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We need to prevent intentional injuries to children and break the silence.

Child intentional injury is an important public health issue. The consequences of intentional injuries to children are devastating. Child maltreatment, peer violence and suicide create a high burden for the affected children and their families. In many cases leave long lasting physical and emotional scars that can impact a child through the rest of their life.

Child intentional injury is a human rights issue. The UN General Assembly Resolution on children's rights states "every child has the right to health and safety including a life free from violence." It stems from the belief that every child, no matter who they are or where they live, has the right to grow up safe, happy and healthy (UN General Assembly, 1989). As individual Member States, European countries have signed the convention and this commitment is supported by the European Commission in the framework of the Treaty of Lisbon and the Charter of Fundamental Rights of the EU. (European Union, 2007; 2010). Yet with an estimated 3,000 deaths resulting from intentional injuries and tens to perhaps hundreds of thousands more non-fatal intentional injuries in the European Union each year, it is clear that we are currently failing in this resolution. We must maintain our commitment.

Child intentional injury is a European problem; it is global, national and local. We need to develop decision-making tools and resources to assist Member States with action at all levels. To build capacity in stopping violence against children, reports such as this report from the European Child Safety Alliance are precious. The report includes a multi-country overview of actions related to leadership, children's rights, capacity and data to facilitate European-level planning to support national level efforts. At a time when existing estimates of the true magnitude of child intentional injury in the European Union are limited, the report is an important baseline measure. This is the first time that national actions to address child intentional injury are being comprehensively assessed and reported on in the European Union.

I am pleased with the coming of this new report on National Action to Address Child Intentional Injury and fully support action for child safety in Europe from the European Child Safety Alliance. Violence against children must continue to receive critical attention, and we must strongly reiterate that rather than cloaking the issue in silence.

Isabelle Durant
Vice President, European Parliament

Every child, no matter who they are or where they live, has the right to grow up safe, happy and healthy.

This is one of the key principles of the UN Convention on the Rights of the Child. The UN Committee on the Rights of the Child has since clearly stated that no violence against children is justifiable; all violence against children is preventable.

Child intentional injuries and the violence that leads to them, including child maltreatment, peer violence and suicide, are important issues requiring immediate and prolonged attention because of the high burden on the children themselves, their families and in many cases the serious and long lasting consequences that can impact children for the rest of their lives. The large differences in rates that exist both between and within Member States in the EU are not well understood, and this in and of itself suggests the need for further action and research. Given Member States commitment to children, these differences are unjust and thus not only are there real inequalities in the region but also inequities.

ENOC applauds the European Child Safety Alliance for taking a broad look at child intentional injury with this report while maintaining a focus on children's right to safety. This report examines national actions to address child intentional injury including legislative, administrative, social and educational measures across more than 25 European countries, with the aim of informing decision makers, highlighting gaps and encouraging further action, particularly with respect to ensuring monitoring of both implementation and impact.

The report results and recommendations will be very useful for ENOC members, across the EU and the Council of Europe, to encourage actions to address the inequities that exist and create a safer and healthier future for Europe's children.

Bernard De Vos
General Delegate for Children's Rights (French Community of Belgium)
Chairman of ENOC, the European Network of Ombudspersons for Children

The approach taken for this report

As individual Member States, European countries have adopted the UN Convention on the Rights of the Child (UNCRC), which states, "every child has the right to health and safety including a life free from violence." (UN General Assembly, 1989). This commitment is further supported by the European Commission in the framework of the Treaty of Lisbon and the Charter of Fundamental Rights of the EU. (European Union, 2007; 2010) Yet with an estimated 3,000 deaths resulting from intentional injuries[1] and tens to perhaps hundreds of thousands more non-fatal intentional injuries each year in the European Union, it is clear that we are currently failing in this commitment. Thus achieving life for our children that is free from violence will require cooperation, concerted effort and investment in effective interventions to prevent intentional injuries and promote safety and wellbeing.

The National Action to Address Child[2] Intentional Injury report and individual country Policy Profiles were developed as tools to bring attention to this important issue, encourage improvement in policy action and provide a baseline against which to measure progress over time. The report provides:

- the rationale for why this important issue needs further attention
- an overview of available data on child intentional injury deaths
- a description and analysis of the level of adoption, implementation and (as appropriate) enforcement of national level policy actions to address child intentional injury divided intofour categories – leadership, children's rights, capacity and data (accurate to July 2013).
- an important mechanism to identify gaps, share progress and identify, adapt and utilise the experience gained from across Europe.

This report and individual country Policy Profiles were produced as part of the Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) project, a European initiative led by the European Child Safety Alliance with co-funding from the European Commission's Health Programme. Country partners in 27 Member States plus Iceland and Norway participated to produce 30 Child Intentional Injury Prevention Policy Profiles for Austria, Belgium (Flanders), Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and two in the United Kingdom (participation by England and Scotland).[3]

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1 This estimate includes deaths classified as both intentional and undetermined intent and is a three year average for the EU based on mortality data from the WHO European Detailed Mortality Database (DMDB) using data for 2008-2010 or 3 most recent years of data available.

2 For the purposes of this report we use the United Nations definition of a child as being less than 18 years of age. Thus this includes youth / teenagers and the term youth will be used interchangeably to refer to older children.

3 All EU Member States except Estonia participated; in Belgium only Flanders participated; in the UK only England and Scotland participated and separate Policy Profiles were produced due to decentralisation of government and the partnership history between the constituent countries of the UK and the European Child Safety Alliance.

Mortality data were downloaded from the WHO Detailed Mortality Database (DMDB) and data on country actions taken to address child intentional injury come from country assessments conducted for the purposes of this report. The assessments examined policies where there is either research evidence or agreement by experts that the adoption, implementation and enforcement of the action at the national level will have a positive impact on intentional injuries and/or the violence that leads to them. Policies selected were based on current best evidence for good practice and consultation with violence prevention experts in Europe from WHO, UNICEF, the European Commission and other relevant organisations and leading academics in the field. Partners on the TACTICS project or a key contact identified in each country coordinated the data collection to complete the assessment questionnaires in their respective country. These individuals contacted the relevant government department(s)/ national organisations and gathered information on each of the policies being examined up to July 2013 to allow an assessment of whether it had been adopted, was partially or totally implemented and as appropriate was being enforced.

We originally set out to evaluate the adoption, implementation and enforcement of policy actions to address child intentional injury using a performance grading methodology that would allow both country comparisons and benchmarking of country progress over time. However, this approach proved problematic for several reasons:

- There are fewer evidence-based good practices available, thus we were more dependent on expert opinion to identify recommended actions to address child intentional injury.
- Many of the recommended actions are imbedded in national systems, which have evolved over years and even decades, making identification of the adoption and implementation (particularly level of implementation) of specific actions more challenging.
- There appears to be less objective oversight and monitoring of the implementation of national level action for intentional injury compared to unintentional injury.
- Many of the collaborators collecting the information informing this report did not feel responses were as objective as they should be to allow such comparisons.

While these challenges meant we were unable to use the performance grading methodology, we could still see value in sharing country results, particularly as countries taking less action can be inspired and motivated to take further action when provided examples of what can be achieved. Thus following an initial review of the information collected, a further attempt was made to obtain information regarding monitoring and evaluation of the policies and their implementation. All information collected was forwarded to the European Child Safety Alliance where it was coded against pre-established definitions and coding criteria to produce the individual Child Intentional Injury Policy Profiles and this summary report. Details on methods can be found on page 108.

What is intentional injury?

Intentional injuries are injuries that are the result of violence. Violence is defined by the World Health Organization as, "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, maldevelopment or deprivation." (Krug et al., 2002) This definition of violence covers a wide range of acts, going beyond physical acts to include threats, intimidation and even neglect or acts of omission, although the latter may not be seen as intentional. Thus prevention efforts include actions to address not only death and injury but also the many, often less obvious, consequences of violent behaviour, such as psychological harm, deprivation and maldevelopment that negatively impact the well-being of individuals, families and communities. (Lyons et al., 2010) Thus while our focus is on intentional injuries, we acknowledge the need to include reference to these other consequences of violence.

This report on child intentional injury to children focuses on preventive actions to address three main areas of violence: child maltreatment, peer violence and self-directed violence.

Child maltreatment

Child maltreatment includes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. (Butchart et al., 2006) Child maltreatment encompasses any act performed by or omitted by a parent, caregiver or other adult that results in harm, potential for harm, or threat of harm to a child, even if harm is not the intended result. (Leeb et al., 2008)

Factors that influence maltreatment/neglect/abuse include a tolerance for violence by society, communities and families, particularly in the case of domestic violence; social norms that encourage or accept the corporal punishment of children; gender and social inequality; lack of or inadequate housing including living in social housing; lack of services to support families and institutions and to meet specialised needs; high levels of unemployment; poverty; alcohol and drug abuse. (Sethi et al., 2013) Other factors that can contribute to the incidence of child maltreatment include social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability. (Leeb et al., 2008)

While this report focuses on intentional injury and thus more on physical abuse that results in injuries, physical abuse cannot be looked at in isolation when discussing child maltreatment. As many of the risk factors and solutions overlap, reference is also made to other child maltreatment issues such as emotional or sexual abuse and neglect.

Peer violence

Peer violence involves the intentional use of physical force or power, threatened or actual, exerted by children against children, which results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. It includes gang related violence, dating violence and bullying. Dating violence includes any controlling, abusive, and/or aggressive behaviour in a romantic relationship. It can include verbal, emotional, physical, or sexual abuse, or a combination. Bullying is any unwanted, aggressive behaviour among school-aged children that involves a real or perceived power imbalance. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose. Bullying can occur during or after school hours, in the school, on the playground, when travelling to or from school, in the child's neighbourhood, or through electronic technologies (cyber bullying). (James, 2010)

Peer violence results from a complex interaction among many factors at the individual, relationship, community and societal levels. Participating in bullying, physical fights and carrying of weapons are important risk behaviours that can lead to more serious violence. Research has also shown a link between income inequality and peer violence, and low social cohesion has been linked to both higher rates of peer violence and greater economic inequality. (Krug et al., 2002; Council of Europe, 2008; Stuckler et al., 2009; Sethi et al., 2010) The link between poverty, income inequality and the occurrence of peer violence is important for all countries, with higher rates of violence found in more deprived populations. This is of particular importance given the continuing economic crisis as research on historical economic crises suggests that increasing unemployment is associated with increases in homicide and suicide in all ages. (Stuckler et al., 2009)

Self-directed violence

Self-directed violence in children includes suicidal behaviour and self-harm such as self-mutilation or cutting. Suicidal behaviour ranges in degree from only thinking about ending one's life, to planning it, finding the means to do so, attempting to kill oneself, and completing the act. However it is important to note that this is not a single continuum and that many children that have suicidal thoughts never act on them, and even those who attempt suicide may not wish to die. (Krug et al., 2002) Typically males are more likely to complete the act of suicide, while females are more likely to attempt suicide or self-mutilate. While attempted suicides are primarily a cry for help or an expression of deep suffering, suicide itself is a much more violent act which is sometimes planned and rehearsed over a period of time. (Krug et al., 2002)

The underlying causes of suicide are often both psychological and social. A previous history of depression increases the chance of a youth suicide attempt by five times. A previous suicide attempt by a youth increases the risk of a further attempt by 20 times. (Council of Europe, 2008) Many adolescent suicides are related to a fear of failure. In adolescents, substance abuse plays a role in up to 70% of suicides. (Miller, Mahler, & Gold, 1991) There is also evidence that youths of non-traditional sexual orientation or gender representation are at higher risk of suicide related to stigmatisation, marginalisation and/or discrimination experience in the school and/ or home environment. (United Nations, 2003) Research shows that not only do the victims of bullying have a higher risk of suicidal thoughts, but that the perpetrators of bullying themselves are also at higher risk of suicide. Youths threatened with peer violence and bullying are 3.3 times more likely to have suicidal thoughts. (Kaminski & Fang, 2009)

Why a report on national action to address child intentional injury?

This report is the first European report to attempt to examine national level action to address the major forms of child intentional injury collectively. Although reports looking at the issue globally, or across all ages, or specifically examining action to address one area of child intentional injury (e.g., child maltreatment) exist, to date there has not been an effort to examine Member States' responses to child maltreatment, peer violence and self-directed injury/suicide together. Yet this broader perspective is important due to links between determinants and risk factors for the different forms of intentional injury and the violence that leads to them, the overlap of settings for prevention and in some cases, the actual preventive actions themselves. Overarching these links is the current environment of limited resources for prevention and protection, which requires countries to achieve more with less.

Child intentional injury is an important public health issue

Intentional injuries to children are important because of the high burden on the children themselves, their families and in many cases the serious and long lasting consequences of the injuries or violent acts that led to them.

- It is estimated that in high income countries about 4-16% of children are physically abused each year and one in ten is neglected or psychologically abused. (Gilbert et al., 2009) During childhood, nine girls and three boys out of 100 are exposed to penetrative sexual abuse, and exposure to any type of sexual abuse ranges from 8-31% for girls and 3-17% for boys. (Barth et al., 2013) Some studies have suggested the prevalence is higher in low and middle income countries. (Krug et al. 2002) European estimates suggest that the prevalence of physical abuse is 22.9% (Sethi et al 2013).

- Weighted pooled estimates based on prevalence studies in EU Member States available to 2009 suggest that one out of every five children in the EU is subject to interpersonal violence in the home. (EuroSafe, 2010)

- Weighted pooled estimates based on prevalence studies of bullying in EU Member States available to 2009 suggest that one out of every three is a victim of bullying. (EuroSafe, 2010) Yet the results of the 2009/2011 Health Behaviour for School Aged Children found that estimates of bullying or being bullied vary greatly by country across the EU. For example, the proportion of 11 year olds "who have been bullied at school at least twice in the past couple of months" ranges from 4% and 5% for girls and boys, respectively in Sweden up to 27% and 32% for boys and girls, respectively in Lithuania. Differences across the EU are also found for 13 and 15 year olds, although the ranges are slightly smaller. (Currie et al., 2012)

- It is estimated that 10% of youth have made one attempted suicide, and much less is known about the incidence of other self-directed injuries (e.g., cutting). (Council of Europe, 2005) Suicide rates amongst children vary by sex, and statistically in Europe males tend to select more lethal means of suicide. (Schmidtke et al., 1996; Aidacic-Gross et al., 2008) The selection of more lethal means results in a consistent pattern across countries, with male suicide rates being 2 to 7 times higher than female rates, depending on the country.

- While intentional injuries can result in physical disabilities, the non-physical effects of these incidents can result in other negative outcomes. Children who are exposed to violence experience feelings of rejection and abandonment, impaired attachment, trauma, fear, anxiety, insecurity and shattered self-esteem. (Pinheiro, 2006) They suffer from long lasting effects on their mental health and are more likely to have problems with drugs, alcohol and obesity and to participate in risky sexual behaviour and criminal behaviour all the way to adulthood. (Butchart et al., 2006; Miller, Mahler & Gold, 1991) They are at increased risk of many poor health outcomes in adulthood (e.g., lung, heart, and liver disease), suicide attempts, poor mental health, poorer reproductive health outcomes and lowered life expectancy. (Krug et al., 2002; Pinheiro, 2006)

- There is also evidence that children who are victims of interpersonal violence may be at greater risk of being perpetrators and victims as adults. (Krug et al., 2002; Pinheiro, 2006; Whitfield, Anda, Dube, & Felitti, 2003)

- The delineation between unintentional and intentional injuries is not always clear, creating challenges for those trying to assess the true burden. (Butchart et al., 2006; Gilbert et al., 2009; Krug et al., 2002; Pinheiro, 2006; Wasserman, Cheng, & Jiang, 2005) For example, an adolescent dies as a result of an overdose of her mother's prescription drugs. Is this an 'accidental poisoning' or a suicide? Particularly when examining deaths for children less than 15 years of age, intentional injury deaths may be misclassified as unintentional or of undetermined intent.

- The delineation between unintentional injury and neglect is even more difficult. For example, a very young child falls down the stairs while unsupervised. Is this an 'accident' or neglect? Research on neglect due to lack of supervision and/or meeting a child's basic needs, suggests it may be at least as damaging as physical or sexual abuse, yet the issue has received the least scientific and public attention. (Krug et al., 2002; Pinheiro, 2006)

- The World Health Organization (WHO) and the European Commission have recommended that Member States develop and implement integrated evidence-based national action plans to address violence and the resulting injuries. (Krug et al., 2002; Council of the European Union, 2007; WHO Regional Committee for Europe, 2005)

Child intentional injury is linked to inequalities

In addition to the physical and non physical effects, child intentional injuries also have economic consequences and vary in magnitude both within and between countries creating inequalities.

