



The Nature and Scope of Reported Child Maltreatment in Euro-CAN Countries: Current Evidence and Future Opportunities

Andreas Jud · Lakshmi Neelakantan · Miroslav Rajter · Troels Græsholt-Knudsen · Andreas Witt · Athanasios Ntinapogias, et al. *[full author details at the end of the article]*

Accepted: 27 February 2024
© The Author(s) 2024

Abstract

Most European Cooperation on Science and Technology (COST) affiliated countries aim to advance the goal of protecting children from maltreatment. However, despite the increasing numbers of population-based surveys, the development of administrative data systems has lagged. In this study, we aimed to examine the current state of development of administrative data systems in a sample of countries represented in the COST Action 19106 network, Multi-Sectoral Responses to Child Abuse and Neglect in Europe: Incidence and Trends (Euro-CAN). A structured questionnaire was distributed to researchers and professionals within Euro-CAN-affiliated countries, which captured economic, legislative, systemic, and data infrastructure characteristics. Thematic trends for 13 sampled countries were presented descriptively. The implementation of legislative measures such as banning corporal punishment varied substantially, with some countries decades apart. Almost all sampled countries mandate reports of suspected child maltreatment for all or some professionals in contact with children. In most countries, public child protection, health, or law enforcement systems are decentralized, and unsubstantiated/inconclusive incidents of suspected child maltreatment are not systematically collected at the national level. Child maltreatment data is not routinely collected in health sectors in all sampled countries. Where data is collected in different sectors, such as police and child protection agencies, different descriptions are often used. Systematic data linkage remains a seldom occurrence with only a few countries offering this capability. The call for Euro-CAN countries to develop multi-sectoral data systems to capture recorded instances of child maltreatment remains relevant.

Keywords Child protection · Child maltreatment · Administrative data · Surveillance · Euro-CAN countries

Andreas Jud and Lakshmi Neelakantan contributed equally to this work.

Introduction

There is ample evidence that the long-term consequences of child maltreatment¹ can be devastating. Research underscores the severe adverse psychological, somatic, economic, and social ramifications extending from childhood into adulthood and advanced years (Cicchetti & Toth, 2005; Corso et al., 2008; Draper et al., 2008; Fergusson et al., 2008; Gould et al., 2012; Shin et al., 2013). Tackling child maltreatment has been given strategic priority both by the United Nations and in the European Union, e.g., in the UN Convention on the Rights of the Child (Article 19), in the UN 2030 Agenda for Sustainable Development and its goal 16.2 to end all forms of violence, the EU strategy on the rights of the child (thematic area 3 “combating violence against children and ensuring child protection”) and the Charter of Fundamental Rights of the EU (Article 24 promoting the protection and care necessary for children’s well-being). Effective maltreatment prevention and response requires multi-sectoral child protection systems, defined as a set of laws, policies, regulations, and services across all social sectors, especially social welfare, education, health, security, and justice, to support prevention and response to protection-related risks (United Nations Economic and Social Council, 2008).

For effective implementation and progress in child maltreatment prevention and response policies, a comprehensive and continuously updated understanding of the problem’s magnitude and breadth is paramount (Leeb, 2008; Sethi et al., 2013; Wulczyn et al., 2010). To achieve this, two primary epidemiological surveillance techniques are essential (Jud et al., 2016). The first technique involves employing population-based surveys, which provide insights into the prevalence of child maltreatment within the general population. They shed light on the characteristics associated with child maltreatment and help identify at-risk groups. Though hundreds of such studies have been conducted across numerous countries and regions (Jud et al., 2016; Stoltenborgh et al., 2015), they offer only a partial view. Specifically, population surveys provide limited information on how child protection systems are functioning and therefore yield limited implications for specific policies in child protection. The second technique involves the collection of administrative data on child maltreatment, which is even more crucial for policymakers to inform them, not only of how the phenomenon is evolving and its characteristics, but also how to implement preventive interventions in a timely manner, including in localized settings.

