

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

**Executive Summary**

**OVERVIEW**

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) initiated its *World Perspectives on Child Abuse: An International Resource Book* in 1992 as part of the Ninth International Congress on Child Maltreatment, held in Chicago, Illinois. Since that time, six editions of this publication have been produced and released at subsequent bi-annual Congresses sponsored by ISPCAN. This document is the *Seventh Edition* in the series and is being released in conjunction with the 16<sup>th</sup> International Congress being held in York, England, September 2006. All of these efforts have sought to bring attention and understanding to the worldwide problem of child abuse and neglect and to highlight key differences and similarities across national policies.

A key component of this series has been a mail survey of key informants identified by the ISPCAN leadership as being knowledgeable about child maltreatment issues within their respective countries. In the first survey (1992), there were 80 respondents representing 30 countries. In the second edition (1996), responses were obtained from 53 respondents representing 37 countries. Beginning with the third edition (1998) emphasis was placed on obtaining one key respondent from as many countries as possible, resulting in 47 of the 94 countries invited to participate being included in the database. Since that year, the response rate has been consistent -- 58 of the 105 countries (55%) invited for the fourth edition (2000) responded; 67 of the 115 countries (58%) invited for the fifth edition (2002) responded; and 64 of the 98 countries (65%) contacted for the sixth edition (2004) responded. For the current edition, a total of 72 countries are represented out of a total pool of 161 countries (45%). The larger pool of potential respondents this year reflected, in part, the inclusion of 54 UNICEF regional officers in our sample. This extended outreach resulted in a record number of nine countries participating in this study for the first time. Although our sample of countries or respondents within countries is not consistent across all reporting periods, these bi-annual surveys offer a useful comparison of conditions over time within a diverse set of countries with respect to the scope of child abuse and the varying ways in which different cultures and political systems respond to the challenge of child protection. In order to facilitate participation in this survey effort, the questionnaire was translated and available to potential respondents in French, Spanish, and Russian.<sup>1</sup>

Section I of the report includes a detailed summary of the survey data as well as general child well-being indicators drawn from UNICEF's *State of the World's Children 2006*. In order to further augment our understanding of the diversity in the child maltreatment response and to provide professionals greater access to emerging research and best practice internationally, two additional components are once again included in this report. Section II includes 16 commentaries on specific research projects or practice reforms underway in one or more of the sample countries. Authored by ISPCAN members and researchers, these commentaries provide rich descriptions of the various ways in which child maltreatment is defined and addressed worldwide. Section III includes a detailed annotated bibliography summarizing the content of key journal articles and government reports issued over the past two years. These descriptions report on research or practice reforms underway in 23 countries.

**KEY FINDINGS**

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

---

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

## **Scope of the problem**

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

Interestingly, the behavior least often mentioned by respondents as being considered child abuse in their country was physical discipline. Slightly less than half of the respondents reported this behavior constituted abuse in their country.

## **Surveillance Methods**

Respondents from most countries reported using one or more surveillance methods to monitor child abuse and neglect (CAN) cases or to examine the public's general awareness of child abuse. Overall, 68% of the countries have conducted population surveys, 38% have conducted structured public opinion polls, 64% maintain an official count of CAN cases (i.e., a child abuse registry), and 39% maintain official records of child abuse fatalities. Of the 46 respondents who reported that their country maintained official counts of all suspected CAN cases, most (85%) included all four types of abuse in their records (e.g., physical, sexual, neglect, and psychological maltreatment). To determine whether the number of countries conducting official surveillance has increased over time, we examined data from the 1992, 1998, 2004 and current surveys. Although these data do suggest trends toward greater documentation and more established child maltreatment policies, caution is warranted, as these trends might simply be a function of different samples of countries responding to each survey.

