
- Implementation of a seminar on considered the laws on child rights.
- A series of training courses on how to detect cases of abuse on children for professionals and specialists in public schools.
- Training of personnel of the security authorities and health workers on dealing with child victims of violence.
- Campaigns to raise awareness of the dangers of community-based crimes of violence against children.
- Training of supervisors and teachers on alternative means of corporal punishment.
- Training of staff in government agencies to protect children in the disaster.
- Develop and implement programs for street children and aims of these programs and others to identify clients with children children's rights, and proper methods to deal with him, and psychological damage of violence on children, and how to respect their views, and good to deal with them.

Featuring some of the States to develop training plans, and the opening of disciplines in some universities and centers of training in the field of children's rights. Jordan has created a regional training center on the themes of protection from domestic violence is also a year the implementation of training plans aimed at working with children in the areas of health, education and justice and development aimed at children themselves, with the opening to support the expertise of international organizations.

With regard to training programs (before and during the service) addressed to those working with children in order to equip them with knowledge and respect for the rights of the child, focused responses to the various programs of training working with children, as is the case for the center of the past. Given the importance of the availability of expertise and special features to work with children, all the countries based on specific criteria for the selection of competencies. Emirates brings to the academic and educational conditions and social to enter service with children and to develop criteria for selecting the best talent. Syria has developed a special diploma of child protection workers to train specialists in child protection. In Egypt, we find that there are many branches in particular kindergartens will be trained on how to deal with children, in addition to the various disciplines for the protection of children, both on a psychological level, health or legal.

For programs and activities available in systematic education, we note the presence of focused efforts by most Arab states to include the concepts of violence and children's rights in the curricula of all educational levels, school and university, and the development of procedures and clear protocols outlining the roles and responsibilities for employees in the institutions to deal with cases of violence. States are heading towards the development of programs in university departments and institutions to configure social workers in the field of childhood. We also note a clear focus on the development of curricula and evidence related to diagnosis of cases of violence against children and ways to deal and follow-up depending on local expertise and foreign. And initiated some of the countries in the preparation of codes of conduct for institutions specialized in the care of children. Jordan fired the "safe schools" in order to raise awareness among school staff and parents and children with children's rights, and contribute to the development of school policies and laws to fit with the principles of the Convention on the Rights of the Child. Emirates Group, and test methods and techniques of modern technology in the development of curricula that include the basic principles of the Convention on the Rights of the Child.

On the other hand, apart from experience or experiments, we note that through the information available not to give sufficient importance to develop codes of conduct or recorded in the educational programs by most countries. Jordan is one of the countries that provided successful experiences in this area had been prepared by a code of conduct on the provision of a safe school environment, and the Law of the Student Discipline in public and private schools. Tunisia has developed special publications and the laws of workers with children to discipline the requirements of the Convention on the Rights of the Child. Syria and circulated a code of conduct to prohibit all forms of violence. And formulated Lebanon's "Bill of Media ethics for dealing with children

States share the responsibility with civil society organizations in raising awareness about the importance of preserving human dignity as one of the inherent rights to him, and denounce human rights in general and to the rights of the child in addition to enable it to special protection required by the fragility and the need for protection. This is reflected through the provision of a protective environment and supportive of children's rights; is, especially in the legislation and make the reporting of cases of violation of child rights and duties vested in the society as a whole, in addition to awareness programs addressed to families and dealing with children by virtue of their professions in order to change the traditional culture, which allows the use of punishment physical or verbal means of education.

It appears through the analysis of available data regarding the roles of the State in promoting the values of non-use of violence and increased awareness, a group of countries are Jordan, UAE, Tunisia, Algeria, Saudi Arabia, Iraq, Oman, Qatar, Kuwait, Lebanon, Libya, Egypt, Morocco, Yemen, initiated a series of actions and programs aimed at disseminating the Convention on the Rights of the Child and dissemination, and distribution of a set of documents to identify the laws associated with their implementation, and simplified versions of the International Convention and dissemination of children, and these programs:

- Implementation of training courses for media professionals on violence and its different forms, so as to enable them to transfer messages to raise awareness against violence against children through the media.
- Production of television and radio programs and publish articles and press releases on the visions of violence against children and its impact on them.
- Educate directly through lectures on the impact of violence on children in the family.
- A guide to mosque preachers to raise awareness of child rights.
- Preparation of a manual on dealing with the events of the various institutions working on children in the event.
- Publications to raise awareness in combating violence against children.
- Prevention of violence in schools.
- Organizing seminars and meetings with civil society and children and adolescents themselves.
- Participation in regional and international activities.
- Include the rights of children in basic education curricula to educate children about their rights and responsibilities and duties and the concept of violence and exploitation against them.