In addition to sourcing information on incidents known to professionals in the child protection system via administrative data, another option is to collect data directly from frontline professionals in one or multiple sectors of the child protection system. This can be achieved through gathering information on children who are known to officials and agencies, via professional or sentinel surveys (Fallon et al., 2010). Globally, only three cross-sectional sentinel surveys are currently conducted on a cyclical basis. Some previous studies have combined data from these professional surveys with administrative data (Jud et al., 2021). However, both population surveys and research on agency responses to child

¹ In accordance with Leeb et al. (2008), we use the term child maltreatment to refer to both acts or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child.

maltreatment grapple with the lack of consensus-based definitions and operationalisations of child maltreatment (Jud & Voll, 2019). This limitation significantly contributes to the substantial variability of findings on the prevalence and incidence of child maltreatment. The disparity severely limits cross-country comparisons (Stoltenborgh et al., 2015). While the European Commission reports on its website (European Commission, 2024) that “[the] number of child victims of violence in the EU remains high,” it leaves the magnitude of this issue undefined.

While child protection systems undertake a variety of functions, this paper is focused on the administrative data related to children suspected or treated as victims of violence to understand:

which officials or agencies in their jurisdictions have knowledge of the problem, and what they are doing or not doing when they encounter it. Based on this information they can make concrete plans about how to allocate resources, change practices, train officials, and reorganize systems to better respond. They need information on whether these cases are coming to the attention of school teachers or police or doctors and what these professionals are doing. (Jud et al., 2016)

Some groups— for example, children of ethnic minority groups and migrant children—face a heightened risk of experiencing violence (Jud et al., 2020). They may also be overrepresented in the child protection system, e.g., Drake et al., (2011). Addressing these inequities and potentially biased decision-making can only be achieved with rigorous research on administrative data, aiming at describing both which children are overly scrutinized, and the origins and nature of bias among officials and agencies. Moreover, in a field with multiple stakeholders involved (Jud et al., 2011), the collection of administrative data may help optimize costs and eliminate redundancy to implement more intensive and evidence-based approaches. There is variation in the level at which administrative data is collected. Some national child welfare merely record services provided, without specifying the reasons for the report. Some countries collect data on reported incidents of child maltreatment only at a lower jurisdictional level. Although child maltreatment data from the medical sector have been previously deemed to be particularly reliable in some countries such as Australia (McKenzie et al., 2011), most European countries are unable to draw on such information to delineate prevention strategies and improve service provision (Sethi et al., 2018). Moreover, existing administrative data are seldomly comparable across sectors, let alone countries. Examples of secondary analyses using country-wide administrative data sets and examples of linking data across sectors are particularly rare (Jud et al., 2016). Consequently, in its review of country reports, the UN Committee on the Rights of the Child regularly expresses concern regarding the absence or poor quality of administrative data on child maltreatment. For instance, the UN Committee on the Rights of the Child (2015) emphasizes the need for an epidemiological surveillance system that is based on high-quality data. The Committee notes that policy efforts often focus on symptoms and consequences rather than root causes, and that strategies are fragmented. Moreover,

the Committee regularly characterizes the resources allocated to address the problem as “inadequate.”

Despite devoting a substantial part of their budget to social expenditure, many high-income countries continue to lack comprehensive administrative data on child maltreatment incidents. One identified barrier is associated with a prevailing system-orientation that has been described as family service-orientated. This approach views the endangerment of children as stemming from psychological difficulties, marital discordance, and socio-economic stress (Gilbert, 1997, 2012). This orientation, predominant in continental Europe, contrasts to a child protection-orientation seen in many Anglophone countries. The latter approach frames the problem of maltreatment in the context of harmful behavior of malevolent parents. In family services-orientated countries data collection has typically focused on the services provided and not on the incidents that have contributed to the need for services. While the earlier evolution of child maltreatment surveillance efforts in Anglophone countries may be attributable to the differing orientation, the distinction between approaches is not as pronounced as it once was (for details, see (Gilbert, 2012)).

The complexity of child protection systems with multiple disciplines and stakeholders involved, including health authorities, police, social services, courts, and professionals working with children in daycare and education, has been identified as another barrier to reliable and comparable administrative data collection for child maltreatment surveillance (Fluke et al., 2021). The lack of systematic data collection and harmonization is more evident in federally organized countries that “grant considerable autonomy in establishing legislation to protect children and implementing policy, which often leads to a variety of child protection services and sentinels, and various definitions and operationalizations in use” (Jud et al., 2013). Social work has played a prominent role in contributing to a rapid expansion of strategies for prevention and assessment of, and intervention against child maltreatment in recent decades (Finkelhor, 2008); however, many of the new approaches are insufficiently supported by a necessary evidence base.