- Intentional injury has major economic consequences for families and society. Direct costs include medical care for victims, legal and social welfare services and foster care. Indirect costs include long-term disability, psychological costs and those associated with longer term health outcomes; the disruption or discontinuation of education; and productivity losses in the future life of the child. (Waters et al., 2004)

- While prevalent in all parts of society, child intentional injury has a steep social class gradient and an increased risk is associated with parental poverty and low educational achievement. (Butchart et al., 2006; Pinheiro, 2006) There are also large differences in rates of child intentional injury both between countries and within countries. (Butchart et al., 2006; Krug et al., 2002; Pinheiro, 2006, Sethi et al., 2013)

- Although child intentional injury and the violence that leads to it takes place in many settings, including the home, school, alternative care settings and the justice system, it is a particularly challenging topic to identify, legislate for or to take other action to prevent. This is in great part because of the privacy of family life and the home, which for most is a place of well-being but for the injured child can be a place of hidden suffering. (Pinheiro, 2006)

Child intentional injury is an important human rights issue

The UN Convention on the Rights of the Child (UNCRC), opened for signature in 1989 and signed by all EU Member States between 1990 and 1995, stems from the belief that every child, no matter who they are or where they live, has the right to grow up safe, happy and healthy. (UN General Assembly, 1989) The UN has since clearly stated that "no violence against children is justifiable; all violence against children is preventable." (UN Committee on the Rights of the Child, 2011) While the scope of this report is broader than recent efforts to examine violence against children, we still think it is important to examine the issue from a children's rights perspective and examine national policies in the form of "legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child". (UN Committee on the Rights of the Child, 2011; UN General Assembly, 1989) Thus the preventive actions explored align with those recommended in reports such as the World Report on Violence and Health, the World Report on Violence Against Children and the recently published European Report on preventing child maltreatment. (Krug et al., 2002; Pinheiro, 2006; Sethi et al., 2013)

Child intentional injury is a major public health issue and one of human rights. Yet because of negative connotations, it has remained in many ways a hidden problem. And while it has perhaps received more attention than unintentional injuries in recent years given the more direct link to children's rights, intentional injury has not received the attention and investment commensurate with its burden and impact on children, families and society. While all three of the main types of intentional injuries covered by this report need individual attention at the national and European level, it is hoped that this report will shed further light on the breadth of the issue, current level of action to address this important problem and the importance of coordinating efforts to achieve a life free of violence for children in Europe.

Child Intentional Injury in the European Union

Existing estimates of the true magnitude of child intentional injury in the European Union and the violence that leads to it are limited. Deaths, for which the best data are available, are just the 'tip of the iceberg' and the prevalence of violence is far greater than mortality statistics for intentional injuries would infer, particularly with respect to child maltreatment where physical abuse is only one type of maltreatment. Non-fatal intentional injury result in many more admissions to hospital or visits to emergency room departments or personal physicians than deaths, yet few studies to try and examine what the whole 'iceberg' looks like have been undertaken. Even less is known about the magnitude of less severe or readily measurable intentional injuries where medical attention is not sought. What is known about non-fatal violence often comes from surveys and special studies of different population groups. Given the sensitivity of the issues involved (e.g., suicide, child maltreatment) it is acknowledged that most sources likely underestimate the true prevalence of the problem due to limited reporting, misclassification and biases related to culture, religion, age and social pressures. (Butchart et al., 2006; Pinheiro, 2006; Sethi et al., 2010; Sethi et al., 2013) There is also the non-physical harm and the longer term consequences of the violence that results in intentional injuries that are not captured here and need to be kept in mind as action to address intentional injuries to children is considered.

Unfortunately the age classification data on injury deaths resulting from violence is not strictly aligned with the UNCRC definition of a child as every human being below the age of 18, thus we report on children 0-19 years.[4] In addition international comparisons between countries and any interpretation is done with caution as sociocultural contexts influence the data and many intentional injuries may be misclassified as unintentional or of undetermined intent.

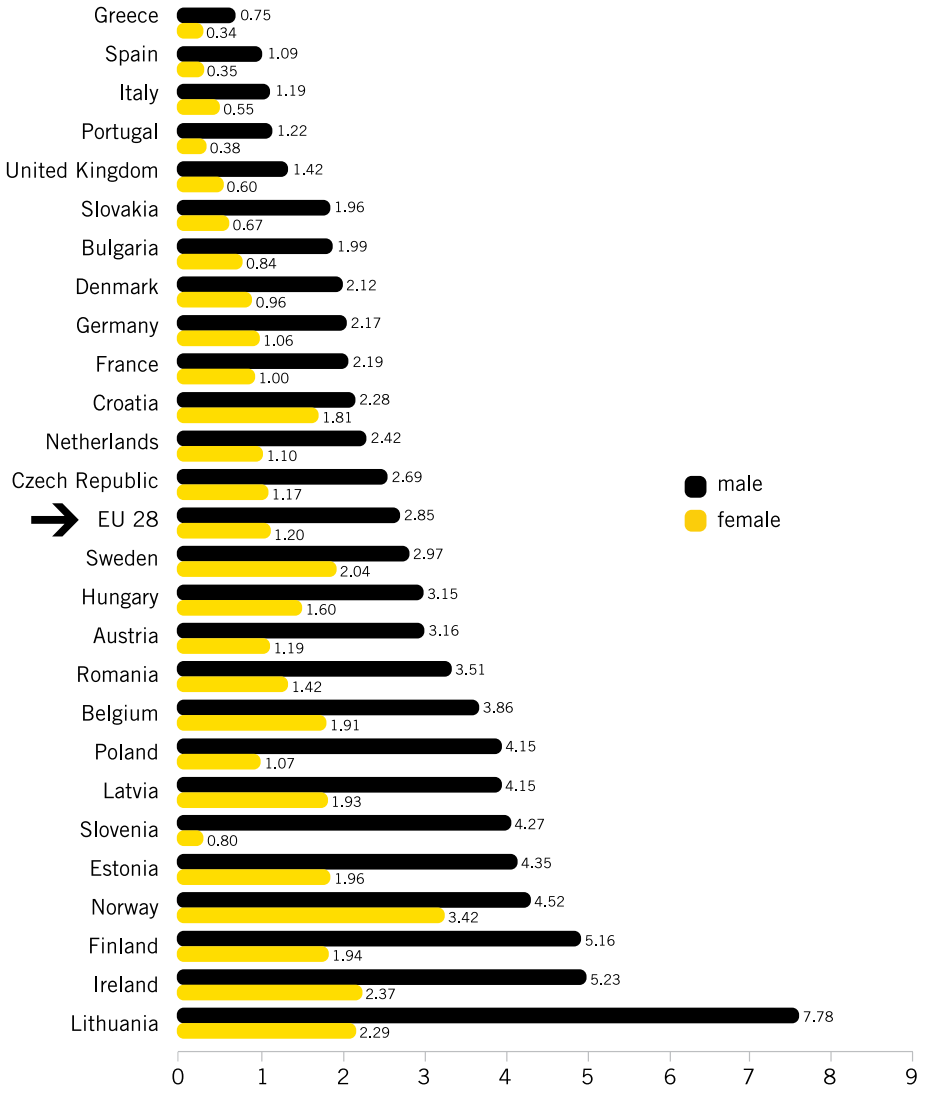
[4] While we focus on children using the UN definition of below the age of 18 years, data presented in this report use the age groupings available in the WHO European Detailed Mortality Database, which means data presented cover 0-19 year olds. While the inclusion of 18 and 19 year olds skews the results, it is thought to be better than only including data for 0-14 year olds.

[5] The high rate in Norway is a historical artefact related to the shootings in Utøya, Norway in July 2011, when 50 children and 5 youth aged 19 years were killed.

Intentional Injury deaths

Of the 35,000+ children and adolescents aged 0-19 years who die each year in the EU, about 24% or roughly 9,100 deaths are due to injuries. About a third of these deaths are classified as intentional or of undetermined intent. (MacKay & Vincenten, 2012) There is great variability between the best performing countries compared to poorer performing countries with over 10 times difference in rates of intentional injury deaths between the countries with the highest and lowest rates. Figure 1 on the next page illustrates the rate of intentional injury deaths for the Member States of the European Union plus Norway. Of the countries that participated in this report, the highest rates of death due to intentional injury for males are found in Lithuania, Ireland and Finland and for females are found in Norway[5], Ireland and Lithuania.

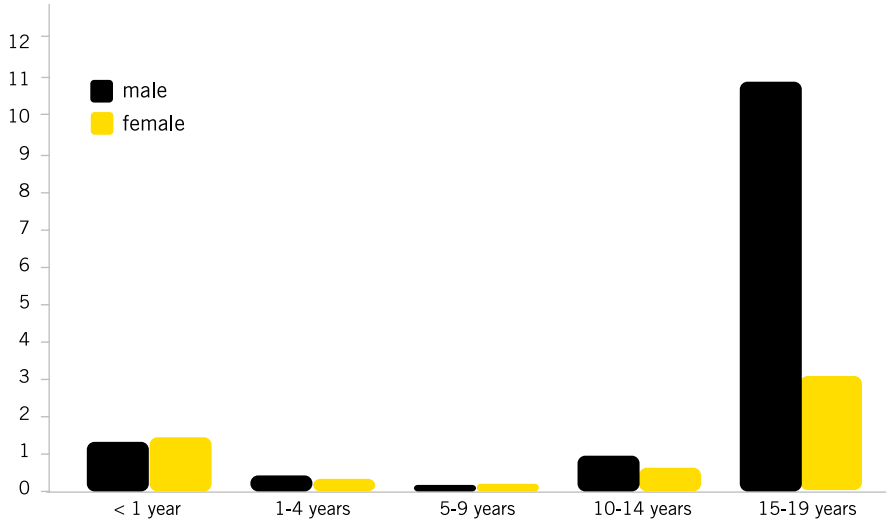
Figure 1. Child intentional injury deaths
(European age standardised rate per 100,000 aged 0-19 years by sex for EU Member States plus Norway)



Source: WHO European Detailed Mortality Database (DMDB) 3-year averages for 2009-2011 or 3 most recent years of data available for intentional injury which includes child maltreatment/neglect/abuse, peer violence, suicide/self-directed violence, war and other intentional; Cyprus, Iceland, Luxembourg and Malta excluded due to small numbers

A look at intentional injury deaths by age (Figure 2) shows a bi-modal distribution with the youngest and oldest in the age group experiencing higher rates. However, the highest rates by far occur in 15-19 year old males, where rates are three times that of females in the same age group. In order to understand these variations further it is important to look at the specific causes of intentional injury.

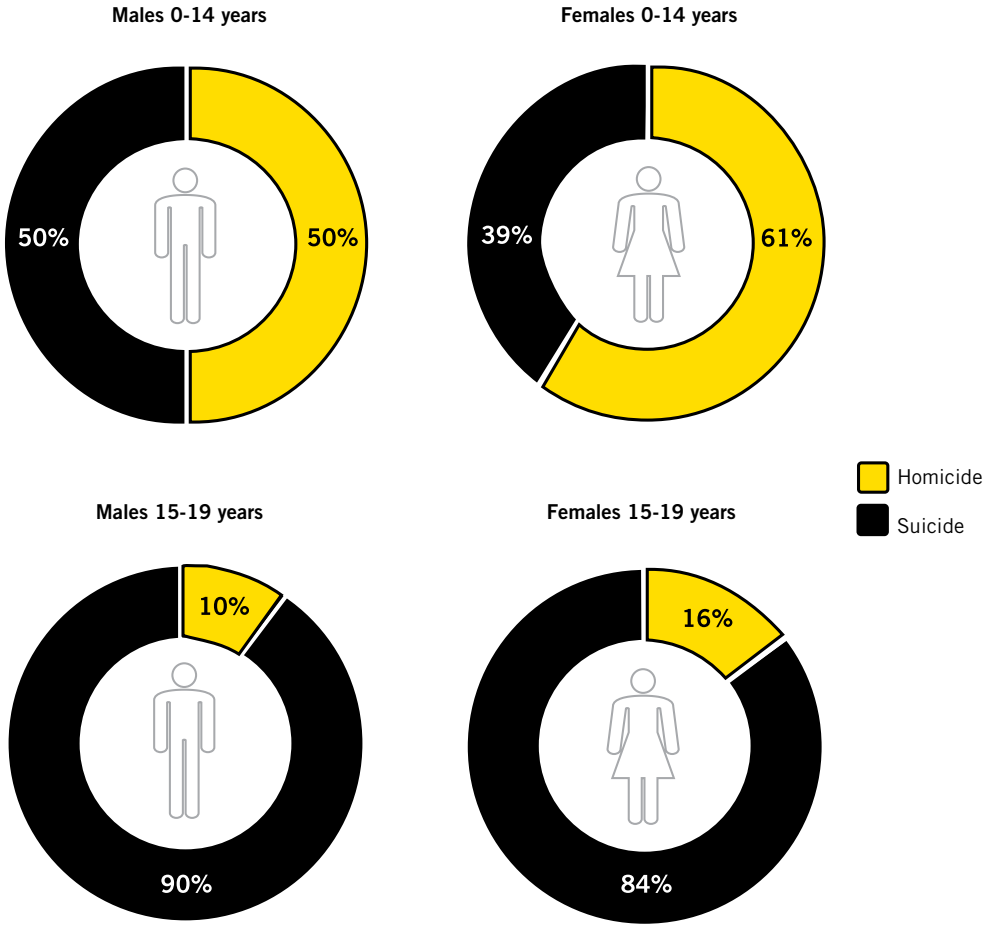
Figure 2. Child intentional injury deaths by age and sex
(European age specific rates per 100,000 population in the EU28)



Source: WHO European Detailed Mortality Database (EDMD); EU average using country data for 2008-2010 or most recent three years of data available for intentional injury which includes child maltreatment/neglect/abuse, peer violence, suicide/self-directed violence, war and other intentional

Figure 3 provides a break down of deaths due to homicide, suicide and other intentional injury by age and sex. Homicide and suicide make up for a 100% of deaths for all groups except males 15-19 years where a very small percentage (<1%) are due to other intentional injury (e.g., legal intervention, war, etc.). For males aged 0-14 years homicides make up half of the intentional injury deaths while for females the percentages for homicide and suicide are 61% and 39%, respectively. Suicides make 90% of intentional injury deaths for 15-19 year olds males and 84% of intentional injury deaths for females.

Figure 3. Proportion of intentional injury deaths due to homicide and suicide for children 0-14 and 15-19 years by sex in the EU28



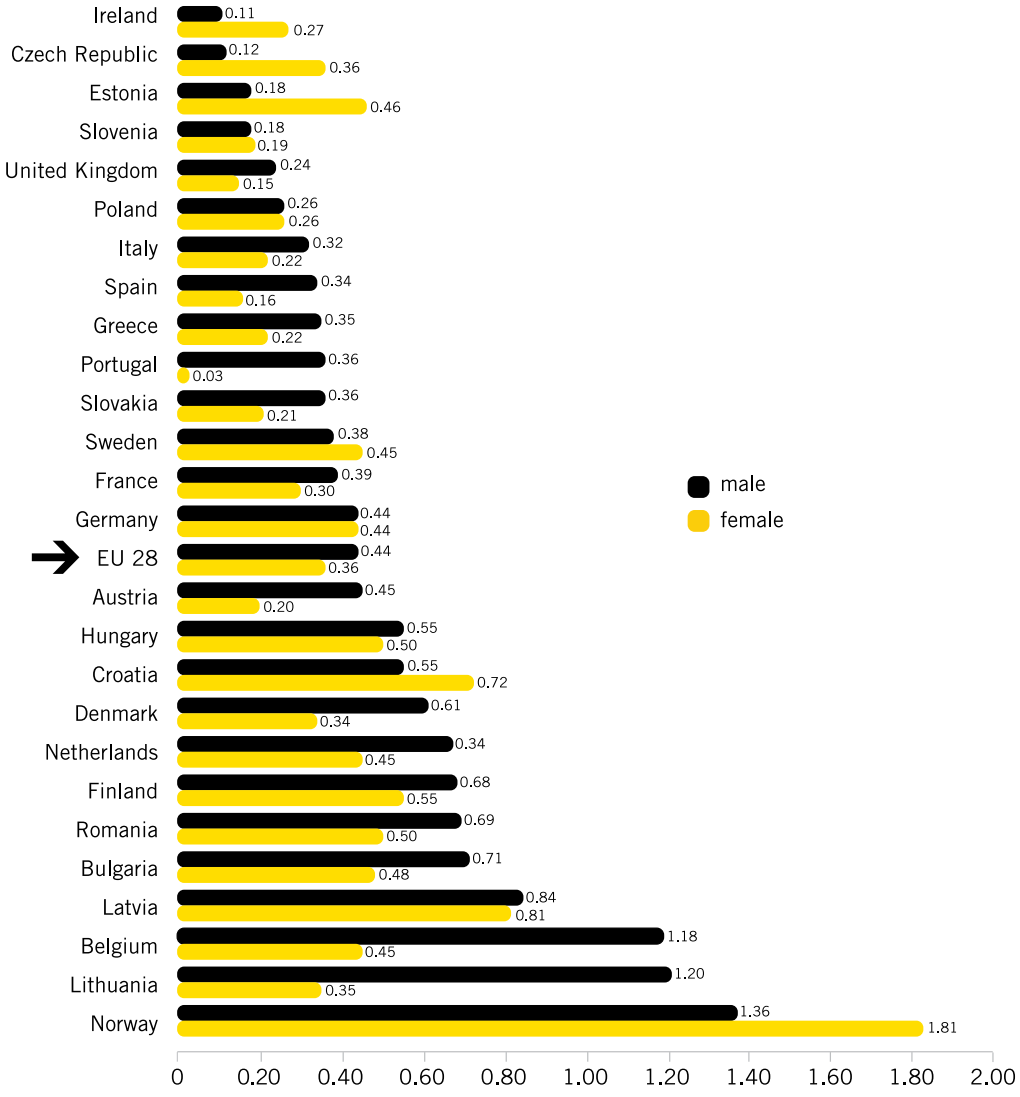
Source: WHO European Detailed Mortality Database (DMDB); EU average number and percentages using country data for 2008-2010 or most recent three years of data available; excludes Greece due to use of ICD9 coding.