## **National child abuse policy characteristics**

Overall, 82% of respondents ( $N = 62$ ) reported that their country has an official policy regarding child maltreatment. About two-fifths indicated that their countries had longstanding policies (i.e., over 15 years), and another 30% noted that their countries established these policies between 1990 and 2000. Two-thirds of the respondents indicated that policies, once enacted, were revised on occasion but were not subject to an annual review. On balance, policies within developing countries were more recent and more likely to have undergone frequent revisions. Most of these policies include criminal penalties for abusing a child, and provisions for removing a child to protect them from further abuse. As noted in prior surveys, respondents reported that their policies often included the possibility of both mandatory *and* voluntary reporting of suspected cases. When we examined the frequency with which a variety of provisions were included in these policies, only one significant difference was observed between the pool of developed and developing countries. Despite the relatively low levels of services available within developing countries, child abuse policies in these countries were more likely to include a provision requiring treatment services for abuse victims than were policies within developed countries. It is possible that such language is included in these emerging policies in recognition of the growing data on the initial and long-term consequences of maltreatment for a victim's subsequent development. Although many developing countries are not in a position to offer the array of services victims need, advocates in these countries may consider it important to establish a framework that embraces this idea.

## **Common treatment strategies**

Respondents reported on the availability and adequacy of an array of services falling into one of three broad categories: parent intervention services, child intervention services, and general services. Respondents first indicated whether a service was available, and then indicated whether it was adequate in less than one-third of the country, one-third to two-thirds of the country, or more than two-thirds of the country. Overall, a greater number of child or general service strategies were available in the sample countries than were service strategies targeting parents. Although only two of the seven parent service strategies were offered in at least three-quarters of the sample countries, four of the five children's service models and five of the eight general service models were identified by this proportion of countries. The

types of parent intervention services most often mentioned by respondents were short-term hospitalization for mental illness (90%) and substance abuse related treatments (76%). Child intervention services most often mentioned were therapy programs for child victims of sexual (83%) and physical (83%) abuse. As for general services, case management services to help meet basic needs were mentioned most often by respondents (82%).

Significant differences by developmental status were observed on the majority of these variables, with developed countries demonstrating a much richer array of services than respondents from developing countries. Indeed, only five of the 20 service models we asked about were *not* significantly less likely to be offered in developing countries (e.g., short-term hospitalization for mental illness, therapy programs for those who had physically abused a child, group homes for abused children, access to free medical care for all residents, and free child care).

Even in those cases where a given service model is offered, very few of these services were judged by respondents to be adequate in at least two-thirds of their country. For example, 90% of the respondents in developing countries reported that short-term hospitalization for mental illness was available; however, only 31% of respondents rated the capacity to provide this service to individuals in need as adequate in two-thirds or more of the country.

### **Common prevention strategies**

Respondents reported whether various child abuse prevention strategies were used in their country or not, and if so, whether the strategy was effective or not. To better understand a country's overall response, each prevention strategy was categorized as either an individual-level strategy that targets specific behaviors (e.g., professional training, risk assessments, home-based services for at-risk parents, home visitation for new parents), or a community or systems-level strategy that targets a policy, system, or a population (e.g., prosecutorial methods, media campaigns, improving living conditions of families, increasing local services).

Results indicated that developed countries reported greater use of all strategies than developing countries, although not all differences were statistically significant. Developed countries were more likely to use the individual-level strategies of risk assessment, home-based services for at-risk parents, universal home visitation for new parents, and the community-level strategies of media campaigns and improving and increasing local services than were developing countries. Although we had observed a significant differences in the use of health care services and access to preventive medical care across the developed and developing country samples in prior surveys, this difference, while still favoring the developing country sample, was not significant in the current survey.

Regarding effectiveness, respondents from developed countries generally found these prevention strategies more promising than their counterparts working in developing countries. This pattern might reflect the fact that most prevention strategies may not be as fully developed or as systematically delivered in developing countries and, therefore, less effective in enhancing the service response. In contrast to this pattern, those working in developing countries were more optimistic than their colleagues in developed countries about the potential benefits of professional training as a child abuse prevention strategy.

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

Respondents rated the significance of a number of possible barriers to CAN prevention for their country as (1) not a significant barrier (2) of moderate significance, or (3) of major significance. Barriers were examined individually, and we also classified each barrier into issues of a country's economic and social resources (e.g., limited government resources, poverty) or of a country's social norms (e.g., sense of family privacy, support for use of physical punishment). Overall, the most commonly cited barriers to CAN prevention were limited resources, general support for corporal punishment and use of physical discipline, and a lack of effective systems to investigate abuse reports.