In Europe, two initiatives and networks are devoted to addressing the lack of adequate administrative data. The CAN-MDS consortium (Ntinapogias et al., 2015) has, in two phases, developed an electronic tool to collect information on child maltreatment across multiple sectors of a child protection system in a standardized and uniform way across countries. The tool has been implemented and tested in Greece and three additional European countries representing diverse regions. Following the establishment of the CAN-MDS consortium, the pan-European COST Action 19,106 network was established, titled *Multi-sectoral Responses to Child Abuse & Neglect in Europe: Incidence and Trends* (Euro-CAN, www.euro-can.org). Euro-CAN is sponsored by the European Cooperation on Science and Technology (COST) and gathers more than 140 academics and professionals from 35 countries. Its goals include (1) building new sustainable international partnerships between members of different functions, disciplines, and sectors; (2) reviewing, evaluating, and integrating existing data collection efforts on agency response to child maltreatment and disseminating the findings through reviews; (3) encouraging and stimulating interdisciplinary and inter-sectoral dialogue on developing consensus-based and operationalized definitions and types of child maltreatment; (4) promoting

participatory approaches in research and child protection intervention; (5) making existing national administrative data accessible for secondary analyses and promoting such efforts that may inform prevention and intervention; (6) facilitating the standardization and harmonization of protocols for data collection, of major variables on child- and family-level risk factors, and identifiers of high-risk groups; (7) advocating for the implementation of national child maltreatment surveillance systems with potential for comparability across the European Region.

Drawing on Euro-CAN-affiliated countries, this study aims to map the status of administrative data collection of child maltreatment in a sample of European countries. It does so by exploring economic, legislative, and policy characteristics that may illuminate reasons for the establishment and functioning of such administrative data systems. This aim aligns with Euro-CAN's second objective and initiates the processes for achieving goals 5 through 7. The aim is not to provide a comprehensive overview of all European countries and highlight opportunities for leveraging administrative datasets; this work is forthcoming as part of the Euro-CAN initiative. This study draws on previous research on high-income countries' surveillance of reported child maltreatment (Jud et al., 2013) but expands this to a wider cross-section of countries within the Euro-CAN initiative. In particular, this study enhances the multi-sectoral perspective by expanding the overview to include middle-income countries, as well as varied sectors which aim to protect and advance children's rights and welfare. This study also delves into data accessibility and presents a broader range of outcomes.

Methods

Characteristics of child maltreatment surveillance through administrative data were summarized for 13 countries affiliated with countries affiliated with the Child Abuse and Neglect in Europe Action Network (Euro-CAN). These characteristics were obtained via a brief structured questionnaire distributed to researcher and professional members of the Euro-CAN network who previously presented at the CAN-MDS II online conference in June 2020. The questionnaire was designed based on an expansion of prior theorizing of high-income countries' surveillance of reported child maltreatment, which considered GDP, population, social expenditure, and legal system orientation in exploring if, and to what extent, high-income countries collected reported data on child maltreatment (Jud et al., 2013). In this study, we expanded on these to consider the child population, status of legislations pertaining to child protection, and characteristics of key sectors involved in advancing children's rights and welfare, namely child protection, health, and criminal justice (summarized in Table 1). Questionnaire respondents reported on administrative data on child maltreatment in countries they had expertise in. The objective was to obtain an illustrative spread of countries within the Euro-CAN network, spanning different geographical regions, languages, GDP, and government structures.