Homicide

Homicide data are a combination of deaths resulting from interpersonal violence (maltreatment/ neglect/abuse and peer-to-peer violence). The homicide rates vary by sex, although there is no clear pattern across the participating countries (Figure 4). Although the highest rates occur in Norway, this is an artifact in the data related to the shootings in Utøya, Norway in July 2011, when 50 children and five youth aged 19 years were killed.

If only EU countries are considered, the highest rates for males occur in Lithuania, Belgium and Latvia, while the highest rates for females occur in Latvia, Croatia and Finland. There are large differences (6-12 times higher between lowest and highest) in homicide rates between countries. The recent European report on prevention of child maltreatment notes that while data on homicide deaths are reliable, they may be incomplete because homicide may be coded as undetermined intent. Estimates suggest that deaths coded as child homicide may reflect as little as 20-33% of actual cases. (Sethi et al., 2013)

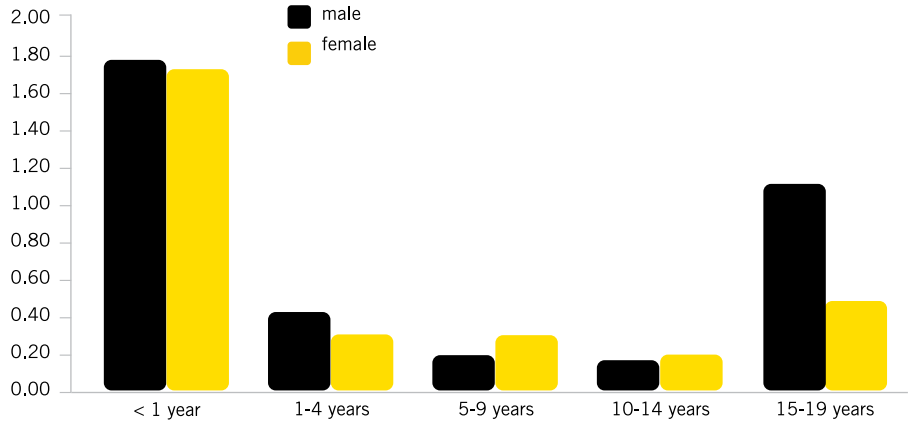
Figure 4. Child homicide
(European age standardised rate per 100 000 aged 0-19 years by sex for EU28 plus Norway)



Source: WHO European Detailed Mortality Database (DMDB) 3-year averages for 2009-2011 or most recent three years of data available; Cyprus, Iceland, Luxembourg and Malta excluded due to small numbers. The high rate in Norway is a historical artefact related to the shootings in Utøya, Norway in July 2011, when 50 children and 5 youth aged 19 years were killed.

The distribution of homicides also varies by age (Figure 5). Deaths in children under 15 years of age are typically due to maltreatment, whereas those in children over 15 years of age are more likely to be the result of peer violence. (Sethi et al., 2010) The highest homicide rates occur in children less than one year of age, with an even gender ratio, most often resulting from parental/caregiver maltreatment. Older teenagers have the next highest rate, reflecting peer violence; where there is a marked gender difference with rates in males being twice that of females.

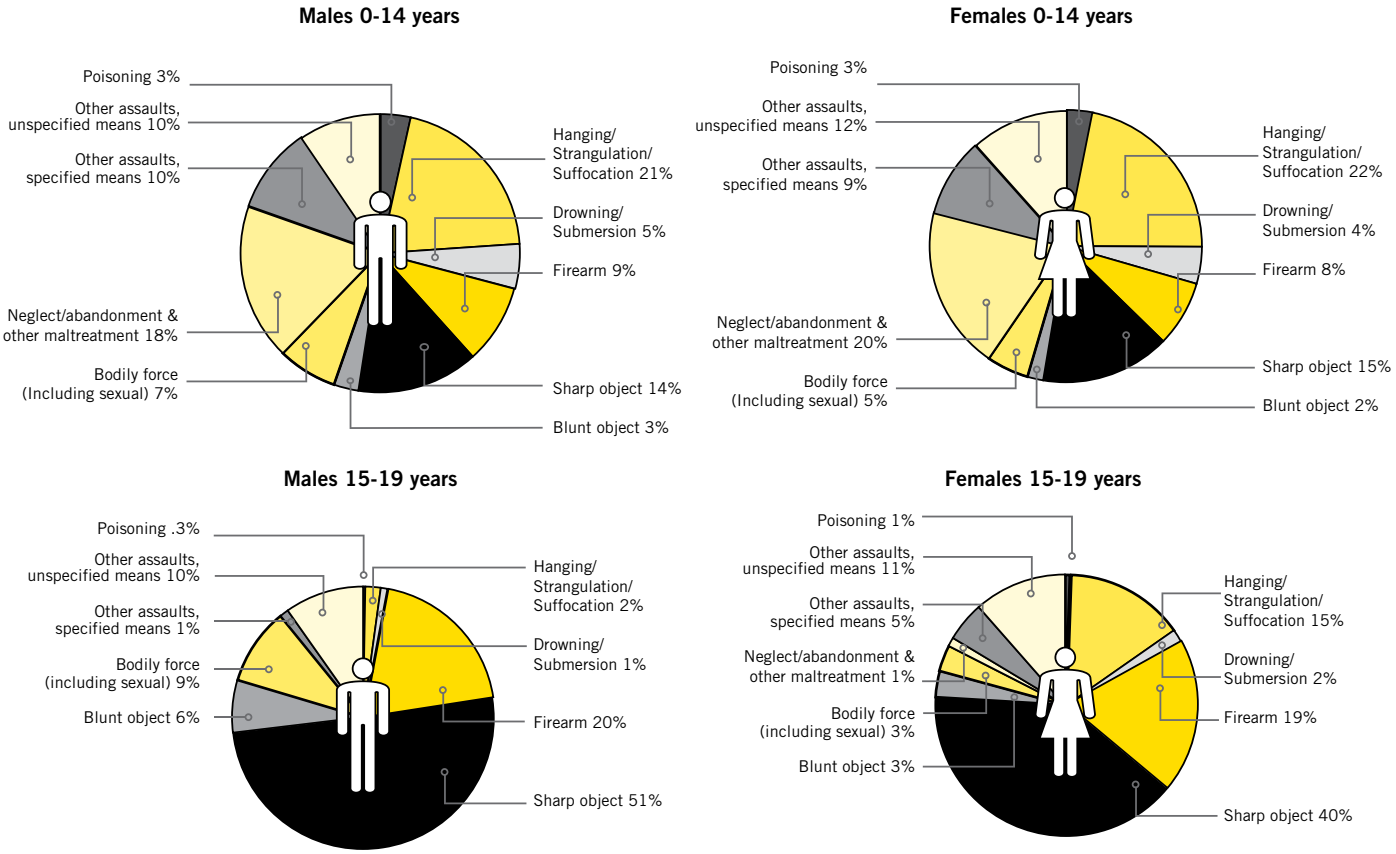
Figure 5. Child homicide by age and sex
(European age specific rates per 100,000 population in the EU28)



Source: WHO European Detailed Mortality Database (DMDB) EU average using country data for 2008-2010 or most recent three years of data available

Figure 6 provides a further breakdown of homicide deaths by specific external cause. External cause of homicide varies, with the most common causes being hanging/strangulation/ suffocation, neglect/abandonment and other maltreatment and sharp objects for both males and females. The former two likely reflect child abuse, while the latter likely includes stabbing with knives or other sharp implements between peers. For 15-19 year olds the most common causes are use of a sharp object, firearm and other unspecified means for males and sharp object, firearm and hanging/strangulation/suffocation for females. In this age group where child maltreatment is less likely, homicides involving sharp objects are most often fatal stabbings using knives or other sharp implements.

Figure 6. Homicide deaths by specific external cause for 0-14 and 15-19 year olds by sex in the EU28

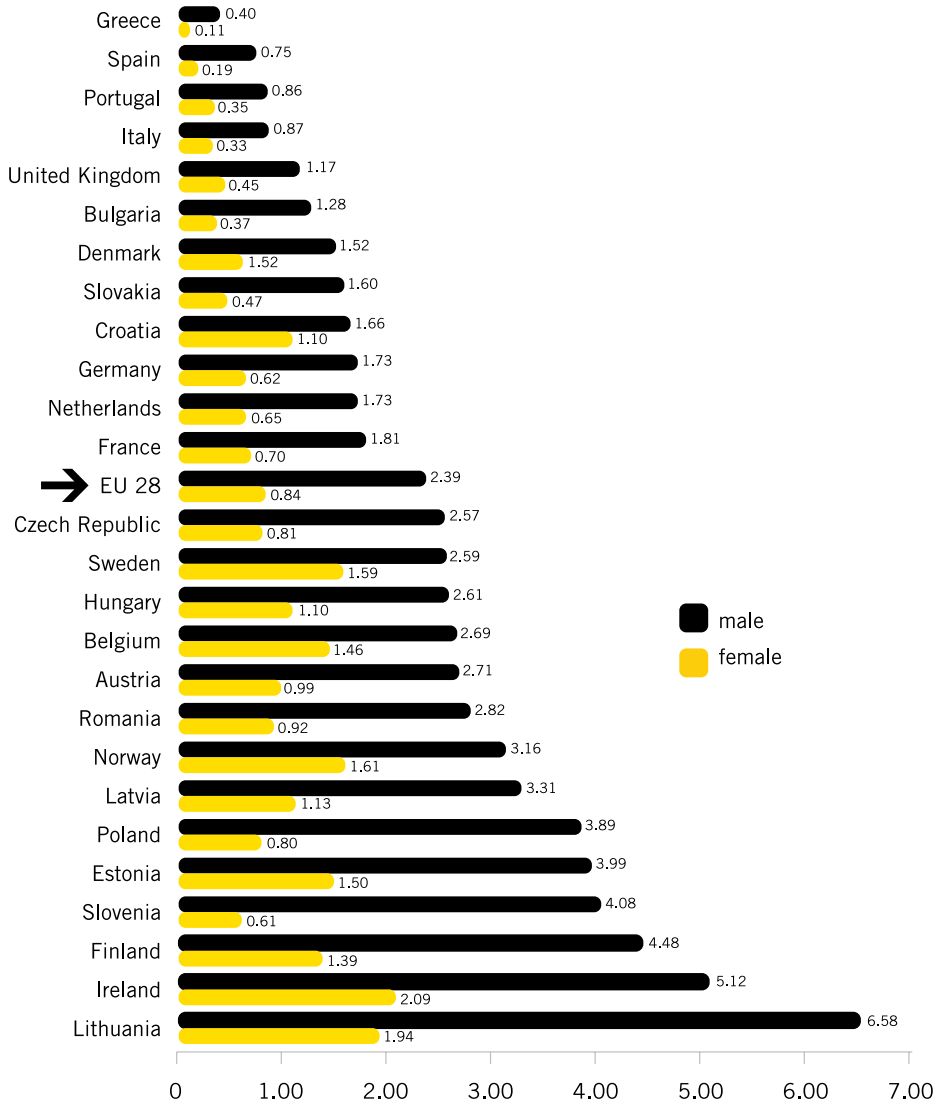


Source: WHO European Detailed Mortality Database (DMDB); EU 3 year averages using country data for 2008-2010 or most recent three years of data available; excludes Greece due to use of ICD9 coding

Suicide

As noted previously, suicidal behaviour ranges in degree from merely thinking about ending one's life, to planning it, finding the means to do so, attempting to kill oneself, and completing the act. The available data at the European level are for those that have completed the act. The highest rates for males occur in Lithuania, Ireland and Estonia, while the highest rates for females occur in Ireland, Lithuania and Finland (Figure 7). There are large differences in suicide rates between the countries with the highest and lowest rates. For males this difference is over 16 times and for females it is 19 times. In some countries this makes suicide the leading cause of injury death, ahead of road traffic deaths. (Council of Europe, 2008)

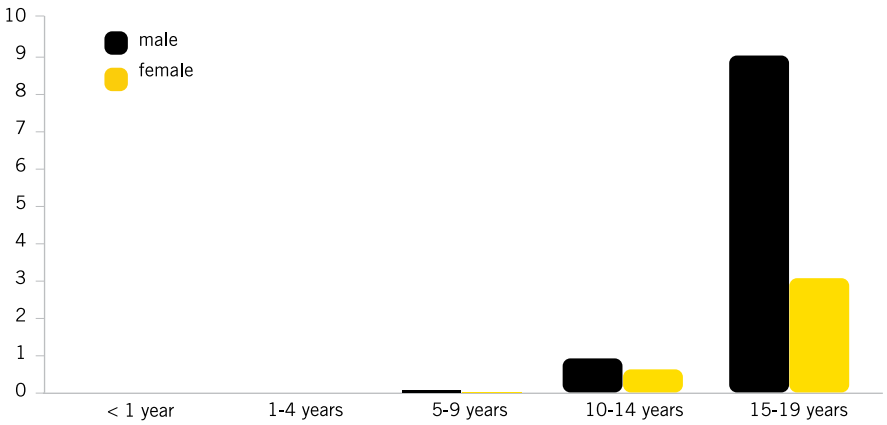
Figure 7. Child suicide
(European age standardised rate per 100 000 aged 0-19 years by sex for EU28 plus Norway)



Source: WHO European Detailed Mortality Database (DMDB) 3-year averages for 2009-2011 or most recent three years of data available; Cyprus, Iceland, Luxembourg and Malta excluded due to small numbers.

The distribution of suicides also varies by age in children, for the most part occurring amongst 15-19 year olds, although there are a small number of suicide deaths amongst children as young as 5-9 years (Figure 8). Male rates are higher in all age groups, with male rates in 15-19 year olds nearly three times that of females.