In support of the efforts in the area of training, Some States had adopted a set of directories focused training to professionals working in the fields of Justice and Health and reception facilities for children, school teachers and preachers of mosques, among them guide children's rights, and guide the rulers for the protection of children from violence, and a training manual on how to deal with events, and a reference guide on specifications and standards of medical,

psychological ensure women and children victims of violence, and a guide to protect the public's fledgling media audio and video. In furtherance of efforts to consolidate children's rights, started some universities and institutes in the development of specialized scientific people in the field of childhood.

At the level of involvement of the media to spread the culture of children's rights, a group of States to spread education programs on the subject in the media and audio-visual and written language. And strengthen the capacities of those working in this area to cope with the known role of media in the dissemination and tracking of children's rights, some countries have worked to organize training courses for media professionals.

Has been shown through the information available on the "information campaigns to be held to educate the public about the adverse effects of violence against children," that the totality of the Arab countries are given priority for public information campaigns addressed to the public, and seeks to offer many programs in the media to stop violence against children and the promotion their rights, and the awareness-raising campaigns through education programs, arts and culture, publishing and distributing a collection of links and tapes of television and film to the public on issues affecting children's rights.

Through a comprehensive survey of the various information contained in the answers regarding the "program channeled through the media to promote values of non-use of violence and to implement guidelines to ensure full respect for the rights of the child", it appears limited to the total of Arab States said public information campaigns related to foster the culture of child rights, as already indicated in the previous point

The trend Preventive essential dimension of the programs dealing with risks facing children, where the policy is a preventive methodology for providing protection to the child and the adoption of Rights Based Approach in all its programs and policies in order to spread the adoption of all institutions concerned with children; which invited us to pay attention to this axis in the present report.

It is during the initial survey of the information contained in the responses to the questionnaire on actions taken to address risk factors to prevent violence before it occurs including programs undertaken to address the disconnection between parents and children, broken families, abuse of alcohol and drugs, and access to firearms, poverty and unemployment, and overcrowding of cities and other , the results of the questionnaire that each of Jordan, UAE, Tunisia, Algeria, Iraq, Saudi Arabia, Oman, Syria, Qatar, Kuwait, Lebanon, Egypt, Morocco, and Yemen, have a variety of policies, programs and institutions for the social and human development and support for families in difficult situations.

Examples of such policies and programs include:

- Free telephone lines allocated to receive reports of children and protect them from violence or the threat as one of the mechanisms used in cases of separation of children from parents and to give high priority to return the child within the family.
- Family counseling programs; these programs work to select a group of families, which contacted through the telephone lines free, and their commitment to care and guidance of prisoners.
- Study the causes of violence by conducting studies and social research, and to identify the living conditions of the family or the suffering of children in order to identify the number of people exposed to the violence.

- Work to develop appropriate solutions and plans to address those problems.
- Improving the quality of services provided to street children.
- Protection of vulnerable children and children in conflict with the law.
- Accommodation of vulnerable children in specialized institutions.
- Support for low-income families and to develop mechanisms for children and adolescents.
- Child-rearing values of tolerance, respect and dialogue, especially the inclusion of material relating to human rights.
- Application and development of legislation and laws relating to children and protection from all forms of violence and abuse.
- Spreading awareness of the cultural rights of children through visual media and advertising campaigns.
- Integration of child rights in education programs for children and in the programs of many university degree courses such as educators and specialists in psychology, sociology, law and journalism.
- Develop mechanisms for mediation and resolution of family disputes.
- The enactment of laws on tougher sanctions if the abuse of children.
- Establishment of funds for aid and spending and national solidarity for children and their families.

In the Cairo declaration, participants renew their commitment to ensure the realization of the rights of all children without discrimination of any kind. Participants also commit to giving special attention to the realization of the rights of girls, including to achieve their right to education and to eliminate child marriage and other harmful traditional practices. Therefore, participants urge OIC Member States to take legislative, administrative and social measures to support without discrimination the rights of children born out of wedlock. These measures should include facilities for ensuring that both parents support the child and the mother benefits from relevant financial support to ensure the upbringing of the child. Children's inheritance rights should also be safeguarded. Measures should also be taken to establish the legal responsibility of the father to contribute financially in the upbringing of the child and to allow the mother to take the necessary legal actions to establish through courts the fatherhood of the biological child.

Participants recognized that children with disabilities have a right to special attention and empowerment. The entry into force of the Convention on the Rights of Persons with Disabilities provides an opportunity for renewed commitment to the realization of the rights of children with disabilities and for joint action between the two treaty bodies established by these treaties.

Participants also recognized the particular vulnerability of children deprived of parental care, belonging to minorities, living and working on the streets and children victims of economic exploitation and reiterated their commitment to enhance their protection (26).

It is clear from these data the extent of decline in some countries at the level of ratification of international human rights instruments and relevant regional, which provides protection for children. While commending the progress made by other countries in this area, at the level of procedures for the implementation of international and regional obligations on the prevention of violence, as well as the commitments made in the special session of the General Assembly on children, and to implement the decision of the World Health Organization (74) on the implementation of the recommendations of the World Report on Violence and Health ,

and other regional public health and to enhance these decisions, did not provide responses available information in this regard.