Questionnaire responses submitted by respondents were verified by the first authors (LN and AJ) via publicly available sources on specific issues, e.g., the overview on reporting legislations by European Union's Agency for Fundamental Rights (FRA) (European

Table 1 Variables and definitions

Labels	Definitions and references
General	
Grand Domestic Product (GDP)	Based on data by the OECD GDP indicator, expressed in USD per capita
Child population	Based on data by the OECD of proportions of children aged 0–15 years in the overall population
Legislation	
Legal ban on corporal punishment	Year the country has implemented a legal ban on corporal punishment
Reporting legislation for professionals	Only covers reporting legislations for professionals to public child protection agencies, not reporting under the framework of criminal law. Legislation may mandate all professionals to report or selected professionals. Some countries have established a right to report, but no mandate
Structure	
Sectors reviewed	Public child protection, health, and police forces (detailed in Results)
Jurisdictional level responsible for organizing sector structure	Indicates the jurisdictional level responsible for organizing the structure of organizations/authorities/services in the specific sector. Based on Eurostat's NUTS classification (see https://ec.europa.eu/eurostat/web/nuts/background), the analysis differs between the terms national (NUTS-0), provincial (NUTS-1 or NUTS-2), or municipal (NUTS-3)
Ratio of children served per organization	The categorization is based on an approximated median of children served by an organization in a specific sector. An exact median is hard to establish as the number of organizations is often constantly changing or it is unclear whether specialized add-on organizations are to be counted as well As an overview, ratios have therefore been categorized into <i>small</i> if the organizations serve a median between 1 and 25,000 children, <i>medium</i> if the organizations serve a median between 25,000 and 75,000 children or <i>large</i> if the median of children served is above 75,000 children
Data collection	
Jurisdictional level at which data on CM is collected	Indicates the highest jurisdictional level at which data on incidents of child maltreatment are collected for the specific sector
CM Coded	Reports if the dataset includes: yes = a standardized, mandatory variable on CM; [yes] = a standardized variable on CM with no obligation for organizations to document; no = no standardized information on child maltreatment; data might include information on CM in open text notes
Dissemination	Reports if and how regularly aggregated data are made publicly available

Table 1 (continued)

Labels	Definitions and references
Data linkage	Reports if data linkage of a minimum of two data sets has been made
Researcher accessibility	Indicates the level of accessibility for researchers: open access (OA)=data are publicly available for free if regulations on data protection are met; restricted=data are available on the condition of fees or application processes; no access (NA)=data are not made available for secondary analyses by independent researchers

Union Agency for Fundamental Rights, 2017), End Violence Against Children Initiative for information on corporal punishment (End Violence against Children, 2023), and the Organisation for Economic Cooperation and Development (OECD) economic and population statistics (Organization for Economic Cooperation & Development, 2023). While we made every effort to verify the information captured in Table 2, several variables were difficult to trace using public sources, and in some instances, even after submitting inquiries to government agencies. Where applicable, we have noted this by way of footnotes.

Reviewed Characteristics of Euro-CAN Child Protection Systems

Table 1 summarizes reviewed characteristics of Euro-CAN countries described in this study. First, general characteristics include the country's GDP and proportions of children in the overall population. Second, legislative characteristics include the status of corporal punishment bans and mandatory reporting obligations.

Third, extended information on national sectors involved in advancing children's protection is presented, including details on how each such sector records instances of child maltreatment. To provide a concise, Euro-CAN-centered overview on administrative data collection across national sectors of child protection, we focused on three sectors common to all European countries: public child protection, child protection in the health sector, and by law enforcement and prosecutorial authorities in the criminal justice system. Our focus on these sectors warrants further description as follows.

European countries' child protection systems have largely evolved independently of each other, and structures and sectors differ both in numbers and types of services or organizations offered. However, researchers have reported on conceptual approaches to child protection systems (Trocmé et al., 2016; Wulczyn et al., 2010) that have identified common denominators that are regularly found in a majority of countries and societies. While supporting victimized children and their families and protecting victimized children from recurrent maltreatment are core functions in most child protection systems, dispensing justice through criminal proceedings is another universal function found in child protection systems across the continent (Trocmé et al., 2016). According to Article 19 of the UN Convention on the Rights of the Child, all signatories guarantee to establish procedures to protect and support victimized children. Public child protection is either directly government-run or is (partially) delegated to legally mandated non-governmental agencies (Trocmé

et al., 2016). These agencies are typically responsible for a jurisdictionally defined geographical entity and organized on a not-for-profit basis. Dispensing justice is government-run. While child protection in the health sector is understandably not its primary function, health professionals typically have mandatory reporting obligations to report child maltreatment. Apart from mandatory reporting obligations, professional or organizational codes of ethical practice may also require health professionals to act in response to suspected child maltreatment (Trocmé et al., 2016).² For the purposes of this study, we define the health sector as encompassing both somatic and mental health facilities. This sector usually comprises a diverse range of agencies and organizations. If a specific subset of health organizations, e.g., clinical child protection teams, collects data on incidents of child maltreatment at the national level, Table 1 will refer to this type of data.