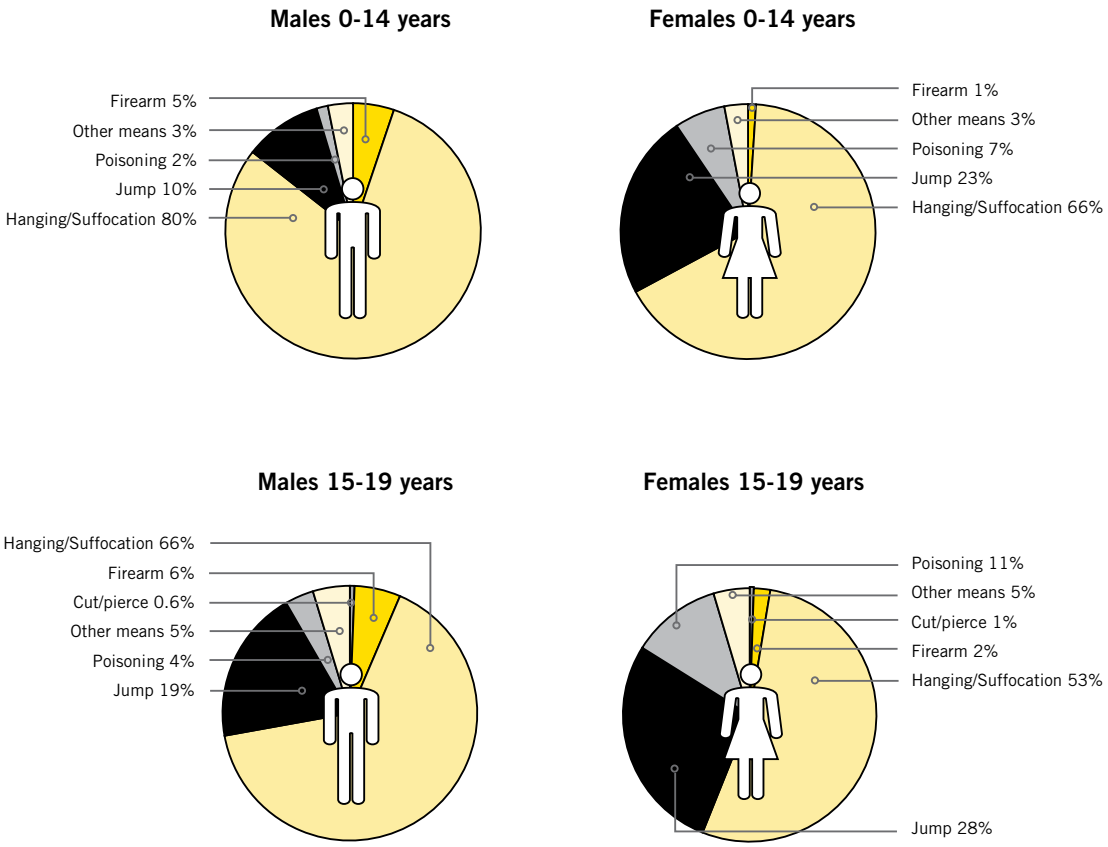
Figure 8. Child suicide by age and sex
(European age specific rates per 100,000 populations in the EU28)



Source: WHO European Detailed Mortality Database (DMDB) EU average using country data for 2008-2010 or most recent three years of data available

Figure 9 provides the distribution of the various means of suicide by age and sex. For males and females in both age groups hanging/suffocation is the most common means of suicide, followed by jump and firearm for males and jump and poisoning in females. Females in both age groups are more likely to jump or use poison than males.

Figure 9. Suicide deaths by specific means for 10-14 and 15-19 year olds by sex in the EU28



Source: WHO European Detailed Mortality Database (DMDB); EU average using country data for 2008-2010 or most recent three years of data available; excludes Greece due to use of ICD9 coding

National Actions to Address Child Intentional Injury

The following section provides summary results for the national actions examined; policies where there is either research evidence or agreement by experts that adoption, implementation and enforcement at the national level will have a positive impact on intentional injuries and/or the violence that leads to them. The policies are grouped for the purposes of reporting into national actions related to four areas: leadership, children's rights, capacity and data. Individual policy profiles for Austria, Belgium (Flanders), Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, England, France, Finland, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Scotland, Slovakia, Slovenia, Spain and Sweden can be found beginning on page 49.

Evidence-based policy actions related to Leadership

Leadership at the national level is essential to supporting prevention of intentional injury to children. (Pinheiro, 2006; Sethi et al., 2010; Sethi et al., 2013) With the recent economic crisis, leadership becomes even more crucial as countries struggle to do more with less, and it is important to ensure that austerity measures do not result in a halt in the progress of prevention and / or increase existing disparities, thereby increasing the risk of all forms of violence.

Commitment of top political and government leaders is critical to ensuring that the prevention of intentional injury and the violence that causes it are established as a priority issue. It is also needed to ensure that the requisite resources, both human and financial, are allocated at levels commensurate with the burden and extent of long term consequences. (Pinheiro, 2006) Several international conventions (e.g., UNCRC, the Lanzerote Convention) have set the basis for the development and implementation of the legal framework on prevention of violence that would support such commitments. (UN General Assembly, 1989; Council of Europe, 2007)

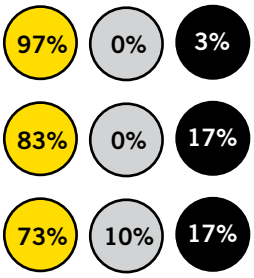
National leadership is important to both sustaining and building on existing efforts to prevent violence and injuries and to protect child victims and their families. It is also essential to the development and implementation of an integrated national prevention strategy. Further, putting in place strategies with specific timelines and targets may be more likely to result in specific funding and to be appraised as to whether targets are being met.

Leadership is also necessary to develop systems to support prevention, such as child protection systems including monitoring mechanisms, guidelines and procedures and the need for coordination and communication between the different parts of the system. This infrastructure in turn is key to achieving successful partnerships and service delivery/ implementation from the national to regional and local levels where the implementation of many interventions is managed. (Pinheiro, 2006)

Percentage of country responses:

Yes Limited No

Actions related to government lead for violence prevention



Responses indicated that all but one of the 30 countries (Luxembourg) have an overall government lead for violence, however five (France, Italy, Luxembourg, Portugal and Romania) indicate there is no government department responsible for national coordination and the response from Lithuania indicated that more than one government department has this responsibility. Most also have a specific focal point for violence prevention identified within government; this is usually but not always a focal point from the health ministry.

Specific lead for maltreatment 97% 0% 3%

Specific lead for peer violence 80% 0% 20%

Specific lead for self-directed injury/suicide 70% 0% 30%

When the specific areas of intentional injury are considered, countries are more likely to have a specific government department lead identified for child maltreatment than for peer violence or self-directed injury/suicide, likely reflecting the level of attention paid to these issues to date by the international community.

Actions related to national strategies[6]

Overarching strategy for intentional injury 33% 0% 67%

Specific targets for children included 100% 0% 0%

Only 10 countries (33%) have an overarching strategy addressing all three areas of intentional injury covered by this report. Several other countries reported multiple strategies existing, which together covered the issue – however there is no overarching strategy to coordinate efforts. Of the ten with an overarching strategy, all indicated that their strategies include specific targets for children. When the individual areas are examined, countries were more likely to have a specific strategy for child maltreatment (67%) than for peer violence (53%) or self-directed injury/suicide (47%).

Specific strategy for maltreatment 60% 7% 33%

20 (67%) have national strategies to address child maltreatment, although responses indicate that for two countries a strategy has been developed but has yet to be implemented. Two others, England and Scotland have strategies without specific timelines or targets and Cyprus has numerous laws and guidelines but no specific strategy.

Specific strategy for peer violence 43% 10% 47%

Responses from just over half of the participating countries (53%) indicate a specific strategy for peer violence exists, however three are yet to be implemented and two were reported to be quite limited in scope. In addition England and Scotland again have strategies in place, but without specific timelines or targets. In many cases, country responses indicated that the peer violence strategies only deal with issues related to bullying and cyber bullying.

[6] While Strategies only considered as meeting definition if they have specific timelines and targets. We did not specify the nature of targets, nor that they had to be quantified.

Specific strategy for self-directed injury/suicide

Responses from just under half of the participating countries (47%) indicate a specific strategy for self-directed injury/suicide, although some of those have only recently been developed and have yet to be implemented. Ireland and Latvia both reported that a strategy was currently under development. Others, such as Luxembourg indicate a number of activities are underway, but without a strategy with specific timelines and targets guiding them.

Actions related to national alcohol/drug abuse policies

National alcohol/drug abuse policies

Includes specific actions for children

Includes support to children of parents with substance abuse problems

23 (77%) of country responses indicated that both a national alcohol and a drug abuse policy exist, although the policies in Hungary are not yet fully implemented and in Cyprus the national alcohol policy was only partially implemented as of July 2013 (although it has since been fully implemented). Three other countries have only a national drug abuse policy (Denmark, Luxembourg and Malta) and two others have only a national alcohol policy (France and Norway).

Of the 28 participating countries with at least one national policy, the policies in 24 (86%) include specific actions related to children and 26 (93%) include support to children of parents with substance abuse problems (however responses indicated that this aspect of the policy was only partially implemented in 12 of the 26).

National code of conduct/practice on violence in broadcasting and the media

National code of conduct/practice

Responses indicate that all but 3 (10%) of the participating countries have a national code of conduct/practice regarding violence in broadcasting and the media. Of the 27 with a national code, responses indicate that it is only partially implemented in four countries.

Actions related to a national child protection system

Responses indicate that all 30 participating countries (100%) have a national child protection system, however the systems vary greatly between countries.

Includes inter-agency/departmental coordination and cooperation

The majority (97%) have systems that include policies and guidelines to ensure inter-agency/departmental coordination and cooperation, although these have yet to be fully implemented in nine and many indicated there have been improvements to this area in the past 2-3 years.

Includes high risk populations (e.g., children with disabilities)

Another area of recent action has been to ensure the system includes policies to address high-risk populations (e.g., children with disabilities, Roma, immigrant children, etc.) Twenty eight (93%) indicate such policies exist, although four of those indicate the policy is only partially implemented and Flanders region of Belgium indicated the issue was only partly addressed as their policy was limited in scope and dealt with the issue of female genital mutilation (FGM) only.

Includes policy on risk assessment of suspected cases

Reponses indicate that systems in 23 (77%) include policy on management of risk assessment of suspected cases. These policies provide guidance on such issues as use of background risk factors to determine children at risk of maltreatment by their parents/caregivers, assessing risk for siblings in cases of serious child maltreatment, assessing risk to family after conviction of a violent offense (actual bodily harm, grievous bodily harm). However over half of those indicate the policy is only partially implemented and Portugal reported that there is guidance only and no specific policy.

Law mandating reporting of suspected case by professionals

Responses indicate that 26 (87%) of the participating countries have a law mandating reporting of suspected cases of child maltreatment by professionals, although several identified that training of professionals to recognise child maltreatment does not always occur.

Requires monitoring and follow-up of all reported cases

Twenty-seven (90%) indicate a requirement for monitoring and follow-up of all reported cases, although a third of these indicate that this is only partially implemented and further improvements in this area are required. Several countries have introduced enhancements to legislation that have come into effect since the cut-off date for this assessment. For example, Denmark introduced legislation to strengthen requirements for monitoring and follow-up in October 2013.

Requires support programmes for victims

Requires intervention/treatment programmes for victims

Requires intervention/treatment programmes for perpetrators

In terms of support/treatment for victims and perpetrators, responses indicate that 90% of child protection systems require support programmes for victims and intervention/treatment programmes for victims, while fewer (80%) require intervention/treatment programmes for perpetrators and two-thirds of those that require the latter report that the programmes are only partially implemented.

Evidence-based policy actions related to Leadership

● Yes
◐ Partially
○ No

	AUSTRIA	BELGIUM [FLANDERS]	BULGARIA	CROATIA	CYPRUS	CZECH REPUBLIC	DENMARK	ENGLAND	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	ICELAND	IRELAND	ITALY	LATVIA	LITHUANIA	LUXEMBOURG	MALTA	NETHERLANDS	NORWAY	POLAND	PORTUGAL	ROMANIA	SCOTLAND	SLOVAKIA	SLOVENIA	SPAIN	SWEDEN
Policy Area Government lead for violence prevention	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●
• Government department responsible for national coordination	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	○	●	●[1]	○	●	●	●	●	○	○	●	●	●	●	●
• Specific government violence prevention focal point identified	●	●	◐	○	●	●	○	●	●	◐	●	●	●	●	●	○	●	●	●	◐	●	●	●	●	○	●	○	●	●	●
• Specific lead for child maltreatment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●
• Specific lead for peer violence (e.g., bullying) prevention	○	●	●	●	●	●	●	○	●	○	●	○	●	●	●	○	●	●	○	●	●	●	●	●	●	●	●	●	●	●
• Specific lead for suicide/self-directed violence prevention	○	●	○	●	●	●	●	○	●	●	●	○	●	●	●[2]	○	●	●	○	○	○	●	●	○	○	●	○	●	●	●
National child intentional injury prevention strategy	○[3]	○	○	○[4]	●	●	●	○	○	○	○	○	●	○	●	●	●	○	○	○	○	○	●	○	○	○	○	●	●	○
• Specific targets for children included	-	-	-	-	●	●	●	-	-	-	-	-	●	-	●	●	●	-	-	-	-	-	●	-	-	-	-	●	●	-
• Specific strategy for child maltreatment prevention[5]	●	●	●	●	○	●	●	○[5]	○	○	●	●	●	◐	◐[6]	●	○	●	●	○	●	●	●	○	●	○	●	●	●	○
• Specific strategy for peer violence prevention[5]	○	○	●[7]	●[7]	○	●	●	○[5]	○	○	○	○	●	◐	○	●	○	●	◐[7]	◐	●	●	◐	●	●	○[5]	●	●	○	●
• Specific strategy for suicide/self-directed injury prevention[5]	●	●	○	●	○	●	○	○	●	●	○	○	◐	◐	○[8]	○	○	○[8]	○	○	○	●	◐	◐[6]	○	●	○	○	●	●
National alcohol/drug abuse policies	●	●	○	●	◐[9]	●	◐[10]	●	●	◐[11]	●	○	◐	●	●	●	●	●	◐[10]	◐[10]	●	◐[11]	●	●	●	●	●	●	●	●
• Includes specific actions related to children	●	●	-	●	●	●	●	●	●	○	●	-	◐	●	●	●	●	○	●	●	●	○	●	●	●	●	●	●	●	●
• Includes support to children of parents with substance abuse problems	●	◐	-	◐	●	●	●	●	●	○	●	-	●	◐	●	◐	○	◐	●	◐	●	◐	◐	◐	●	●	●	◐	●	◐
National code of conduct/practice on violence in broadcasting and media	●	●	●	◐	●	●	◐	●	●	●	●	○	●	●	●	○	●	●	●	◐	●	○	●	●	●	●	●	●	●	●

	AUSTRIA	BELGIUM [FLANDERS]	BULGARIA	CROATIA	CYPRUS	CZECH REPUBLIC	DENMARK	ENGLAND	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	ICELAND	IRELAND	ITALY	LATVIA	LITHUANIA	LUXEMBOURG	MALTA	NETHERLANDS	NORWAY	POLAND	PORTGUAL	ROMANIA	SCOTLAND	SLOVAKIA	SLOVENIA	SPAIN	SWEDEN
National child protection system																														
• Includes inter-agency/departmental coordination and cooperation	○	○	◐	○	○	○	○	○	◐	◐	◐	●	○	◐	○	○	○	○	○	◐	○	◐	◐	○	○	○	◐	○	○	○
• Includes high risk populations (e.g., children with disabilities)	○	◐ [12]	○	○	○	○	○	○	◐	◐	○	●	○	○	○	○	●	○	○	◐	○	○	◐	○	○	○	○	○	○	○
• Includes policy on risk assessment of suspected cases	○	◐	●	●	● [13]	○	○	○	●	◐	◐	◐	◐	◐	○	◐	◐	◐	○	◐	◐	◐	●	● [14]	●	◐	○	○	◐	○
• Law mandating reporting of suspected case by professionals	○	○	○	○	○	○	○	○	○	○	○	◐	◐	○	●	○	○	○	◐	●	●	○	○	○	○	● [14]	○	○	○	○
• Requires monitoring and follow-up of all reported cases	◐	○	○	○	○	○	◐	○	◐	●	○	●	◐	○	◐	○	◐	○	○	●	◐	◐	○	○	○	○	○	○	○	◐
• Requires support programmes for victims	○	○	○	○	○	○	○	○	●	○	○	●	◐	○	○	○	○	○	○	●	○	○	◐	○	○	○	○	○	○	○
• Requires intervention/treatment programmes for victims	○	○	○	○	○	○	○	○	●	○	○	●	◐	○	○	○	○	○	○	●	○	○	◐	○	◐	○	○	○	○	○
• Requires intervention/treatment programmes for perpetrators	◐	◐	●	◐	◐	◐	○	○	●	◐	○	●	◐	◐	○	◐	◐	◐	◐	●	◐	●	◐	◐	○	◐	○	○	○	◐

1 More than one government department reported as responsible for national coordination
2 More than one specific lead reported
3 The Austrian Child Health Strategy covers child maltreatment and suicide but not peer violence
4 Multiple strategies exist, with and without targets and timelines - none comprehensively covering all 3 areas
5 Strategies only considered as meeting definition if they have specific timelines and targets. We did not specify the nature of targets, nor that they had to be quantified.
6 Developed but not yet implemented
7 Limited scope in terms of content
8 Under development
9 Drug abuse policy fully implemented but alcohol policy only partly implemented
10 Drug abuse only
11 Alcohol only
12 Female Genital Mutilation only
13 Developed but has not been adopted and implemented due to lack of funding
14 Guidance document exists but no policy

Evidence-based policy actions related to Children's Rights

The development and implementation of a holistic national framework to safeguard the rights of the child and to eradicate violence against children is promoted by the United Nations Committee on the Rights of the Child and the United Nations Secretary General's Study on Violence against Children (UN Assembly, 1989; Pinheiro, 2006) and the work of the Council of Europe through the Lanzerote Convention, their positive parenting campaign and the guidelines on child-friendly justice. (Council of Europe, 2007; 2008; 2010). This section tackles selected policy action that addresses aspects of children's rights as they relate to the prevention of intentional injury.