In spite of the discrepancy between the Arab countries in the intellectual premises, and in the nature of the institutions that operate in children's issues, but that all States recognize the importance of this issue and agree on the need to intensify efforts to address all forms of violence and abuse against children. And take most of the Arab countries established official bodies and government as a means to achieve its goals in this area, but with this; most countries have opened up room for individual enterprises and civil society institutions to work in the implementation of policies on children and in accordance with the adoption of the principle of partnership in the implementation of policies social development. However, there are a number of recommendations that could be useful in consolidating and strengthening efforts directed at reducing violence against children.

- Work to strengthen the observatories and centers, which recorded the events of violence against children or dealing with him in one way or another.
- To conduct comparative studies between the Arab countries to exchange experiences in the area of registration of incidents of violence against children and methods of addressing them.
- Activating the role of the United Nations study on ending violence against children, and through the provision of the reports of periodic national, or comparative studies such as this report.
- Work to deepen the relationship between strategies for children and those directed to the family, on the grounds that the family is the primary caretakers of children; and whenever the family was protected from the risks as the child was protected from the risks as well, which enters the violence within it.
- Work to find photos of coordination between the efforts of institutions taking care of the child directly and institutions that sponsored indirectly, for example, the importance of the need for coordination between the efforts of child-care institutions and efforts at national level for the prevention of drug addiction, or efforts in the ministries of labor to protect children from hard work and the different manifestations of abuse.
- Work to provide positive incentives for successful experiences in the protection of children from violence and abuse in the Arab world and highlight these experiences and discussed through various media.
- To support the budgets allocated to programs for childhood and motherhood, and the allocation of funds to research centers, observatories, and comparative studies in the Arab world, and the need to further increase financial resources allocated to cover the needs of the implementation of strategies and action plans and programs for the prevention of violence against children in Arab countries.
- Due to the weakness of civil society in most Arab countries, efforts must be made to support civil society and deepen its role in relation to the protection of children from violence, protecting the rights of children and mothers and the family in general.
- Work on a further training manuals and codes of children's rights and disseminated widely.
- Support the management of family and childhood League of Arab States, and expand its activities to accommodate the establishment of databases, and provide technical assistance to various Arab countries in the field of protection of family and childhood.
- Work to make greater efforts to strengthen the capacity of working with children in schools, courts and nurseries, with attention to the deployment of highly skilled staff to interact with the problems of childhood, from kindergarten to graduation.

- To create a social and cultural networking between families and between institutions concerned with child protection, including civil society organizations.
- The importance of access to different experiences in the Arab countries and exchange of experiences in relation to efforts to protect children from violence.
- To direct more financial support for the protection of children in Arab countries.
- Training of human resources needed to deal with the problems of childhood in general, and violence against children in particular.
- The need for legislation and clear and specific and are implemented to reduce the manifestations of violence against children, particularly the laws on female circumcision and female genital mutilation, and the laws on sexual abuse in general.
- Work to organize the utilization data are collected and mechanisms for the continuation of data collection and use of indicators to compare them over time. This cannot be done without the sustainability of the process of data collection.

IMPLICATIONS AND FUTURE PERSPECTIVES

However, despite many obstacles, the perspective of child protection is strongly developing within national systems and regional networks, in the presence of increasing levels of common values and universal understanding of child rights. In reality, child dedicated structures are grass rooting initiatives; they rely on political decisions, local and national human resources, regional expertise and international cooperation; they seek for strategies at the countries levels in order to implant child protection systems, and recently expanded the network in order to learn from experiences in other Arab countries: (15, 16):

- 1st ISPCAN Arab regional conference on CAN, Amman, Jordan, 2005: "Breaking the silence".
- 2nd ISPCAN Arab regional conference on CAN, Sana'a, Yemen, 2007: "Towards a strategy for child protection".
- 3rd ISPCAN Arab regional conference on CAN, Riyadh, KSA, 2009: "Working together towards safer childhood".
- Also, in between those dates, professionals' training seminars were held in: Syria, Lebanon, Egypt, Bahrain, KSA, etc.

On those diverse occasions, the Arab initiative - then the UNSV - presented a setting-based framework for the description of child abuse in countries and the efforts developed to stop violence. The International Society for the Prevention of Child Abuse and Neglect was also partner within the advisory panel to advice on the nature and definitions of VAC on one side, and conduct the UNSV on the other. (2)

Based on an expanding knowledge base, the UNSV intends to highlight on the status of children confronted with violence in their different environments, to increase the national - as well as informal capacities to build systems that focus on the integration of protection and prevention - as well as child participation - in the human rights commitments and implementation processes. All procedures would be based on a CRC matrix that incorporates children's rights, professional evidence, relevant social factors and intersectoral responsibilities for the prevention of VAC and the control of CAN, as a priority in Governmental programs. (7)