Differences by a country's developmental status were found for eight of the 11 factors we examined, with developing countries reporting each barrier to be more significant than developed countries. We then computed a mean for the seven economic and social resource barriers and four the four social norm barriers. As expected, significant differences were observed on these mean score for both set of barriers, with resource barriers and social norms presenting a more significant challenge in developing countries. On average, normative barriers were viewed as more limiting to expanding child abuse prevention efforts in developed countries while resource barriers were the dominant issue facing developing countries.

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

There are many factors that can reduce the prevalence of maltreatment, and that can enhance child well-being. To facilitate this discussion we examined those factors that best explained variation in each country's Under-Five Mortality Rate (U5MR). Although not all early deaths of young children reflect abusive and neglectful situations, many do result from an unwillingness or inability of parents to adequately meet their children's basic needs. These deaths also reflect societal neglect and the failure of governments to place a sufficient priority on insuring adequate health care for children and support for their parents. As expected, mortality rates for young children are significantly higher within developing countries, particularly among those countries battling high rates of HIV infection. Significantly higher U5MR rates also are observed within those countries reporting a higher number of resource and social norms barriers underscoring the unavoidable relationship between high rates of poverty, limited social service infrastructure, and normative standards that place low priority on children's rights and safety. Such conditions and barriers were significantly more likely to be reported by respondents from developing countries and are likely to account for the dramatic differences in mortality rates for children living in these regions. Finally, countries which reported high levels of service availability have significantly lower child mortality rates. Significant correlations were observed between U5MR rates and the number of parent services, child services and general services offered in a country.

In contrast to these patterns, specific child abuse policies were not always highly correlated with U5MR rates. The maintenance of a child abuse registry and having a policy that established specific time frames for responding to child abuse were the only two policy options that correlated significantly with lower child mortality rates, suggesting that most of these policies have minimal impact on mortality rates. The lack of policy impacts was further confirmed in our multivariate analysis where the only significant predictors of childhood mortality were the number of reported resource and social norm barriers and total number of services available with the country.

This pattern is not surprising. The ability of a public policy to influence the levels and severity of social conditions such as child maltreatment is largely determined by the extent to which it is effectively and consistently implemented. As noted earlier, almost half of the developing countries that reported the existence of a formal child abuse policy established these policies after 2000. And, although policies exist in many developing countries, services for families and children who have experienced or are at-risk of maltreatment remain scarce. The establishment of a formal child abuse policy appears to be a positive first step in addressing the child abuse problem. Making significant inroads in preventing this problem, however, is a long-term process and one which will most likely involve efforts to both support families and achieve contextual change.

### **SUMMARY**

As we have observed in past surveys, there is global agreement emerging on the major behaviors that constitute child abuse and neglect (e.g., sexual abuse, physical abuse, children living on the street, child prostitution). Although some differences continue to exist between the definitions embraced in developing versus developed countries and local social conditions frame the relative emphasis professionals may place on various behaviors, those working in diverse contexts are working with cases involving many of the same characteristics. Children who have experienced physical mistreatment, sexual abuse and parental or societal neglect can be found in many countries around the world, regardless of a country's economic conditions.

Much of the world's response to child abuse and neglect, however, is inextricably linked to funding. Although the proportion of developing countries establishing formal child abuse policies and response systems is growing, wide discrepancies remain in terms of service availability. Although much has been, and is being, learned about how to establish effective surveillance and response systems, it is clear that a significant number of children remain at high risk for experiencing violence and other negative outcomes. Children living in countries facing extreme economic hardship and social disruption are at particular risk. Our data also suggests that well-defined and broadly available parenting assistance and other supportive services can provide children, even those living in difficult circumstances, a greater level of protection. It is our hope that ISPCAN, through its members and National Partners, will be able to improve service availability and quality through its ongoing education and training programs and dissemination of best practices.