Percentage of country responses:

Yes Limited No

National ombudsperson for children

Responses indicate that four of the 30 participating countries (13%) have no specific national ombudsperson for children (Czech Republic, Germany, Portugal and Romania), while two others (Bulgaria and Spain) only partially meet the criteria. National Children's Ombudspersons, Children's Commissioners, Child Advocates or a Children's Commission have been promoted by the United Nations Committee on the Rights of the Child and from 1990 onwards, by the Council of Europe as a way to safeguard children's rights with specific reference to preventing violence against children. The intent is to have a representative for children alone – one that can independently of all other agendas represent the interests of all children, whatever their age or ethnic group. Since 1997, these efforts have been further supported by the European Network of Ombudspersons for Children (ENOC), whose aims are to encourage the fullest possible implementation of the UNCRC, support collective lobbying for children's rights, share information, approaches and strategies, and promote the development of effective independent offices for children. (ENOC, 2014)

National policy to inform and educate children of their specific rights

Responses indicate that 25 (84%) of participating countries have a national policy to inform and educate children of their specific rights, however about a third of those indicated that the policy was only partially implemented.

National child participation policy (UNCRC Article 12)

22 (73%) have a national policy regarding child participation, although almost half of those indicated that the policy was only partially implemented and further work was required.

National policy regarding access to child friendly justice

27 (90%) have national policy regarding access to child friendly justice, including provision of information to children in a form and format adapted to their capacity, respect of the child's right to be heard in all matters that affect them, use of audio-visual equipment and materials, etc. However six of those indicated the policy was not yet fully implemented. In addition Scotland reported the existence of guidance documents but no specific policy. More details regarding the national policies can be found in the recent DG Justice report on Children's involvement in criminal judicial proceedings in the EU (DG Justice, 2013).

National legislation/policy protecting identity of child victims

29 (97%) have national legislation/policy protecting the identity of child victims.

Law prohibiting corporal punishment in ALL settings

19 (63%) have a law prohibiting corporal punishment in all settings. Most of the 11 countries that have not yet prohibited corporal punishment in all settings have yet to prohibit in the home setting, although several still have to address alternative care and institutional settings. Three of those, Czech Republic, Lithuania and Slovenia have pledged to introduce legislation that addresses all settings in the near future, but it is not yet clear that this will include explicit prohibition.

National law regulating protection of children living in care

29 (97%) have a national law regulating protection of children living in care, although five indicated the law was only partially implemented and/or enforced.

Policy diverting child perpetrators of violence from penal system

Responses indicate that fewer participating countries (73%) have a policy setting out responsibilities for offender rehabilitation and diversion from custody for child perpetrators of violence or sexually harmful behaviour and protection of their victims, although Latvia reported such a policy was under development. Seven of the 22 with such policies indicate the policy was only partially implemented.

Evidence-based policy actions related to Children's Rights

● Yes
◐ Partially
○ No

	AUSTRIA	BELGIUM [FLANDERS]	BULGARIA	CROATIA	CYPRUS	CZECH REPUBLIC	DENMARK	ENGLAND	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	ICELAND	IRELAND	ITALY	LATVIA	LITHUANIA	LUXEMBOURG	MALTA	NETHERLANDS	NORWAY	POLAND	PORTGUAL	ROMANIA	SCOTLAND	SLOVAKIA	SLOVENIA	SPAIN	SWEDEN
National ombudsperson for children	●	●	◐[1]	●	●	○	●[2]	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●	●	○	○	●	●	●	◐[1]	●
National policy to inform & educate children of their specific rights	●	●	◐	●	●	●	◐	○	◐	◐	◐	◐	◐	●	●	○	●	○	●	○	●	●	●	●	○	◐	●	●	●	●
National child participation policy (UNCRC Article 12)	◐	◐	◐	●	●	●	●	●	◐	○	◐	○	◐	◐	◐	○	◐	○	●	○	○	●	◐	●	○	○	○	●	●	●
National policy regarding access to child friendly justice	●	●	◐	●	●	●	●	●	◐	●	●	◐	◐	●	◐	○	●	●	●	○	●	●	●	●	◐	○[3]	●	●	●	●
National legislation/policy protecting identity of child victims	◐	●	●	●	●	●	●	●	●	●	●	◐	●	●	●	●	○	●	●	●	●	○	◐	●	●	●	●	●	●	●
Law prohibiting corporal punishment in all settings	●	○	●	●	●	○	●	○	●	○	●	●	●	●	○	○	●	○	●	○	●	●	●	●	●	○	○	○	●	●
National law regulating protection of children living in care	●	●	●	◐	●	●	●	●	●	◐	●	◐	●	●	●	○	●	●	●	◐	●	●	◐	●	●	●	●	●	●	●
Policy diverting child perpetrators of violence from penal system	○	●	◐	●	●	●	◐	●	●	○	◐	◐	○	●	●	○	○[4]	●	●	○	●	○	●	○	◐	◐	●	●	●	◐

1 There is a national ombudsman whose mandate includes children, but no specific ombudsman for children

2 While Denmark does not have a national ombudsperson for children per se, they have a Council for Children's Rights whose mandate is the same as a national ombudsperson for children

3 Guidance document exists but no policy

4 Under development

Evidence-based policy actions related to Capacity

Policies addressing capacity, examined measures related to specialised services and professionals working to prevent all forms of intentional injury, those working with child victims and their families and building capacity and resilience amongst children themselves. (Krug et al., 2002; Sethi et al., 2010; Sethi et al., 2013) The onus is on Member States to prevent violence and protect victims, and young children in particular cannot be made responsible for avoiding risk. However, a child's ability to recognise and avoid risky situations can play a part in preventing intentional injury. In addition, children's ability to survive violence is in part dependent on their resilience, and on their access to knowledgeable and skilled professionals in many sectors including health, education and justice. Thus actions related to education in the school setting and through awareness raising activities are also important prevention efforts.

Percentage of country responses:

% % %

Yes Limited No

Actions related to specialised services

Dedicated mental health services for children

63% 37% 0%

Responses indicate that all 30 of the participating countries (100%) have dedicated mental health services for children including specially trained personnel, although one third of those indicate further work in this area is required. This area is particularly important for self-inflicted injury/suicide prevention, where research indicates that the most effective prevention for those identified at risk is individual level therapies.

Specialised police services for children and child victims of violence

60% 37% 3%

Responses indicate that all of the participating countries except Greece (97%) have a national policy requiring specialised police services such as specific police units and/or specified mandatory training for police officers who interact with children or deal with children who are victims of violence. However, almost 40% of those with a policy indicated it was only partially implemented. This differs from the results of a recent report by DG Justice, which found that 10 out of 28 Member States have neither mandatory training requirements as a pre-requisite for employment or continuous training programmes for police related to rights and the needs of children involved in criminal justice proceedings. (DG Justice, 2013). Though the differences in the wording of questions and methods used to procure the information explain the incongruences, this highlights the difficulties in gaining a clear understanding of what countries have actually implemented, which, when identifying good practices is important.

Coordinated early childhood development programme

60% 17% 23%

23 (77%) have a nationally coordinated early childhood development programme (a programme with national coverage whose purpose is to facilitate achievement of the many skills and milestones that children are expected to attain by the time they reach the age of five years - e.g., Safe Start, Sure Start), although several indicated the programme was not yet fully implemented.

National child focussed telecommunications services (e.g., child help line)

All countries except Cyprus (97%) have national telecommunications services (including web-based services) for or on behalf of children (e.g., child help line, call centre, hotline, blue line). Many countries noted that these services are the role of civil society, and while some organisations running these services receive government funding, others are dependent on private donations and grants.

Home visitation programme focussing on families at risk for violence

21 (70%) have a home visitation programme focussing on families identified as at risk of violent behaviour in the home, with about two-thirds indicating the programme was fully implemented. Ireland reported they were in the process of revising their programme and Cyprus reported their programme was developed but has not been implemented due to lack of funding.

Public health home visits for new parents include child maltreatment prevention

Responses indicate that just under half of the participating countries have public health home visits for new parents that include child maltreatment prevention, with a little over a third of those indicating the programme could only be considered partially implemented most because there is little oversight. As with the targeted home visitation, Cyprus reported a programme had been developed but has not been implemented due to lack of funding.

School related actions

Mandatory life skills education

Responses indicate that two-thirds of the participating countries have mandatory life skills education (education regarding a large group of psycho-social and interpersonal skills that can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life) as part of school curricula, although Cyprus reported this occurs only in elementary school. While many countries have standardised curricula, they have typically developed their own curricula, and it is not known how similar content is across countries.

Policy requiring standing committees to address violence

Less than half have a national policy requiring schools to have a standing committee involving teachers, students and parents to address violence in the family and school environment, including interpersonal violence and bullying/cyberbullying, and of the 14 countries reporting such a policy only six reported it was fully implemented.

Mandatory violence and sexual abuse prevention programming

18 (60%) have a national policy requiring schools to offer violence and sexual abuse prevention programmes (e.g. education and counselling services), although only about two-thirds indicated the policy was fully implemented.

Health curriculum includes sexual/intimate partner abuse prevention

24 (80%) have a national standardised curriculum for reproductive health that includes prevention of sexual abuse and intimate partner abuse, although again this was not fully implemented in all countries. Cyprus indicated again their curriculum is only for elementary schools and Flanders (Belgium) reported that although there was a policy the content was not standardised.

Policy requiring school based suicide prevention programmes

20 (67%) have a national policy/guidance for schools on developing a school based suicide prevention programme, although over half of those indicated that the policy was only partially implemented and Flanders (Belgium) reported that there was guidance only.

Awareness raising related actions[7]

National campaign on child maltreatment prevention

Responses indicate that 27 (90%) of participating countries have had a national campaign on child maltreatment prevention in the past five years. Many reported campaigns of limited scope, for example Germany and Iceland have only had campaigns focussed on the prevention of sexual abuse.

National campaign on peer violence prevention

Fewer (76%) have had a national campaign on peer violence prevention in the past five years, and many indicated that recent campaigns had focussed on bullying and cyber-bullying or identifying where young people can go for help.

Sustained national campaign on positive mental health targeting children

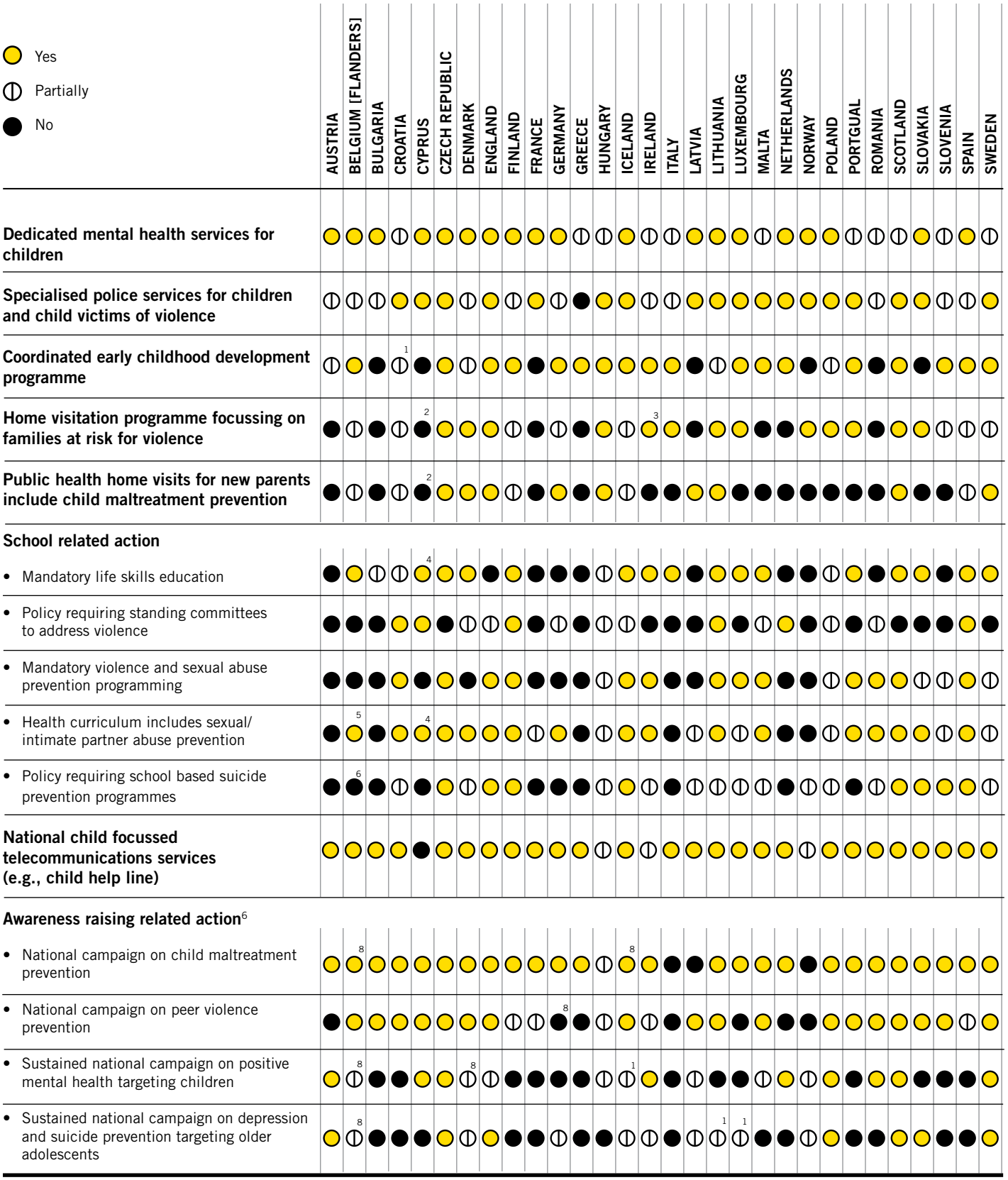
Only 17 (57%) have had a sustained national campaign on positive mental health targeting children in the past five years and about half of those indicated that either a campaign had been developed but had yet to be implemented, was only partially implemented or was of very limited scope.

Sustained national campaign on depression and suicide prevention targeting older adolescents

Even fewer (16 or 53%) have had sustained national campaigns targeted on older adolescents on depression and suicide prevention in the past five years and again several countries reported a limited scope and Lithuania indicated that a campaign had been developed but had yet to be implemented.

[7] Campaigns were only considered as meeting the definition if in past five years

Evidence-based policy actions related to Capacity



1 Developed but not yet fully implemented
2 Developed but has not been adopted and implemented due to lack of funding
3 Under revision
4 Mandated in elementary schools only
5 Content not standardised across schools
6 Guidance document exists but no policy
7 Campaigns only considered if in past five years
8 Limited scope in terms of content and/or coverage

Evidence-based policy actions related to Data

No country can measure its progress towards the elimination of violence against children and the resulting intentional injuries without reliable data. (Pinheiro, 2006) Data are necessary to understand the scope of the problem, monitor changes over time, measure the level of effectiveness of interventions and facilitate monitoring of implementation, impact and outcomes. (Krug et al., 2002) Having comparable quality data will also increase the possibility of using positive peer pressure among countries to do more to address child intentional injury. Lack of data severely limits prevention efforts and makes it almost impossible to determine the value of invested funds.

Percentage of country responses:

% % %

Yes Limited No

Annual national estimate of incidence of child maltreatment possible

Responses indicate that 25 of the 30 participating countries (83%) collect data that would allow an annual national estimate of the incidence of child maltreatment, although four of these indicated the available data are limited. However, it should be noted that many referred to reported cases of maltreatment as the source for such estimates, which are known to underestimate the true magnitude of the issue and thus do not allow an estimate of incidence. (Sethi et al. 2013)

Annual national estimate of incidence of peer violence possible

22 (73%) collect data that would allow an annual national estimate of the incidence of peer violence, however over 40% of those indicated the data were limited in scope (i.e. covering only one aspect of peer violence or were limited to fatal injuries or those that result in hospitalisation).

Annual national estimate of incidence of self-directed violence possible

21 (70%) of the participating countries reported collecting data that would allow an annual national estimate of the incidence of self-directed violence, although about half of those indicated the data were limited.