Arab countries live, now more than ever, in identity crisis and armed conflicts. They are, however, challenged to plan systems, set priorities and provide a basis for political and social debate on the present and the future condition of children, with the participation of children. In this perspective, the APNPCAN/VAC can plan the following activities:

- Meet with children and youth, to discuss their opinions about CAN and VAC; the I-CAST-Child questionnaire developed by ISPCAN and supported by UNICEF is indeed a useful tool in such a task. The main objectives of those meetings are:
 - to agree on definitions of VAC and CAN;
 - to enable more children to outreach the UNSV child version;
 - to reach a common understanding about the way to confront violence in child environments;
 - to exchange with children their outputs on the UNSV results and recommendations;
 - to develop procedures children find useful and productive for child effective participation and child protection;
 - to include, in an effective process, child recommendations within national Arab strategies for child protection.
- Lobby with Parliamentarians and legislators, to:
 - enhance already existing national and local movements towards child protection, while tackling specific needs and priorities;
 - stimulate legislative revision of laws, to comply with the provisions of the CRC and optional protocols;
 - increase local and national knowledge about the UNSV and contribute in finding appropriate procedures to initiate advocacy and sustainable child protection.
- Work with other professionals to:
 - Increase common knowledge and develop existing training tools;
 - Upgrade the informal knowledge to a comprehensive curriculum;
 - Base their interventions on evidence of qualitative assessment and efficient actions;
 - Carry out comprehensive national surveys. It is essential that children participate in the survey;
 - Support research and study centers;
 - Develop mechanisms that enable violated children to make their complaints;
 - Provide psychological and physical rehabilitation services;
 - Prepare periodic reports and meetings;
 - Develop training programs for personnel working with children regarding best practices;
 - Set up counseling centers that receive reports and complaints;
 - Embody the reform of child protection by being candidates in city councils, parliaments and governments, in order to set up parliamentary committees, amend existing legislation (rights of the child, criminalization of violence and enforce the provisions of CRC);
 - Reduce gender discrimination by tackling directly the girl child issues, in terms of participation, education, domestic child labor, early marriage, female genital mutilation and family violence. The empowerment of women is also part of this process.

Obviously, the scarcity of child specific health and social support services are obstacles to child protection, and should then be made available to families and accessible to children. In reality, the capacities of those services are sometimes overwhelmed, especially during armed conflicts and social instability, when children are involved in violent situations and at increased risk of different types of abuse and violence (4). In such contexts, free childcare,

universal health screening and universal access to free medical care become even more critical, as is, in general, the universal access to free health care for all citizens (2).

National strategies for child protection would indeed comply with the United Nations Convention on the Rights of the Child, with attention to the needs and possibilities of some developing, insecure and ill-resourced countries (8). The potential challenges and impacts of the CRC implementation should also be explored for future landmarks of democracies and freedom of opinions, mainly in terms of:

- Independent structures: child observatories, at local and national levels, are actually available in Morocco, Tunis and Lebanon. There are still no child defenders or child ombudsman, though a proposition of law was presented in this regard in Lebanon, 2004.
- Child protection acts or child-friendly and environment-centered legislations, actually available in Egypt, Jordan, Syria, pending in Lebanon. (15, 19)
- Budgets for Child protection and child oriented projects, not distinctively available.
- Helpline for children and professionals, for the reporting of child maltreatment and for psychosocial support to victims of violence, available in Egypt, pending in Lebanon.(15, 19)
- Training of pilot and decentralized multisectoral teams and building of professional curricula, actually in expanding process in Syria, Lebanon, Jordan and Egypt. (19)
- Study the extent of VAC, based on three I-CAST questionnaires (Child, Retrospective and Parents) tested and implemented in Egypt and Lebanon. (19)
- Participation of children and youth in the evaluation of problems, analysis of situations, setting of reports, implementation of processes and re-evaluation of actions, present in many country reports, where few evidence of efficiency is however available. (2, 4)
- Support of child-friendly media: auto-censorship on aggressive viewings, to reduce violence and enhance educative programs - with children - on screens; in this regards, workshops for child friendly media have been held in many countries in the region, with two main outcomes: abused children are rarely visualized on media, and more child friendly programs are developed. (15, 19)
- Code of conduct for professionals working with children: Lebanon is considering the implementation of the code with professionals working for/with children, within the provisions of the coming modification of relevant law. (4, 15)

Despite ongoing efforts by Arab governments and many NGOs to address the multiple social, cultural and professional pitfalls, CAN remains a serious threat to child rights implementation. There is still no child budget and no child protection acts in many counties. There are few independent structures for child rights monitoring (National child defender, national child observatory) and scarce child helplines. Children are still present in high numbers in institutions. Therapy programs are limited for victims - yet increasing - and most often virtual for perpetrators. Legislations are subject to national consultations to meet the CRC requirements. The human and social situation of refugees is sometimes dramatic or still waiting for the settlement of the Arab-Israeli conflict as well as other armed clashes in Iraq, Sudan, Somalia and others. Internally and regionally displaced children are repeatedly exposed to extreme types of violence and abuse, with contraventions to the UN and EU Guidelines. (17, 18)