Results

In Table 2, we present data gathered from 13 Euro-CAN affiliated countries, representing differences in both child population (ranges from 13.3% to 19.8% of total country population), and economic power (ranges from 31,177 USD to 106,852 USD per capita). Table 2 spans a geographically diverse set of countries, from south-western nations (Portugal) to north-eastern nations (Lithuania), ensuring representation of culturally distinct regions.

The degree to which countries implemented child rights-centered measures such as banning corporal punishment varied substantially, which did not appear to be impacted by its GDP or child population. In 1979, Sweden became the first country in the world to enact legislation banning corporal punishment. All other countries in the sample have legislated bans on corporal punishment over a period of over 20 years between 1997 and 2019. In contrast, Switzerland has not implemented a legal ban to this date. Almost all countries in Table 2 have a legal framework that mandates professionals in contact with children—either all or specified professionals—to report allegations of child maltreatment to child protection services and other statutory authorities. In France, this is the case for professionals in the public sector but not for those in the private sector. For example, self-employed healthcare professionals are authorized, but not obliged, to report allegations of child abuse and may derogate from professional secrecy. Germany is an exception in this sample and is one of the few countries in Europe that lacks legislation on mandatory reporting of child maltreatment for professionals. In the case of reasonable suspicion, professionals in Germany are exempt from professional secrets and are permitted, but not mandated to report incidents of alleged child maltreatment (§ 8ab German Social Code VIII). One exception provided by German law is that police intervention in families with domestic violence mandates law enforcement to report to children and youth services. As this unique exception is distinct from

² Obviously, professionals in public child protection not only ground their measures on a legal but also concurrently, on a professional mandate.

Table 2 Overview on administrative data collection on incidents of child maltreatment in a sample of Euro-CAN affiliated countries

Country	General		Legislation		Structure		Data collection					
	GDP 2021 (USD per capita) ¹	Child population 2021 (% of population) ²	Corporal punishment ban	Mandatory reporting for professionals	Sectors	Jurisdiction level responsible for organizing sector structure	Ratio of children served per organization ¹	Jurisdiction level at which data on CM is collected	CM coded	Communication	Data linkage	Researcher accessibility
Croatia	34,002*	14.2	1999	All	<i>Public CP</i>	Municipal	Small	Municipal	Yes	Annual report	No	Restricted
					<i>Health Police</i>	National	Small	Provincial	Yes	No	No	Restricted
						Provincial	Small	Municipal	Yes	Annual report	No	Restricted
Denmark	64,897	16.2	1997	All	<i>Public CP</i>	Municipal	Small	National	Yes	Annual report	Yes	Restricted
					<i>Health Police</i>	Provincial	Medium	National	Yes	No	Yes	Restricted
						Provincial	Medium	National	Yes	Annual report	Yes	Restricted
France	50,998.9*	17.5	2019	Selected (certain public bodies) ³	<i>Public CP</i>	Provincial	Not available ⁴	National	Yes	Annual report	No	Restricted
					<i>Health Police</i>	Provincial	Small	National	Yes	No	No	Restricted
						Provincial	Small	National	Yes	Annual report	No	Restricted
Germany	58,784.1*	13.8	2000	No	<i>Public CP</i>	Municipal	Small	National	Yes	Annual report	No	Restricted
					<i>Health Police</i>	Municipal	Small	National	[Yes]	Annual report	No	Restricted
						Provincial	Large	National	Yes	Annual report	No	Restricted
Greece	31,177.3*	14	2005	Selected	<i>Public CP</i>	Municipal	Small	Organizational	[Yes]	No	No	NA

Table 2 (continued)