Annual national estimate of incidence of suicide possible

All but one of the participating countries (97%) collect data that would allow an annual national estimate of child suicide, and two indicated the data were limited and several others indicated that due to the sensitivity of the issue there were biases in coding of suicide related deaths. Small numbers may also make estimates difficult for countries with smaller populations.

Will participate in the Health Behaviour of School Aged Children (HBSC) survey in 2014

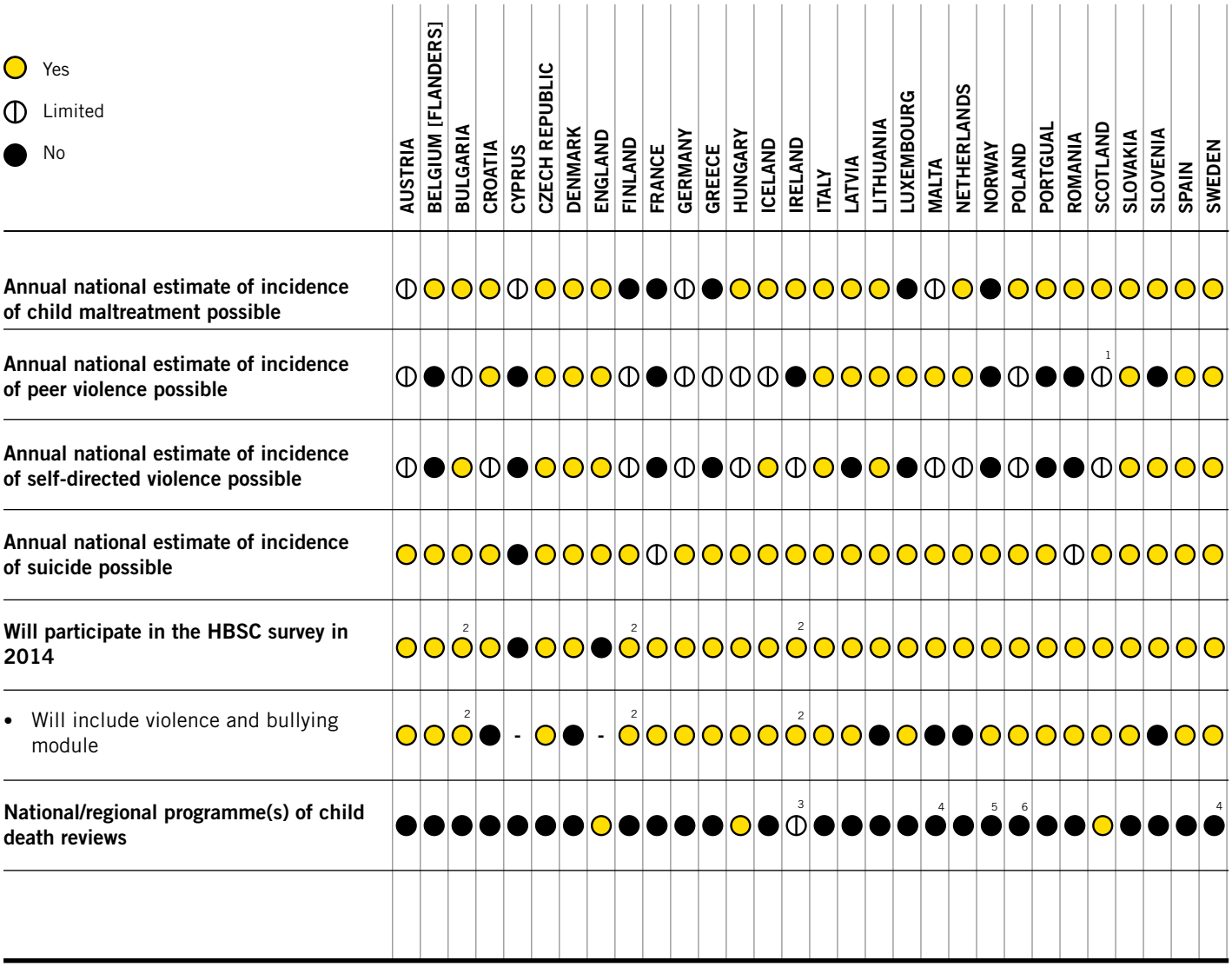
- Will include violence and bullying module in 2014

The WHO Health Behaviour of School Age Children (HBSC) survey is one possible source of information on violence and bullying amongst children. (HBSC, 2014) Responses indicate that all but two countries (Cyprus and England) plan to participate in the survey in 2014, a year where expanded questions on violence and bullying will be part of the main survey. However participation is dependent on the availability of funding in three of those who plan to participate. Almost 80% of those who plan to participate also plan to include the longer violence and bullying module, although this is again pending funding for three.

National or regional programme of multi-disciplinary child death reviews

Responses indicate that only four (England, Hungary, Ireland and Scotland) have either, a national programme of multi-disciplinary child death reviews or regional programmes across the whole country, which include making specific prevention-related recommendations. However responses indicate that in Ireland death reviews are only conducted on cases known to the Child Protection System. In addition, the Netherlands initiated a death review process in late 2012, but it is not multi-disciplinary, depending instead on specially trained physicians. Responses indicate that several other countries (e.g., Luxembourg, Malta) have some type of related activity (e.g., requirements for criminal enquiries or autopsies in the event of intentional injury deaths), but not full multidisciplinary death reviews for prevention purposes.

Evidence-based policy actions related to Data



1 Estimate only possible biannually
2 Pending funding
3 Only for cases reported to child protection services
4 Investigation required as part of criminal enquiries but not for purposes of prevention
5 Death review process exists but not multi-disciplinary
6 Multidisciplinary investigations are conducted, however not for the purposes of prevention

Summing up

The results of this assessment of national action to address child intentional injury indicate action is occurring in all participating countries. Further, responses from countries suggest that prevention of child intentional injury has been given a real boost by recent efforts to strengthen European countries' compliance with the UN Convention on the Rights of the Child and the work of the Council of Europe. For example, the EU Directive establishing minimum standards on the rights, support and protection of victims of crime adopted in October 2012 strengthens the pre-existing legal framework in that it contains more concrete rights for victims, clearer obligations for Member States and is enforceable under the Lisbon Treaty. (Council of the European Union, 2012) The result has been an increase in action in a number of countries, with major changes in the period 2012 to 2014, and many taking a 'children first' approach across government policy.

However the findings of the assessments done to produce the Child Intentional Injury Policy Profiles for each country indicate that while progress is being made, all countries can do more to prevent violence and resulting injuries, reduce their impact, ameliorate the outcomes for children and their families and monitor the impact of actions undertaken. In particular it appears that while many policies are in place, more needs to be done to ensure they are fully implemented and enforced and are supported by adequate resources to create the desired impact. This in turn requires strengthening of systems to allow monitoring of policy implementation, which often takes place at the sub-national level, in addition to those allowing measurement of impact and outcomes.

While the uptake and implementation of many of the evidence-based actions assessed in this report is encouraging, the recent economic downturn is of concern. The downturn means more families are being put under financial stress, more are dropping below the poverty line and this increases the risk of all forms of violence, particularly child maltreatment/neglect/abuse and suicide. Attention to the downturn is particularly important given that social and health inequalities, including differences between and within countries with respect to rates of child intentional injury, already existed prior to 2008-2009, and have only increased since then. At the same time, funds allocated for promotion are often the first to be cut from public health budgets, followed by prevention. As there are early signs that the austerity measures in place are already having an impact on children's health and safety (UNICEF Office of Research, 2013; Browne, 2012), this issue needs to continue to be carefully monitored and safeguards put in place over this period of government cutbacks.

Barriers to prevention of child intentional injury

The need to make maximum use of linkages between the types of child intentional injury:

The different types of child intentional injury are linked to each other in many important ways and this is illustrated by overarching policies, such as early childhood development programmes that address more than one area of child intentional injury. Some of the important risk factors shared between types of intentional injury are poverty, a history of family violence or mental illness, alcohol and substance abuse and familial history including divorce or separation. (Krug et al., 2002; Sethi, et al., 2013) Some linkages exist because the different types of intentional injury share similar risk factors, and this may enable knowledge gained in one area to assist in others. It is therefore important that research, programmes and policies exploit these linkages so not to duplicate efforts and to find synergies where they exist, particularly when it comes to implementation at the sub-national level (e.g., municipality, community agency).

There are other potentially beneficial linkages that don't always exist which, if created, would be very advantageous to improving both prevention and protection. In most countries multiple ministries are involved in preventing child intentional injury and protecting child victims of violence and their families. These sectors are often operating independently with less coordination and cooperation than is ideal and this is often when children and families 'fall through the cracks'. A strong overarching strategy/framework that examines programmes and policies in all relevant sectors and develops cooperative agreements, policies and procedures and then implements and monitors them at the appropriate levels will do much to reduce the impact of child intentional injury and the violence that leads to it. In addition, efforts should be made to examine potential linkages with other social programmes and health issues and a holistic approach to health and safety in communities. For example, improvements to urban infrastructure (both physical and economic environmental changes) such as better lighting, more recreational areas, work experience programmes can create/ enhance a self-sustaining community cohesion that reduces violence and other injuries and positively impacts physical and mental health. Again the move to a "children first" approach to government policy being under taken in a number of countries may facilitate some of the needed linkages.

The need to address vulnerable populations:

Although children are in and of themselves a vulnerable group there are sub-groups at greater risk because, like many public health issues, child intentional injury is not impartial. Not only are children from lower social classes at greater risk, more often because of factors related to poverty than by poverty itself, but any child exposed to social exclusion because of a disability, gender, sexual orientation, gender representation, migrant status, or ethnicity (e.g., Roma) is also at increased risk of violence and the resulting injuries. Culture and religion can also increase risk, as is the case in issues like child marriage and female genital mutilation. Children living in alternative care settings or in detention may also be at higher risk for intentional injury. It is important that research, programmes and policies consider the particular vulnerabilities of these groups in order to avoid increasing exclusion or failing to comprehensively provide protection. This again requires cooperation and coordination across sectors to ensure consistency of policy and messaging, alignment of prevention and protection services and implementation and enforcement. Better data and more targeted research will also help ensure a better understanding of inequities for vulnerable populations and suggest effective ways to begin to address them.

The need to address inequity issues between Member States:

The large differences between Member States are not well understood although some probably relate to differences in vulnerable populations and exposure to environmental and behavioural risk and protective factors. The ability to begin to address some of those inequities would be greatly facilitated if guidelines for effective programmes/policies were available for the different areas of child intentional injury. While some of this is being attempted with respect to children's rights through the work of the Council of Europe (Council of Europe, 2006) and NGOs like the partnership to produce a handbook on implementing the Guidelines for the Alternative Care of Children (Cantwell et al., 2012) and the highlighting of evidence-based practices in the WHO's recent publication on prevention of child maltreatment (Sethi et al., 2013), there are huge differences between countries with respect to legislation and approaches to the prevention of child intentional injury. However, this does not preclude the possibility of preparing/examining in-depth case studies of existing programmes and policies to try and document factors that may increase the likelihood of success and the sharing of good practices between Member States.

The need for strong leadership and supporting infrastructure and capacity:

As noted earlier, commitment of top political and government leaders is critical to ensuring that the prevention of child intentional injury is established as a priority issue and that the requisite resources, both human and financial, are made available. National leadership is also necessary to achieve an integrated national strategy to address child intentional injury and sustain and enhance infrastructure including systems in place to ensure coordination, communication, implementation and monitoring from the national to regional and local levels. There is also a need to ensure adequate professional capacity and effective partnering to allow successful comprehensive service delivery for both prevention and the treatment of victims and perpetrators. Use of WHO's TEACH VIP curriculum[8] provides a resource for consistent preparation of professional stakeholders across and within Member States. While the report results show a level of support for infrastructure and capacity in all participating countries, there are important and in some countries large gaps in some countries indicating the need for increased leadership in this area if progress is to be made. Strong support for the implementation, enforcement and monitoring of the recommended actions is also important at supra-national level. EU mechanisms can play a significant role in driving change, bridging gaps in technical expertise, sharing good practices and assessing progress both within and between the sectors involved. In addition, international organisations such as the World Health Organization and UNICEF can support/augment these efforts, continue to encourage progress towards existing goals/commitments and reward progress.

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8 Teach VIP: WHO's modular curriculum for the teaching of core and advanced public health competencies in the area of injury prevention and control includes an introduction to violence prevention and specific modules on: child abuse, prevention of intimate partner and sexual violence, youth violence and collective violence, alcohol and violence and suicide, self-inflicted harm and collective violence More information available at http://www.who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/

The need for a coordinated child-friendly/sensitive approach:

Given the multifaceted nature of intentional injury and its complex roots, governments and relevant organisations at all levels of decision-making – local, national and international – must be engaged in its prevention. Strengthening of complementary and coordinated action across sectors will enhance the effectiveness of prevention activities and services. In addition programmes and policies need to be sensitive to the needs of children and to be developed with those needs in mind; thereby ensuring that health, education, justice, policing and social services themselves do not result in further victimisation of children and their families. Safeguarding the participation of children and their caregivers in all aspects of programme/policy development and implementation, and building child-specific capacity amongst professionals working in this area will go a long way to ensure this occurs. Accountability for safeguarding children should to be built into the job description of all professionals working with children, and those professionals need to be aware that they are held accountable. The Council of Europe has produced a number of resources and services, including individual action with Member States to increase capacity.[9]

There is also a need to ensure that awareness of the issues and age-appropriate prevention focussed education are made available to all children through prevention campaigns and school-based programmes ensuring consistent messaging. Guidelines for responsible reporting of violence against children and the resulting injuries by the media are also needed to realise a child-friendly/sensitive approach, particularly with respect to reporting of suicides.

The need for information on the cost of violence against children and its prevention:

Data on the burden of violence against children in Europe, including the financial and economic costs to society, are lacking. This is a critical gap given the evidence that does exist suggests that investment in prevention should lead to reductions in costs over the course of a child's life, at least in the area of child maltreatment. (Sethi et al., 2013) Targeted research is needed to find and highlight economic arguments and this will require the involvement of economists and explicit projects to identify a clearer picture of the long-term costs of children intentional injury.

The need for improved data systems that include timely and complete injury data:

As noted earlier in this report, data systems are limited due to biases in reporting and coding and the difficulty in collecting information, particularly for non-fatal intentional injuries to children. For example, few countries have reliable data on non-fatal self-directed violence as only a minority of those attempting suicide or other forms of self-directed violence seek medical attention. Other factors impacting reporting include age, culture, religion, accessibility of health care and definitions used (e.g., there is a continuum from 'accident' to neglect to child maltreatment). As a result of the limitations it is possible that lower rates of fatal intentional injuries reported for some countries represent at least in part the quality of the data collection and not the actual magnitude of the issue. Given these difficulties, research on the validity of various sources of data (e.g., administrative data, police data, coroner's data, periodic survey data) and the possibility of data linkage between sources need to be explored as a precursor to developing data systems for routine monitoring of trends in violent behaviour and resulting injuries and deaths. This will be facilitated by the development, incorporation and consistent application of standardised definitions and measures for all types of violence against children. However, in order to recognise the full potential of data linkage for intentional injury prevention, it is likely that further investment to allow the collection of additional primary data to enable linkages between various data sources will be required.

[9] For more information on the resources and services available from the Council of Europe see http://www.coe.int/t/dg3/children

The need for monitoring and evaluation of implementation and impact of programmes and policies:

As previously noted, few policies and programmes are monitored to assess completeness of implementation, their impact on interim measures (risk and protective factors) or longer-term outcomes (violent behaviour, injury and death). This is very much related to the challenges of measuring some of these factors and the gaps in data systems. To provide useful information, monitoring needs to be planned before implementation at the time of policy/programme development. Monitoring efforts would also benefit from the use of conceptual frameworks to guide selection of measures. Given the nature of child intentional injury, successful monitoring will likely require a combination of administrative data and the results from population-based surveys and epidemiologic studies (e.g., cross sectional and cohort studies measuring exposures and their impact in relation to interventions put into place). Better coordination of research efforts addressing both 'what works' and 'how do we effectively transfer and implement what works' across various settings, should also help to reduce duplication, provide opportunities for stronger studies and ultimately provide the necessary evidence to support smarter investments. Stronger efforts are also needed to ensure that the results of such efforts make it into the hands of decision makers so that programmes and policies developed are evidence based.

In closing, while the assessment of national action to address child intentional injury provides a reasonably comprehensive baseline of existing national level policies to address intentional injury in children, against which progress can be benchmarked, it also serves to highlight gaps where action is needed both at the individual Member State level and at the European level. However the results are limited in that they only reflect national level action and examine adoption, implementation and (as appropriate) enforcement of measures without commenting on quality of implementation. Many policy and programme decisions are made at the sub-national level and their implementation, and the collection of data to allow monitoring, almost always takes place at these levels. Thus, there is also a need to explore the nature of these sub-national systems and to provide tools to support effective decision-making at this level in addition to the national level.