In some countries, children are viewed as - and submitted to - their religious references, in terms - and place - of civil rights. In such countries, children are exposed to problems that alter their growth, development, social interaction, safety, education and health. (1, 4, 10, 13, 14)

It is therefore important for Arab professionals to rely on - and encourage - the governments who show intention to build child protection systems, but also to contribute in drawing a sharing platform of knowledge and knowhow, from observations and findings of professionals, experts and NGOs who work closely with children; in this regard, cooperation with ISPCAN may increase the capacities of stakeholders in confronting violence with peaceful stands, based on firm and clear evidence of efficient programs.

Countries in the Arab region are urged to launch CRC compliant and socially accepted - child protection systems that would be comprehensive melting pots of existing and developing programs. Success stories and reports on obstacles are most welcome, to improve MENA knowledge about the status of children, in a dynamic and proactive way. In this perspective it is important to note that there was an Arab League meeting in 2009 to amend Arab chapter on Child Rights.

In different – and sometimes conflicting - contexts of security and safety, the Arab efforts to integrate children's rights within global human rights matrix - and child health and well-being requirements - need, in fact, strong social links and individual stands towards child protection acts. Child help lines, child defenders and child observatories are the pivots of knowledge base, data collection and training, rehabilitation and prevention, global child rights and local childhood requisites.

In each step, the APNPCAN/VAC can demonstrate the efficiency of professionals in promoting children's globally recognized rights within their living places. Such initiatives work best when social stability, common vision, effective interaction between formal and informal sector, and child efficient participation...are available. Indeed, such initiatives towards child protection are most needed when those conditions are not yet available. Most challenging options are in most difficult - yet enriching - environments! Where the most vulnerable is not the slowest!

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Annex: Definitions

• Definition of violence

Base study of the Secretary-General of the United Nations definition of violence contained in the WHO report on violence and health has defined violence as "the intentional use of force or power, or the threat thereof, against self or against another person or several persons or society as a whole, resulting in or may result in injury or death or injury or mental disorder in the growth or deprivation."

Guided by this study as well as the definition of violence as set out in the Convention on the Rights of the Child (Article 19), the Convention on the Elimination of All Forms of Discrimination against Women, as well as the definition agreed upon by experts in the meeting organized for the prevention of violence (WHO), will be to serve the objective of the study , with a capacity of these definitions to include all forms of physical and psychological violence, including as well as deliberate neglect or ill-treatment or exploitation, including sexual exploitation of children as well as trafficking in children. It takes more dangerous trend of violence when its source is involved in caring for the child or those responsible.

Violence against children includes physical violence, psychological violence, discrimination, neglect and ill-treatment. Ranging from sexual abuse in the home to corporal and humiliating punishment at school; and the use of physical restraints in children's homes to brutality at the hands of security agents; and from abuse and neglect in institutions to gang warfare on the streets where children play or work; from infanticide to so-called murder "honor."

• Definition of the child

Known the child for the purpose of this study, as stated in (Article 1) of the Convention on the Rights of the Child as "every human being below eighteen, unless majority is attained earlier under the law applicable to him." Accordingly, information on strategies to address violence against girls and boys under the age of eighteen is provided in all parts of the questionnaire.

البروت وكول و الط فل حقوق ات فاقية على الدول وت صديق ال توقع يع ب شأن معلومات أهم ي بين جدول في واستغلالهم الأط فال بيع بشأن ال بروت وكول و ال مسلحة ال منازعات في الأط فال اشد تراكب بشأن الإبداعية المواد إن تاج وفي ال بغاء

الدولة	اتفاقية الط فل حقوق	اشد تراكب بشأن ال بروت وكول ال منازعات في الأط فال ال مسلحة	بيع بشأن ال بروت وكول في واستغلالهم الأط فال ال مواد إن تاج وفي ال بغاء الإبداعية	تاريخ الدخول حيز النفذ
الأردن	تصديق	توقع	توقع	23-6-1991
الإمارات	انضمام		-	2-2-1997
جربالبن	انضمام	انضمام	إقرار	14-3-1992
تونس	تصديق	تصديق	مصادقة	29-2-1992

الجزائر	ت صديق		مام انض	16-5-1993
جيبوتي	ت صديق	ت وق يع	انضمام	5-1-1991
السعودية	انضمام		ت وق يع	25-2-1996
السودان	ت صديق	ت صديق	إقرار	2-9-1990
سوريا	ت صديق	انضمام	-	14-8-1993
الصومال	ت وق يع	ت وق يع	إقرار	--
العراق	انضمام		-	15-7-1994
عمان	انضمام	انضمام	-	8-1-1997
فلسطين			إقرار	--
قطر	ت صديق	انضمام	-	3-5-1995
جزر القمر	ت صديق		إقرار	21-7-1993
الكويت	ت صديق	انضمام	إقرار	20-11-1991
لبنان	ت صديق	ت وق يع	مصادقة	13-6-1991
ليبيا	انضمام	انضمام	إقرار	15-5-1993
مصر	ت صديق	انضمام	إقرار	2-9-1990
المغرب	ت صديق	ت صديق	مصادقة	21-7-1993
موريتانيا	ت صديق		انضمام	15-6-1991
اليمن	ت صديق	انضمام	إقرار	31-5-1991