Country	General		Legislation		Structure		Data collection					
	GDP 2021 (USD per capita) ¹	Child population 2021 (% of population) ²	Corporal punishment ban	Mandatory reporting for professionals	Sectors	Jurisdiction level responsible for organizing sector structure	Ratio of children served per organization ¹	Jurisdiction level at which data on CM is collected	CM coded	Communication	Data linkage	Researcher accessibility
Ireland	106,852.1	19.8	2015	All	Health	Municipal	Small	Organizational	[Yes]	No	No	NA
					Police	National	Large	National	[Yes]	No	No	NA
					Public CP	National	Small	National	Yes	Regular	No	Restricted
					Health	National	Small	No	No	No	No	No
Lithuania	43,688	0.15	2017	All	Police	National	Small	No	No	No	No	No
					Public CP	National	Medium	National	Yes	Annual report	No	OA
					Health	National	Small	No	No	Annual report	No	NA
					Police	National	Small	National	Yes	Annual report	No	NA
Poland	37,710.7	15.3	2010	All	Public CP	Municipal	Small	National	Yes	Annual report	No	OA
					Health	National	Small	National	Yes	Annual report	No	Restricted
					Police	Municipal	Small	National	Yes	Annual report	No	Restricted
					Police	Municipal	Small	National	Yes	Annual report	No	Restricted

Table 2 (continued)

Country	General		Legislation		Structure		Data collection					
	GDP 2021 (USD per capita) ¹	Child population 2021 (% of population) ²	Corporal punishment ban	Mandatory reporting for professionals	Sectors	Jurisdiction level responsible for organizing sector structure	Ratio of children served per organization ¹	Jurisdiction level at which data on CM is collected	CM coded	Communication	Data linkage	Researcher accessibility
Portugal	36,714.7*	13.3	2007	All	<i>Public CP</i>	Municipal	Small	Municipal ⁵	Yes	Annual report	No	Restricted
					<i>Health</i>	Municipal	Small	Municipal ⁵	Yes	Annual report	No	Restricted
					<i>Police</i>	Municipal	Small	National	No	Annual report	No	Restricted
Romania	35,946.8*	15.7	2004	All	<i>Public CP</i>	Provincial	Large	National	Yes	Trimestrial	No	Restricted
					<i>Health</i>	Provincial	Small	No	No	No	No	No
					<i>Police</i>	Provincial	Large	No	No	No	No	No
Sweden	60,111.6	17.6	1979	All	<i>Public CP</i>	Municipal	Small	National	No	No	No	Restricted
					<i>Health</i>	Provincial	Large	National	No	No	No	Restricted
					<i>Police</i>	National	Large	National	Yes	Monthly	No	OA
Switzerland	75,950.6	1.5	No	Selected	<i>Public CP</i>	Provincial	Small	National	Yes	Annual report	No	Restricted
					<i>Health</i>	Provincial	Small	National	[Yes]	Annual report	No	Restricted
					<i>Police</i>	Provincial	Medium	National	Yes	Annual report	No	Restricted

Table 2 (continued)

Country	General		Legislation		Structure		Data collection					
	GDP 2021 (USD per capita) ¹	Child population 2021 (% of population) ²	Corporal punishment ban	Mandatory reporting for professionals	Sectors	Jurisdiction level responsible for organizing sector structure	Ratio of children served per organization ¹	Jurisdiction level at which data on CM is collected	CM coded	Communication	Data linkage	Researcher accessibility
UK	49,765.1	17.7	No ⁶	Selected	<i>Public CP</i>	Provincial	Small ⁶	National	Yes	Annual report	Yes	OA
					<i>Health</i>	Provincial	Not available ⁴	National	Yes	Annual report	Yes	Partial
					<i>Police</i>	Municipal	Not available ⁴	National	Yes	Annual report	Yes	Partial

Ratio of children per organization is not counted at the level of precincts for police, but at the level of police corps

*Refers to provisional GDP figures as reported by OECD

¹All GDP figures are sourced from OECD statistics. OECD (2023), Gross domestic product (GDP) (indicator). <https://data.oecd.org/gdp/gross-domestic-product-gdp.htm> (accessed on 13 March 2023)

²All child population figures are defined as the proportion of population aged between 0 and 15 years and are sourced from OECD statistics. OECD (2023), Young population (indicator). <https://data.oecd.org/pop/population.htm> (accessed on 13 March 2023)

³In France, this is the case for professionals in the public sector but not for those in the private sector. For example, self-employed healthcare professionals are authorized, but not obliged, to report allegations of child abuse and may derogate from professional secrecy