We are optimistic that this report used in conjunction with the individual country Child Intentional Injury Policy Profiles and recent reports providing direction to Member States such as the European report on preventing child maltreatment (Sethi et al., 2013), Implementing the 'Guidelines for the Alternative Care of Children (Cantwell et al., 2012), the European Pact for Mental Health and Well-being (European Commission, 2008) will help provide a way forward. Similar assessment and reporting for unintentional injuries has been valuable in raising awareness, engaging government and other stakeholders across sectors, identifying gaps where action is needed and benchmarking progress. We hope that with the establishment of a baseline of results the report on National Action to Address Child Intentional Injury and the country Child Intentional Injury Policy Profiles will go on to be as valuable.

Recommendations for action on prevention of child intentional injury

Despite increased awareness of child intentional injury issues resulting from the establishment and implementation of the UN Convention on the Rights of the Child and calls from international organisations for further action, the results of this assessment indicate there is still much to do to address this important public health and human rights issue. The current levels of commitment and resources put toward child intentional injury do not correspond to the magnitude of the issue given the lifelong impact that violence can have on children. It is clear that preventing intentional injuries is an investment that will save money both now and in the future and efforts must be made to ensure investment are at minimum maintained, if not increased, during the current economic crisis.

The decisions made today will ultimately affect future generations of Europeans thus there is a need to focus on:

Leadership

- Member States and EU institutions need to make intentional injury prevention a priority along with other causes of child injury. Leadership is needed to bring together the relevant sectors, determining who will be responsible for the prevention of specific intentional injury issues and coordinating the actions and resources needed.

- Despite the economic downturn, Member States need to continue to develop, implement and adequately resource national coordinating frameworks and/or action plans to prevent intentional child injury. These can be stand-alone plans or goals; or objectives, targets and actions that are integrated into other strategies within health or other related sectors. Member States should benchmark their performance and measure and monitor their progress towards achieving action plan goals and targets.

- The European Commission and European and international organisations such as the Council of Europe, ENOC, WHO and UNICEF can continue to encourage and support Member State efforts in building leadership, infrastructure and capacity to support the prevention of child intentional injury and effective child-friendly treatment services for child victims and their families.

- Member States need to provide leadership by adopting, implementing, enforcing and monitoring policy measures that have been shown to work at the national, regional and local levels. Further, as prevention efforts move from national to regional and local levels, a multi-sectoral approach (e.g., working with public health, social programmes, justice and education) becomes more important and should be encouraged and evaluated.

- The European Commission needs to continue to work with Member States and civil society to develop EU level policy where European level action will reduce the risk of violence and support efforts to provide equitable protection of children across the EU.

- The European Commission and international organisations such as WHO, UNICEF and the OECD need to work with Member States to develop an action-oriented research agenda that identifies outstanding questions to support current and emerging issues related to violence and the resulting injuries and provide clear guidance on effective action to decision makers.

Children's rights

Greater commitment is needed from all Member States to meet their signed commitments to children's rights to health and safety including a life free from violence. This involves ensuring children are actively engaged and involved in policy decisions that affect them, implementing and enforcing legal bans on corporal punishment and ensuring children are protected regardless of where they are living.

Capacity building

- Each Member State should establish and support an inter-sectoral committee to deal with the cross-cutting nature of injury and linkages between programme and policy areas. These inter-sectoral committees would be most effective if they included participation from the relevant departments/ministries involved in both intentional and unintentional injury prevention for children (e.g., health, transport, education, justice). The establishment of a focal or contact point within each department/ministry would also facilitate communication and coordination of efforts.

- Member States should support the development of child specific expertise and capacity in the prevention of child intentional injury and treatment for child victims and their families and perpetrators across all relevant sectors.

- Education and skill building are required at all levels and priority should be given to integrating child intentional injury prevention education and skill building into existing educational mechanisms (e.g. professional training programmes, continuing education programmes, primary and secondary school curricula).

- Examples of effective violence prevention tools and approaches, particularly for school age children, should be shared between countries and such exchanges should be facilitated by the European Commission, the Council of Europe, ENOC, WHO and UNICEF.

- Member States should continue to support the enhancement of the health, social and legal services provided to child victims and their families. This will require a review and critical appraisal of services currently provided, enhanced training of staff regarding their accountability for safeguarding children and recognition of signs of child intentional injury and improved linkages between health, social and legal support to ensure appropriate referral of children at risk or child victims and their families to appropriate services for treatment or follow-up. The need for improved linkages is critical and yet is likely one of the most challenging areas where action is needed. Existing models should be both evaluated to identify good practices that can be shared across Member States.

- Member states and the European Commission should support research into effective transfer of evidence-based good practices, including demonstration research and case studies of examples of both effective and ineffective transfer, to increase knowledge of what is needed to ensure effective adoption, implementation and evaluation of efforts to prevention of violence against children.

Data

- Member States should develop data systems with standardised measures and definitions that allow for routine monitoring of trends in violent behaviour and the resulting fatal and non-fatal intentional injuries and ensure that the output of these systems is used to inform prevention and protection programmes and policies.

- Member States should ensure that good quality mortality data are annually submitted to the WHO and the European Commission so that timely data are available within the WHO Health for All Database and Eurostat. International organisations should jointly improve their collection of data on morbidity and injuries. The European Commission and international organisations such as the WHO and UNICEF should encourage and support these practices. The use of ICD 10 is recommended.

- Data should be made available by all Member States in Europe in age classifications that match the UN definition of children (below age 18 years old) – preferably by single year of age. European databases managed by the WHO (e.g., Health For All database) and Eurostat should also work to provide data for this age group.

- The European Commission should work with Member States and related child health agencies to investigate, select and use standard measures for socio-economic status that are relevant to all areas of child health including both intentional and unintentional injuries to children across the European Union and broader European region to allow comparative data and indicators.

- All Member States should establish and maintain a national programme of multi-disciplinary child death reviews using data from multiple sources to investigate unnatural deaths in children, examine patterns and most importantly based on those reviews make specific prevention-related recommendations. Further provisions should be made to require action on recommendations within a reasonable timeframe.

- Member States and the European Commission should support efforts to conduct a burden study examining the well being of children that includes all types of child intentional injury, their risk and protective factors, associated health harming behaviours and their longer term impacts. Standardised survey instruments and methodologies are available which could be adapted to national contexts. Additionally, efforts should be made to bring together economists with stakeholders in the injury field to encourage calculations looking at cost effectiveness, return on investment for effective prevention strategies and cost of treatment versus prevention. The results of all such studies must then be translated into tools for decision makers, public awareness campaigns and professional training.

- Member States and the European Commission should support research into identifying environmental and behavioural risk and protective factors for child intentional injury where gaps exist, and should invest in the collection of exposure data to allow a better understanding of the variation in risk and protective factors within and across countries. In addition, more research should be conducted to better understand the influence of socio-demographic and economic status as determinants of child intentional injury, particularly with respect to allowing comparisons within and between countries and reducing inequities.

Our commitment from the European Child Safety Alliance

To continue supporting action for the prevention of child intentional injury in Europe, the European Child Safety Alliance commits to:

- seeking resources to allow the assessment of national actions to address child intentional injury prevention (including policies examining leadership, children's rights, capacity and data) to be repeated periodically to allow for the on-going measurement of progress and benchmarking both for Member States and across the EU and exploring other means of supporting and monitoring progress;
- continuing to work cooperatively with UNICEF, WHO, the Council of Europe, European Network of Ombudspersons for Children (ENOC) and the European Commission to advance the recommended actions in this report, in the UN General Assembly Resolution on children's rights and the Council of Europe Strategy for the Rights of the Child 2012-2015 in order to move the prevention of child intentional injury forward in Member States and overall in Europe;
- expanding efforts to support Member States as they work to develop, implement and evaluate national frameworks/action plans to address child intentional injury;
- continuing to promote evidence-based good practices, advocate for their adoption, implementation and enforcement and develop decision-making tools and resources to assist Member States with action at the national, regional and local levels.

Individual Country Child Intentional Injury Policy Profiles

The following section includes the 30 Child Intentional Injury Policy Profiles developed as part of this reporting process. As noted previously, they capture the situation to July 2013.

The profiles use the following classification and colour coding:

Yes
policy meeting project criteria exists and has been fully implemented

Partially
policy meeting project criteria exists but has not been fully implemented

No
policy meeting project criteria does not exist

An additional term was added for the items asking about data sources:

Limited
data to allow an annual estimate exist but are limited

AUSTRIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**No**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**[1]
• Specific targets for children included	-
National strategy for child maltreatment prevention[2]	**Yes**
National strategy for peer violence prevention[2]	**No**
National strategy for suicide/self-directed injury prevention[2]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Partially**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Partially**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**No**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Limited**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 The Austrian Child Health Strategy covers child maltreatment and suicide but not peer violence

2 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

BELGIUM[1] (FLANDERS)

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[2]	**Yes**
National strategy for peer violence prevention[2]	**No**
National strategy for suicide/self-directed injury prevention[2]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Partially**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Partially**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**[3]
• Policy requiring school based suicide prevention programmes	**No**[4]
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[5]	
• National campaign on child maltreatment prevention	**Yes**[6]
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Partially**[6]
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**[6]

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Information only represents situation in Flanders, information for other parts of Belgium not available
2 Strategies only considered if they have specific timelines/targets
3 Content not standardised across schools
4 Guidance document exists but no policy
5 Campaigns only considered if in past five years
6 Limited scope in terms of content and/or coverage

BULGARIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Partially**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**[2]
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**No**
• Includes specific actions related to children	-
• Includes support to children of parents with substance abuse problems	-
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**No**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**No**

CHILDREN'S RIGHTS

National ombudsperson for children	**Partially**[3]
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Partially**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**No**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Partially**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**No**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[4]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**[5]
• Will include violence and bullying module in 2014	**Yes**[5]
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Limited scope in terms of content

3 There is a national ombudsperson whose mandate includes children, but no specific ombudsperson for children.

4 Campaigns only considered if in past five years.

5 Pending funding

CROATIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**No**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**[1]
• Specific targets for children included	-
National strategy for child maltreatment prevention[2]	**Yes**
National strategy for peer violence prevention[2]	**Yes**[3]
National strategy for suicide/self-directed injury prevention[2]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Partially**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**No**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Partially**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Partially**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Partially**
School related action	
• Mandatory life skills education	**Partially**[4]
• Policy requiring standing committees to address violence	**Yes**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[5]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**No**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Multiple strategies exist, with and without targets and timelines – none comprehensively covering all 3 areas

2 Strategies only considered if they have specific timelines/targets

3 Limited scope in terms of content

4 Developed but not yet implemented

5 Campaigns only considered if in past five years

CYPRUS

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Partially**[2]
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**No**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY

Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**No**[4]
Home visitation programme focussing on families at risk for violence	**No**[3]
Public health home visits for new parents include child maltreatment prevention	**No**[3]
School related action	
• Mandatory life skills education	**Yes**[4]
• Policy requiring standing committees to address violence	**Yes**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**[4]
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**No**
Awareness raising related action[5]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA

Annual national estimate of incidence of child maltreatment possible	**Limited**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**No**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**No**
• Will include violence and bullying module in 2014	-
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets
2 Drug abuse policy fully implemented but alcohol policy only partly implemented
3 Developed but has not been adopted and implemented due to lack of funding
4 Mandated in elementary schools only
5 Campaigns only considered if in past five years

CZECH REPUBLIC

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**No**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

DENMARK

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**No**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Drug abuse only**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Partially**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**[2]
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Partially**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Partially**[4]
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**No**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 While Denmark does not have a national ombudsperson for children per se, they have a Council for Children's Rights whose mandate is the same as a national ombudsperson for children

3 Campaigns only considered if in past five years

4 Developed but not yet implemented

ENGLAND

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**No**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**[2]
National strategy for peer violence prevention[1]	**No**[2]
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**No**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Partially**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**No**
• Will include violence and bullying module in 2014	-
National/regional programme(s) of multidisciplinary child death reviews	**Yes**

1 Strategies only considered if they have specific timelines/targets

2 Strategy exists but without targets or timelines

3 Campaigns only considered if in past five years

FINLAND

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Partially**
• Includes policy on risk assessment of suspected cases	**No**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**No**
• Requires intervention/treatment programmes for victims	**No**
• Requires intervention/treatment programmes for perpetrators	**No**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Partially**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Partially**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**Yes**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Partially**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**No**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**[3]
• Will include violence and bullying module in 2014	**Yes**[3]
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

3 Pending funding

FRANCE

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**No**
• Specific government focal point identified for violence prevention	**Partially**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**No**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Alcohol only**
• Includes specific actions related to children	**No**
• Includes support to children of parents with substance abuse problems	**No**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Partially**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**No**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Partially**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**No**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Partially**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**No**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Limited**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

GERMANY

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**No**
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**[3]
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Limited**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

3 Limited scope in terms of content and/or coverage

GREECE

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**No**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**No**
• Includes specific actions related to children	-
• Includes support to children of parents with substance abuse problems	-
National code of conduct/practice on violence in broadcasting and media	**No**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**No**
• Includes high risk populations (e.g., children with disabilities)	**No**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Partially**
• Requires monitoring and follow-up of all reported cases	**No**
• Requires support programmes for victims	**No**
• Requires intervention/treatment programmes for victims	**No**
• Requires intervention/treatment programmes for perpetrators	**No**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**Partially**
National legislation/policy protecting identity of child victims	**Partially**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Partially**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY

Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**No**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**No**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA

Annual national estimate of incidence of child maltreatment possible	**No**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

HUNGARY

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**Partially**
National alcohol/drug abuse policies	**Partially**
• Includes specific actions related to children	**Partially**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Partially**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Partially**
• Requires intervention/treatment programmes for victims	**Partially**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Partially**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**Partially**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Partially**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Partially**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Partially**
• National campaign on peer violence prevention	**Partially**
• Sustained national campaign on positive mental health targeting children	**Partially**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**Yes**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

ICELAND

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Partially**
National strategy for peer violence prevention[1]	**Partially**
National strategy for suicide/self-directed injury prevention[1]	**Partially**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Partially**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**[3]
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Partially**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**[4]

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

3 Limited scope in terms of content and/or coverage

4 Developed but not yet implemented

IRELAND

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**[1]
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[2]	**Partially**[3]
National strategy for peer violence prevention[2]	**No**
National strategy for suicide/self-directed injury prevention[2]	**No**[4]
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	**Yes**
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**No**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Partially**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Partially**
Awareness raising related action[5]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Partially**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**[6]
• Will include violence and bullying module in 2014	**Yes**[6]
National/regional programme(s) of multidisciplinary child death reviews	**Partially**[7]

1 More than one specific lead reported
2 Strategies only considered if they have specific timelines/targets
3 Developed but not yet implemented
4 Under development
5 Campaigns only considered if in past five years
6 Pending funding
7 Only for cases reported to child protection services

ITALY

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**No**
• Specific government focal point identified for violence prevention	**No**
• Specific lead for child maltreatment	**No**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**No**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**No**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**No**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**No**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**No**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**No**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**No**
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

LATVIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**No**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**No**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**No**[2]

CAPACITY

Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**No**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**No**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Partially**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**

DATA

Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Under development

3 Campaigns only considered if in past five years

LITHUANIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**[1]
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[2]	**Yes**
National strategy for peer violence prevention[2]	**Yes**
National strategy for suicide/self-directed injury prevention[2]	**No**[3]
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**No**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**No**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Partially**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**Yes**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[4]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**[5]

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**No**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 More than one government department reported as responsible for national coordination
2 Strategies only considered if they have specific timelines/targets
3 Under development
4 Campaigns only considered if in past five years
5 Developed but not yet implemented

LUXEMBOURG

LEADERSHIP

Government lead for violence prevention	**No**
• Government department responsible for national coordination	**No**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**No**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**Partially**[2]
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Drug abuse only**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Partially**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**[4]

DATA	
Annual national estimate of incidence of child maltreatment possible	**No**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets
2 Limited scope in terms of content and/or coverage
3 Campaigns only considered if in past five years
4 Developed but not yet implemented

MALTA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Partially**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**Partially**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Drug abuse only**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Partially**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Partially**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**No**
• Requires monitoring and follow-up of all reported cases	**No**
• Requires support programmes for victims	**No**
• Requires intervention/treatment programmes for victims	**No**
• Requires intervention/treatment programmes for perpetrators	**No**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**No**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**No**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Partially**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Partially**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Limited**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**No**
National/regional programme(s) of multidisciplinary child death reviews	**No**[3]