Child protection systems								
COUNTRY STRUCTURE	Reporting (Official)	Data Collectio n	Health Support	Rehab.	Mental Health	VAC Committe e	GC19	Corporal Punishmen t
Algeria		-	-	-				-
Bahrain		-	-	-				-
Egypt		-	-	-				-
Emirates		-	-	-				-
Iraq		-	-	-				-
Jordan		-	-	-				-
Kuwait		-	-	-				-
Lebanon		-	-	-				-
Libya		-	-	-				-
Morocco		-	-	-				-
Palestine		-	-	-				-
Qatar		-	-	-				-
Saudi Arabia		-	-	-				-
Syria		-	-	-				-
Tunisia		-	-	-				-
Yemen		-	-	-				-

Child protection systems								
COUNTRY SYSTEMS	Child Act/ Law	Child Budget	Child Observatory	Child Ombudsman	Child Helpline	Optional Protocol Trafficking	Optional Protocol Torture	Child Participation
Algeria		-	-	-				-
Bahrain		-	-	-				-
Egypt		-	-	-				-
Emirates		-	-	-				-
Iraq		-	-	-				-
Jordan		-	-	-				-
Kuwait		-	-	-				-
Lebanon		-	-	-				-
Libya		-	-	-				-
Morocco		-	-	-				-
Palestine		-	-	-				-
Qatar		-	-	-				-
Saudi Arabia		-	-	-				-
Syria		-	-	-				-
Tunisia		-	-	-				-
Yemen		-	-	-				-

CORPORAL PUNISHMENT	Law	Data	Reporting	Helpline	Prevention	Child deaths reviews	Child protection units	Child participation
Algeria		-	-	-				-
Bahrain		-	-	-				-
Egypt		-	-	-				-
Emirates		-	-	-				-
Iraq		-	-	-				-
Jordan		-	-	-				-
Kuwait		-	-	-				-
Lebanon		-	-	-				-
Libya		-	-	-				-
Morocco		-	-	-				-
Palestine		-	-	-				-
Qatar		-	-	-				-
Saudi Arabia		-	-	-				-
Syria		-	-	-				-
Tunisia		-	-	-				-
Yemen		-	-	-				-

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Appendix 8: EVALUATION - ISPCAN 'Denver Thinking Space' 2011: CSA

Please rate your ISPCAN 'Denver Thinking Space' 2011 experience on a scale of Very Poor to Excellent.

	Very Poor	Poor	Average	Good	Excellent	Rating Average	Number
Pre-event information	0% (0)	0% (0)	5% (1)	59% (13)	36% (8)	4.3	22
Pre-event communication	0% (0)	0% (0)	9% (2)	48% (11)	44% (10)	4.4	23
Relevance of discussions	0% (0)	0% (0)	9% (2)	26% (6)	65% (15)	4.6	23
Relevance of speakers	0% (0)	0% (0)	17% (4)	17% (4)	65% (15)	4.5	23
Duration and pace	0% (0)	0% (0)	13% (3)	52% (12)	35% (8)	4.2	23
Networking opportunities	0% (0)	0% (0)	0% (0)	17% (4)	83% (19)	4.8	23
Helpfulness of the staff	0% (0)	0% (0)	0% (0)	0% (0)	100% (23)	5.0	23
Overall rating	0% (0)	0% (0)	4% (1)	26% (6)	70% (16)	4.7	23

What were your objectives in attending the ISPCAN 'Denver Thinking Space' 2011?					
<ul style="list-style-type: none"> ○ Review international best practice models. ○ Meet international experts on "CSA". ○ Networking opportunity: x6 responses. ○ Opportunity to contribute back to the international community: x5 responses ○ Preparation of a paper on CSA with universal appeal. ○ Review best practices in child abuse management. ○ Learn and share information. ○ Learning and discussion about child sexual abuse ○ To participate in development of an international statement about CSA intervention ○ Discuss child abuse issues. ○ Contribute to end product. ○ To discuss practical interventions, including good prevention approaches. ○ To broaden and deepen my knowledge on issues around CSA. ○ Contribute to the process through sharing my own professional experiences. ○ Discuss prevention issues and areas for future interventions. ○ Improve knowledge on latest developments in CSA. ○ More knowledge on CSA with colleagues from other countries/regions. ○ Contribute to the production of paper with the conclusion. ○ To get multidisciplinary knowledge in topic and to network internationally on the topic ○ Guidelines for countries and organizations. ○ To learn about different approaches and "out of the box" ways to deal with CSA. ○ Better understand from other disciplines/cultures how people approach CSA. ○ Learn through intelligent urgent discussion. ○ Understand CSA on a global level ○ Understand the complexities of CSA to improve the outcomes for children and families ○ To bring myself up to date and to meet other people for networking. 					
Have your objectives been met?	Exceeded	Met	Partly met	Not met	
	39.1%	47.8%	13.0%	0.0%	