⁴This information could not always be ascertained using publicly available information, and in some instances, despite enquiries sent to government agencies.,

⁵Data is collected at a municipal level, but managed, aggregated, and analyzed at national level as well

⁶Countries in the UK vary in their status relating to different variables. Relating to the ban on corporal punishment, there is no complete ban across the UK; while Scotland and Wales have enacted bans in 2019 and 2022, there is no complete ban in England and Northern Ireland, despite a ban in most schools and alternative care settings. Ratios varied according to each country in the United Kingdom; an indicative assessment is provided here. Mandatory reporting duty exists since 2016 only for certain public bodies in Wales, but new legislation appears forthcoming to introduce this in England, as of March 2024

the comprehensive mandated reporting for selected professions seen in other countries, we have decided to categorize Germany, in accordance with FRA (European Union Agency for Fundamental Rights, 2017), into the category of countries that lack mandatory reporting.

In numerous countries, services such as public child protection, health, or law enforcement are decentralized operating under the jurisdictions of provinces, states, or cantons, or even more localized administrative divisions. This likely correlates to small catchment areas that typically serve fewer than 25,000 child residents on average. In many catchment areas, averages even fell below 10,000 child residents. However, these national figures can obscure a frequent variation in the size of catchment areas between regions and their respective organizations. In Croatia, one police administration jurisdiction area can vary between 7.302 and 152.094 people aged 19 or less (Croatian Bureau of Statistics, 2022). In Denmark, the smallest catchment area for a municipality unit of child protective services is 577 children and the largest is 110,827 (Statistics Denmark, 2023).

Unsubstantiated or inconclusive incidents of suspected child maltreatment that are known to authorities are not systematically collected at the national level in all countries in our sample. When these incidents are compiled, it is not uniformly conducted across sectors. Out of the 13 countries we sampled, most gather data at the national level on child maltreatment incidents which may eventually lead to the filing of criminal charges against the perpetrator. However, these incidents are often distinctly and separately reported only for those cases of child sexual abuse that align with a specific article or paragraph in the national criminal codes (e.g., § 176 German Criminal Code or Article 187 Swiss Criminal Code). National data collection for public child protective services is similarly widespread. In Lithuania, four types of child maltreatment (sexual, physical, psychological abuse, and neglect) are recorded by child protection services. At the same time, police conduct investigations of sexual and physical crimes and severe cases of psychological abuse and neglect. Where data is collected in different sectors, such as police and child protection agencies, different descriptions lead to discrepancies in the official data. Medical and health staff are obliged to report all cases of child maltreatment to child protection services and police and do not independently collect data.

In the case of France, public child protection services data can be used to identify different types of abuse (sexual, physical, neglect). In data collected by the police, sexual abuse is the most frequently recorded type of abuse, although data on physical abuse is also recorded. In Denmark, comprehensive national data on diagnoses enable monitoring of all diagnosed cases of maltreatment, and all children seen in hospital services because of violence since 1994 (Græsholt-Knudsen et al., 2023). These data have been used in scholarly publications to inquire about the role of the health sector in child protection and further knowledge on children exposed to maltreatment (Græsholt-Knudsen et al., 2023; Thomsen et al., 2019).

The health sector in most countries listed in Table 2 collected its own data on child maltreatment, except for Sweden, Ireland, Lithuania, and Romania. It is unclear why health sectors in these countries did not collect such data, and there were no clear trends in GDP, the proportion of children in the population, organizing level of various sectors, or ratio of children served by agencies. Moreover, in the countries which did collect

such data, its accuracy and representativeness of such collected data is questionable. For the medical sector in Europe, the coding of child maltreatment should not only be accessible, but also comparably available beyond national medical child protection registries. This is because the World Health Organization's International Classification of Diseases (ICD), common to all countries in the region, serves as the pertinent guideline for recording various forms of child maltreatment, and which should be specifically uniform for the current ICD-10 codes for child maltreatment. Regrettably, published reports in the literature reveal that child maltreatment is regularly and markedly underreported by hospital staff in a variety of countries (Hunter et al., 2020) and this is due to different reasons. Firstly, only the most serious cases are hospitalized. Secondly, the codes related to abuse do not necessarily influence the budget allocated to the hospital. Finally, health professionals may find it difficult to report in administrative data on abuse for fear of stigmatizing the child. In Germany, for example, only 137 children and adolescents out of a child population of approximately 12 million, were recorded as having received care for sexual abuse according to ICD-10 code T72.4 in 2020 (Jud & Kindler, 2022). This is in stark contrast to the most recent population survey that had identified 7.6% of the sample of children reporting having experienced moderate to severe acts of child sexual abuse (Witt et al., 2018). Nevertheless, the construction and validation (Gilard-Pioc et al., 2019) of a specific algorithm from several ICD-10 codes may allow studies to be carried out on hospitalized children, for example in France on physical child abuse (Loiseau et al., 2021).