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

3 Inquiries are only carried out to exclude criminal acts, not for prevention purposes

NETHERLANDS

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	**Yes**
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**No**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**Yes**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**No**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**No**
National/regional programme(s) of multidisciplinary child death reviews	**No**[3]

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

3 Death review process exists but is not multi-disciplinary

NORWAY

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Alcohol only**
• Includes specific actions related to children	**No**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**No**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**No**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**No**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY

Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**No**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**No**
• Health curriculum includes sexual/intimate partner abuse prevention	**No**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Partially**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**No**
• National campaign on peer violence prevention	**No**
• Sustained national campaign on positive mental health targeting children	**Partially**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Partially**

DATA

Annual national estimate of incidence of child maltreatment possible	**No**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

POLAND

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Partially**
National strategy for suicide/self-directed injury prevention[1]	**Partially**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Partially**
• Includes policy on risk assessment of suspected cases	**No**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Partially**
• Requires intervention/treatment programmes for victims	**Partially**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Partially**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Partially**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Partially**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Partially**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Partially**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Partially**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Limited**
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**[3]

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

3 Multidisciplinary investigations are conducted, however not for the purposes of prevention

PORTUGAL

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**No**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**Partially**[2]
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**No**[3]
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**No**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**No**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**No**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[4]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets
2 Developed but not yet implemented
3 Guidance document exists but no policy
4 Campaigns only considered if in past five years

ROMANIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**No**
• Specific government focal point identified for violence prevention	**No**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**No**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Partially**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**No**
National policy to inform and educate children of their specific rights	**No**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**Partially**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**No**
Home visitation programme focussing on families at risk for violence	**No**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**Partially**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**No**
Annual national estimate of incidence of suicide possible	**Limited**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

SCOTLAND

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**No**[2]
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**No**[3]
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Partially**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**No**[4]
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[5]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Limited**[6]
Annual national estimate of incidence of self-directed violence possible	**Limited**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**Yes**

1 Strategies only considered if they have specific timelines/targets

2 Strategy exists but without targets or timelines

3 The National Child Protection Guidance is clear that professionals have a responsibility to report any child protection issues and the Scottish Government believes that provisions in the Children and Young People Bill provides "the framework to support sharing the right information at the right time to support early intervention and preventative work"

4 Guidance document exists but no policy

5 Campaigns only considered if in past five years

6 Estimate only possible biannually

SLOVAKIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**No**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**No**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Partially**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**No**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY

Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**No**
Home visitation programme focussing on families at risk for violence	**Yes**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Partially**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA

Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

SLOVENIA

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**No**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**No**
School related action	
• Mandatory life skills education	**No**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Partially**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[2]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**No**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**No**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

SPAIN

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**Yes**
• Specific targets for children included	**Yes**
National strategy for child maltreatment prevention[1]	**Yes**
National strategy for peer violence prevention[1]	**No**
National strategy for suicide/self-directed injury prevention[1]	**No**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Yes**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Partially**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Yes**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Yes**

CHILDREN'S RIGHTS

National ombudsperson for children	**Partially**[2]
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Yes**

CAPACITY	
Dedicated mental health services for children	**Yes**
Specialised police services for children and child victims of violence	**Partially**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Partially**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**Yes**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Yes**
• Health curriculum includes sexual/intimate partner abuse prevention	**Yes**
• Policy requiring school based suicide prevention programmes	**Yes**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Partially**
• Sustained national campaign on positive mental health targeting children	**No**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**No**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 There is a national ombudsman whose mandate includes children, but no specific ombudsman for children

3 Campaigns only considered if in past five years

SWEDEN

LEADERSHIP

Government lead for violence prevention	**Yes**
• Government department responsible for national coordination	**Yes**
• Specific government focal point identified for violence prevention	**Yes**
• Specific lead for child maltreatment	**Yes**
• Specific lead for peer violence (e.g., bullying, cyberbullying) prevention	**Yes**
• Specific lead for suicide/self-directed violence prevention	**Yes**
National intentional injury prevention strategy (covering all 3 areas)	**No**
• Specific targets for children included	-
National strategy for child maltreatment prevention[1]	**No**
National strategy for peer violence prevention[1]	**Yes**
National strategy for suicide/self-directed injury prevention[1]	**Yes**
National alcohol/drug abuse policies	**Yes**
• Includes specific actions related to children	**Yes**
• Includes support to children of parents with substance abuse problems	**Partially**
National code of conduct/practice on violence in broadcasting and media	**Yes**
National child protection system	
• Includes inter-agency/departmental coordination and cooperation	**Yes**
• Includes high risk populations (e.g., children with disabilities)	**Yes**
• Includes policy on risk assessment of suspected cases	**Yes**
• Law mandating reporting of suspected case by professionals	**Yes**
• Requires monitoring and follow-up of all reported cases	**Partially**
• Requires support programmes for victims	**Yes**
• Requires intervention/treatment programmes for victims	**Yes**
• Requires intervention/treatment programmes for perpetrators	**Partially**

CHILDREN'S RIGHTS

National ombudsperson for children	**Yes**
National policy to inform and educate children of their specific rights	**Yes**
National child participation policy (UNCRC Article 12)	**Yes**
National policy regarding access to child friendly justice	**Yes**
National legislation/policy protecting identity of child victims	**Yes**
Law prohibiting corporal punishment in all settings	**Yes**
National law regulating protection of children living in care	**Yes**
Policy diverting child perpetrators of violence from penal system	**Partially**

CAPACITY	
Dedicated mental health services for children	**Partially**
Specialised police services for children and child victims of violence	**Yes**
Coordinated early childhood development programme	**Yes**
Home visitation programme focussing on families at risk for violence	**Partially**
Public health home visits for new parents include child maltreatment prevention	**Yes**
School related action	
• Mandatory life skills education	**Yes**
• Policy requiring standing committees to address violence	**No**
• Mandatory violence and sexual abuse prevention programming (e.g., counselling)	**Partially**
• Health curriculum includes sexual/intimate partner abuse prevention	**Partially**
• Policy requiring school based suicide prevention programmes	**Partially**
National child focussed telecommunications services (e.g., child help line)	**Yes**
Awareness raising related action[3]	
• National campaign on child maltreatment prevention	**Yes**
• National campaign on peer violence prevention	**Yes**
• Sustained national campaign on positive mental health targeting children	**Yes**
• Sustained national campaign on depression and suicide prevention targeting older adolescents	**Yes**

DATA	
Annual national estimate of incidence of child maltreatment possible	**Yes**
Annual national estimate of incidence of peer violence possible	**Yes**
Annual national estimate of incidence of self-directed violence possible	**Yes**
Annual national estimate of incidence of suicide possible	**Yes**
Participates in the Health Behaviour of School Aged Children (HBSC) survey in 2014	**Yes**
• Will include violence and bullying module in 2014	**Yes**
National/regional programme(s) of multidisciplinary child death reviews	**No**

1 Strategies only considered if they have specific timelines/targets

2 Campaigns only considered if in past five years

Methods used in preparing this report

The report on National Action to Address Child Intentional Injury and associated Policy Profiles were developed under the auspices of the Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) project, a European initiative led by the European Child Safety Alliance with co-funding from the European Commission's Health Programme, as an extension of original work conducted to produce Child Safety Report Cards for unintentional child injury (see www.childsafetyeurope.org/childsafetyreportcards). The report card approach, which focuses on evidence-based good practices and a user friendly reporting format, has proven to be useful to advocacy efforts for unintentional injury prevention by highlighting current strengths and existing gaps in national level policy indicators and thereby suggesting areas where further action is needed. (MacKay & Vincenten, 2010)

For this report indicators addressing child intentional injury were taken from evidence-based measures proposed by other research initiatives exploring indicators, policy measures described in the literature or considered applicable by experts in the violence prevention/ intentional injury field. A draft list of indicators was compiled and reviewed by a broader group of violence/intentional injury prevention experts (WHO, UNICEF, DG Justice, leading academics in the field) and TACTICS partners and adjusted to ensure clarity and comprehensiveness. Once finalised a survey assessment form was developed to collect information on the level of adoption, implementation (and as appropriate) enforcement of the different policy actions.

Data collection required country partners or identified key experts in each country to contact the relevant government departments and national organisations to gather information on each of the policies being examined including specific names of laws and policies and the year they came into effect to allow an assessment of whether it existed as of July 2013, had been partially or totally implemented and as appropriate was being enforced. Following the initial data collection a review exercise was conducted with a focus on finding out whether measures of level of implementation existed. Information was forwarded to the European Child Safety Alliance where it was coded against pre-established definitions and coding criteria and a Policy Profile was drafted. Draft profiles were sent back to the project partner for review and validation with contributors prior to finalisation.

As a result of the methods use, while the country assessment provides an indication of current levels of policy, they should not be considered absolutely definitive as they were subject to the availability of information. Further, the assessment examines what countries are doing to address child intentional injury at the national level, but does not extend to an assessment of how well national level policy actions are working or how long they have been in place. Nor does it address policies that are more typically adopted at a regional or local level (e.g., local youth engagement programmes to discourage delinquency and gang behaviour).

Mortality Data

Data on deaths due to the various injury causes are included as a reference point to assist in interpreting the policy scores. However it is important to note that deaths make up only a small proportion of intentional injuries and likely under represent the true magnitude due to coding biases. The data on intentional injury deaths used in this report were obtained from the WHO European Detailed Mortality Database (DMDB) in August 2012 and January 2013. Mortality indicators were compiled and / or calculated by Collaboration for Accident Prevention and Injury Control (CAPIC) at Swansea University in Wales.

Data presented are for the three most recent year(s) available from the data sources at the time the online database was accessed. Mortality data are for ages 0-19 as data for children under the age of 18 are not available. All rates were European age-standardised using four age groups and three-year averages were used because of small numbers. Countries with a small population of less than 1 million (Cyprus, Iceland, Luxembourg and Malta) were excluded from mortality comparisons in this report, but are included in the EU28 averages. Charts showing rates by sex were constructed in order of rank using male rates. ICD–10 codes, which are not available for Greece, were used for the pie charts showing proportion of specific causes.

Table 1. External causes of intentional injury and their corresponding ICD codes[10]

External cause	ICD 9	ICD 10
Homicide		
(all cases excluding undetermined intent)	E960–E969	X85–Y09
Poisoning		X85-X90
Hanging, strangulation, suffocation		X91
Drowning, immersion		X92
Firearm		X93-X96
Sharp object		X99
Blunt object		Y00
Bodily force including sexual		Y04-Y05
Neglect, abandonment & other maltreatment		Y06-Y07
Other assaults, specified means		X97-X98, Y01-Y03, Y08
Other assaults, unspecified means		Y09
Suicide	E950 – E959	X60-X84
Cut/pierce		X78
Firearm		X72-74
Hanging/suffocation		X70
Jump		X80-81
Poisoning		X60-69
Other		U03.0, U03.9, X71, X75-X77, X79, X82-84
Legal Intervention/War	E970 – E978	Y35-Y36
Undetermined Intent	E980 – E989	Y10-Y34

10 International classification of diseases, ninth revision (ICD–9). Geneva, World Health Organization, 1977 and International statistical classification of diseases and related health problems. 10th revision (ICD-10). Geneva, World Health Organization, 2007 (http://apps.who.int/classifications/apps/icd/icd10online, accessed August 2012).

Select definitions used in this report

Bullying - unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose. Bullying can occur during or after school hours, in the school, on the playground, when travelling to or from school, in the child's neighbourhood, or through electronic technologies (cyber bullying).

Child - as defined in the UN Convention on the Rights of the Child, a child means every human being below the age of 18 years.

Child maltreatment/neglect/abuse - all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Child-sensitive procedures - provision of information to children in a form and format adapted to their capacity, respect of the child's right to be heard in all matters that affect them (United Nations Convention on the Rights of the Child Article 12), use of audio-visual equipment and materials, etc.

Dating violence - controlling, abusive, and aggressive behaviour in a romantic relationship. It can include verbal, emotional, physical, or sexual abuse, or a combination.

Government approved strategy with specific targets and timelines - an official written document endorsed by government and/or parliament, which includes a set of statements and decisions defining responsibilities, principles, goals, priorities and main directions for attaining the goals. This can be either a stand alone document addressing injury or a broader document where injury or the specific injury area is covered as one of several priority areas.

Government policy - a high-level overall plan that refers to the government's approach or strategy to a particular area of activity.

Health Behaviour of School Age Children Survey - a cross-national research study conducted in collaboration with the WHO Regional Office for Europe, which aims to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context. One of the optional modules addresses violence and bullying.

Implemented and enforced - a law, policy or standard that is in practice and fulfilled by actual measures and effectively carried out with imposed fines and penalties if applicable.

Law - a rule of conduct or action prescribed as legally binding and enforced by an executive authority or regulatory agency of a government.

Life skills education - a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life.

National alcohol policy - for the purpose of this assessment, a national alcohol policy is a policy document that outlines government response to the issue of alcohol (e.g., reducing availability and/or restricting use of alcohol in specific settings).

Nationally coordinated early childhood development programme - a programme with national coverage whose purpose is to facilitate achievement of the many skills and milestones that children are expected to reach by the time they reach the age of five (e.g., Safe Start, Sure Start).

National drug abuse policy - for the purpose of this assessment, a national drug abuse policy is a policy document that outlines government response to the issue (e.g., reducing availability, setting out requirements for treatment/rehabilitation services).

National guidance/policy on risk assessment in situations of potential or suspected child maltreatment/neglect/abuse - a national level document that provides guidance on such issues as use of background risk factors to determine children at risk of serious/fatal maltreatment by their parents, assessing risk for siblings in cases of serious/fatal child maltreatment, assessing risk to family [spouse & children] after psychiatric/psychological assessment of borderline or antisocial personality disorder or conviction of a violent offense (actual bodily harm, grievous bodily harm).

National media campaign at least once in the past five years - a campaign of national scope involving television, radio and/or broad distribution of print media (posters, brochures, etc.)

National ministry/government department with a mandated responsibility - at least one ministry/government department with documented responsibility for action on child violence (e.g., documented in a speech from the throne, ministry plan, health targets, website posting, constitution, cross-ministerial agreement).

National ombudsperson with specific responsibility for children - an appointed public official responsible for promoting the rights and welfare of children and investigating complaints made by children or on behalf of children against public bodies, schools and hospitals.

National programme of child home visits that includes education - a network/structure or healthcare system that can provide violence and injury prevention education for expectant parents and/or parents of children 0-4 years old. For example, health workers in the UK visit parents and can provide information about injury prevention (in addition to other health issues) and midwives in Austria receive education on injury prevention in newborns to pass on to new parents.

National programme of child death reviews/death review committee - a multi-disciplinary standing committee/team who use data from multiple sources to investigate unnatural deaths in children, examine patterns and make specific prevention-related recommendations.

National telecommunications services for/on behalf of children - national telecommunications services (including the web) that provide direct services intervention including, but not limited to: counselling, referral and active listening (e.g., child help line, call centre, hotline, blue line).

Partly implemented or enforced - a law, policy or standard in process of being implemented or implemented but not enforced, or implemented and enforced irregularly.

Peer violence - intentional use of physical force or power, threatened or actual, exerted by children against children, which results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation (includes bullying/cyberbullying, gang related violence, dating violence).

Suicide/self-directed violence - self-directed violence includes suicidal behaviour and self-abuse such as self-mutilation. Suicidal behaviour ranges in degree from merely thinking about ending one's life, to planning it, finding the means to do so, attempting to kill oneself, and completing the act. However, these should not be seen as different points on a single continuum. Many people who entertain suicidal thoughts never act on them, and even those who attempt suicide may have no intention of dying.

Violence - 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, maldevelopment or deprivation. The definition encompasses interpersonal violence (e.g., child maltreatment/neglect/abuse, peer-to-peer violence), as well as suicidal behaviour and armed conflict. It also covers a wide range of acts, going beyond physical acts to include threats and intimidation. Besides death and injury, the definition also includes the myriad and often less obvious consequences of violent behaviour, such as psychological harm, deprivation and maldevelopment that compromise the well-being of individuals, families and communities.

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One of the objectives of the project was to review and expand the set of injury indicators and standardised data collection tools to include indicators examining violence prevention and intentional injury in order to allow monitoring and benchmarking of progress in reducing all child injuries. This report and the Policy Profiles are the result of this activity. Together with the Child Safety Report Cards 2012 examining unintentional injury and Child Safety Profiles 2012 they form a comprehensive look at national level action to address child injuries.

For more information on the TACTICS project or the European summary report and companion documents addressing unintentional injury go to the European Child Safety Alliance website at: **www.childsafetyeurope.org**

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