What information would you like to see included in the final working paper?					
<ul style="list-style-type: none"> ○ Prevention – both primary and secondary are very important in developing country training approaches. ○ Development of multidisciplinary approaches for families at government level. ○ Recommendations regarding integrated approaches for the care of children who are victims or witnesses of sexual violence ○ Not only final paper, but the comment on the sub-topics discussed: 5 responses ○ The importance of child focused approaches at all levels. ○ Some strategic planning. ○ A balanced paper, relevant for all cultural and country settings. ○ Greater emphasis on primary prevention and on the role of the health sector. ○ The recommendations made by the 5 groups. ○ Primary prevention of CAN data collection by state on CAN prioritized children issues by politicians. ○ Contact and participation of international and UN organizations. ○ Stressing alternatives to imprisonment and the importance of public and professional awareness. ○ Clear statement of limitations and areas of future investigation analysis. ○ What is ideal or far-reaching. ○ Relevance to policy makers and the definition of CSA. ○ How to improve systems for CAN to enable good outcomes for children. ○ Please don't forget to give enough space to primary prevention! 					
How often do you think you will use the final working paper or recommend it to colleagues?	Daily	Weekly	Monthly	Hardly ever	Never
	0.0%	27.8%	66.7%	5.6%	0.0%

Do you feel attending the ISPCAN 'Denver Thinking Space' 2011 will improve your professional skills and/or knowledge in regards to Child Sexual Abuse interventions?
<ul style="list-style-type: none"> ○ It was great for knowing the status of the debate worldwide. ○ Yes - in some aspects. ○ No - but did in a variety of other issues. ○ Certainly, in a multidisciplinary perspective. ○ Yes - the networking was invaluable. ○ Yes: x14 responses.

• Do you feel your attendance at the ISPCAN 'Denver Thinking Space' 2011 will increase the effectiveness of your work as it relates to child sexual abuse?	
<ul style="list-style-type: none"> ○ It provided good information for reviving the Brazilian national plan of action for combating sexual violence against children. ○ Yes – partially. ○ Not specifically. ○ Unsure. ○ Certainly, at national and regional level. ○ Yes: x14 responses. 	

Do you feel the virtual discussion offered a worthwhile contribution to the ISPCAN 'Denver Thinking Space' 2011?			
<ul style="list-style-type: none"> ○ That was a great initiative and some of the questions helped to clarify the talks. ○ Yes - somewhat. ○ Yes - quite worthwhile. ○ I think it was great to offer the opportunity to those who weren't here in person. ○ Yes, this tool needs to be marketed as it promotes remote participation. ○ No - because of time problems. ○ Yes - but limited to English speaking people. ○ Yes: x14 Responses. 			
Would you consider participating in the virtual discussion of future ISPCAN 'Denver Thinking Spaces'?	Yes 80%	No 0%	Would depend on Topic 20%

In what ways could the ISPCAN 'Denver Thinking Spaces' be improved?			
<ul style="list-style-type: none"> ○ Well done, outstanding effort, big hand to ISPCAN staff. ○ Previous substantial reviews of the public policies impact on the phenomena. ○ Clearer instructions to guide the work in small groups. ○ Have more time to discuss: x4 responses. ○ Necessary financial resources to allow those without financial resources to attend. ○ More small group work to encourage networking: x3 responses. ○ Less time with presentations; more time with group discussions. ○ Hold it in a city with an international airport hub. ○ Attach it to an ISPCAN conference. ○ Needs more participation and views of people from the majority of the world. ○ Paper sent to the participants in advance or placed on the website. ○ Ensure gender balance among presenters; ALL presenters were men; this was not acceptable. ○ More pre round-table work in terms of preparing a background paper on the evidence of a particular topic which is circulated prior to the meeting - this will help keep the round-table more focused. ○ Communicate about the goal of the paper at the beginning of the meeting; use the written input already in front of the Round-table to define issues; let speakers focus on these defined issues; start with discussion groups on day 1. ○ Would have benefited by another day. ○ It was excellently organized. ○ This was an excellent setting and it needs to be sustained. ○ Prior discussions on SGD matters, particularly facilitation. ○ More organization up front regarding the process of the time/meeting. ○ We could invite more interested people from developing countries and (try to) find money to pay for them. 			
Would you recommend attending the ISPCAN 'Denver Thinking Space' to others?	Yes 84.2%	No 0%	Would depend on Topic 15.8%

Do you have any suggestions for future ISPCAN 'Denver Thinking Space' Topics?
<ul style="list-style-type: none"> ○ Child neglect ○ Child labor, especially integrated approaches for prevention and rehabilitation. ○ Child trafficking -approaches to prevent and abolish. ○ In depth discussion on what works for treating offenders. ○ Sexual exploitation enabled by ICTs; child trafficking for sexual purposes. ○ How to influence and engage policy makers to increase funding. ○ Increased discussion between participants of Thinking Space and virtual discussion. ○ Physical abuse of children. ○ Intervention for attachment difficulties. ○ Parenting programs - what works. ○ Child abuse death reviews. ○ Child protection team systems. ○ Managing/preventing CSA in developing countries. ○ How to improve programming against CSA. ○ How to support resource-poor countries in this field. ○ School-based prevention programs. ○ Themes of common interest. ○ Invite a good mix of speakers and participants. ○ Agree on clear smart objectives for the Thinking Space. ○ Links between child abuse and other forms of family violence. ○ The role of the health sector in preventing and responding to child maltreatment. ○ Prevention. ○ Corporal punishment. ○ Child participation in the CRC. ○ Culture and child abuse defined partnerships. ○ Primary prevention. ○ Emotional neglect in 'developed' countries.

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Appendix 9: THE OAK FOUNDATION

The conference which formed the heart of this effort was opened by teleconference by Mrs Florence Bruce, Director, Child Abuse Programme, Oak Foundation, Geneva, Switzerland.

A copy of her opening address follows:

"Thank you for giving me this opportunity to address the ISPCAN 'Denver Thinking Space' 2011: Child Sexual Abuse: a review of practical interventions from an international perspective.

The issue is complex but we firmly believe that sexual abuse is not inevitable... it is preventable!

The Oak Foundation currently funds a range of primary, secondary and tertiary prevention programs in various settings. The programs include:

- Breaking taboos on abuse within communities including questioning traditional male roles and supporting positive parenting programs;
- Empowering children, especially the most marginalized and isolated children, to know what sexual abuse is;
- Accessing families and children wherever they may be with information and a means to respond – in the virtual world, in schools, in sports or religious associations, but also in domestic work, in children's institutions, on the street;
- Supporting communities to identify and respond to sexual abuse – when systems are not functional;
- Supporting professional training in the child protection system (including through our support to ISPCAN'S training of professionals around the world);
- Working with governments and civil society to give new impetus to the development of child protection system;
- A growing commitment to learning!

Some of Oak Foundation's thoughts that are shaping the way we are looking at this issue:

- Breaking silos: recognizing that sexual violence rarely exists in isolation of other forms of violence so that while this subject is often treated separately, research shows that different types of violence frequently occur together, and that they may have common underlying causes.
- Recognizing abuse of boys: sexual abuse of children is often gender-blind and the literature about the sexual abuse of boys around the world is scarce.
- Child Rights: The child has a right to protection from all forms of abuse and, incidentally, a right to recovery (Article 39 of the Convention on the Rights of the Child (CRC)).
- In the context of the importance of government responses to implementation of article 19 of the CRC, there is a need to embrace a very wide variety of actors in the fight against sexual abuse of children, in particular in the area of prevention.
- We have also learned that we need to go beyond the "usual suspects" and forge links with actors that are not necessarily tuned in to child rights issues!
- Child protection professionals and rights: all professionals need a good grounding in what children's rights are and what the Convention changes in terms of professional practice in child protection.

The new Oak Foundation five-year strategy will give priority to two areas:

- The positive role for men and boys in the prevention of sexual abuse of children. This role may include:
- To give men and boys greater opportunities to engage positively in the lives of children and to protect them from sexual abuse;
- To support gender equality programs;
- To reduce levels of offending and re-offending through a better understanding of the profiles and motivation of sex offenders.
- Ending the sexual exploitation of children, through prevention, protection and response. Part of preventing sexual exploitation of children will be determining the links between vulnerability to sexual abuse in childhood and later victimization including through sexual exploitation.

Further points of particular importance to the Oak Foundation are:

- A well functioning child protection system is a goal for most countries of the world. What more should be done to accelerate change at this level?
- For sex offenders – what are the successful interventions? What lessons are there for prevention in working with men and boys and to question and challenge patterns of male socialization?
- For developing countries with diminishing social welfare budgets, what can we learn from interventions around the world to prevent and manage child sexual abuse that have a strong evidence base?
- What can we learn from our currently funded review of evidence-based interventions (9 in middle-income countries and 2 in low-income countries) aiming to prevent child abuse and neglect in order to identify the “active ingredients” of success. In addition, Oak Foundation and the Bernard Van Leer Foundation are creating an Evaluation Challenge Fund to incite more evaluations of this type beyond resource-rich settings.
- How can we foster greater communication between practitioners, researchers and policy-makers so that research informs practice and policy and practice also informs research and policy?”

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