When data regarding incidents of child maltreatment is systematically collected in a country, organizations and agencies are typically mandated to fulfil their obligations to gather and report these figures. However, opportunities to achieve a deeper understanding of how child protection works in specific countries, and if systems can reach those at greatest risk, are constrained due to the limited availability of the data. Even with the recent emphasis on employing 'big data', systematic data linkage remains a seldom occurrence. Denmark, Norway, Sweden, Finland, Iceland, and Wales stand out as exceptions in offering this capability. For France, the linkage between these different bases is also under discussion with the Ministry of Justice and the Ministry of Health, in cooperation with the national Secure Data Access Center (CASD).

Discussion

In this study, we described the current state of administrative data collection that record incidents of child maltreatment in Europe, by drawing on 13 countries affiliated with the Euro-CAN initiative. We explored economic, legislative, and policy characteristics of these countries which may clarify the extent to which administrative data on child maltreatment is collected.

Our findings highlight that incidents of child maltreatment were not recorded in administrative data collected consistently or systematically at the national level in every country. The reasons for this were unclear. Our finding was represented across a wide cross-section of countries, with variations in economic, cultural, and child protection system characteristics. The lack of administrative data on child maltreatment was not, for instance, related to countries frequently enacting legislation banning corporal

punishment, or mandatory reporting for professionals, or reducing the ratio of children served per organization, which could be theorized to be indicators of countries' prioritizing rights of the child. Similarly, the absence of systematic administrative data collection on child maltreatment did not appear to be associated with the economic resources available in any specific country as measured by GPD per capita.

Despite the increased implementation of population-based surveys on child maltreatment, the corresponding development of administrative data collection system has not been realized. This became evident during the COVID-19 pandemic, a period when real-time, disaggregated, and accurate data collection systems would have been helpful to prevent and respond to violence against children. Despite nuances in countries' pandemic responses, children experienced multiple compounding adversities during the pandemic, with some suggested increases in family violence and violence-related injuries presenting at hospitals during periods of pandemic restrictions (Cappa & Jijon, 2021; Loiseau et al., 2021). Additionally, trends of referrals to law enforcement and reports to child protective services varied, with some reporting declines in reports to child protective services due to decreased opportunities for surveillance of maltreatment by community sentinels (Shusterman et al., 2022). While conclusions on risks and vulnerabilities during the pandemic were, in consequence, difficult to draw, a systematic review of child maltreatment during the COVID-19 pandemic highlighted that maltreatment increased, but it was under-reported, with few systemic solutions in place to advance child protection and wellbeing (Marmor et al., 2023).

Regardless of the context, the absence of advancements in establishing administrative data collection systems may be due to political or social reasons, such as a lack of political will to focus on the needs of children and their rights. Policy action on violence or maltreatment may be an especially protracted process, as policymakers perceive it to be a complex issue with multiple forms and ranges of perpetrators (Shawar & Shiffman, 2021). When data is unreliable and trends cannot be readily compared, there may also be a political assumption that violence is inevitable. This complexity arises from fragmentation in the field of child maltreatment, due to its multiple stakeholders, institutions, and campaigns. Additionally, the complexity may be an obstacle to coalition-building with related fields such as domestic violence and early childhood development, and the perception that children's rights may conflict with parents' or caregivers' rights (Shawar & Shiffman, 2021). Children's rights may also be less important in the political agenda because children are not directly represented in the process of electing legislators or political authorities.

An enduring issue in the documentation of incidents of CM in administrative data is the lack of consistent definition of maltreatment and its various types. Despite uniform guidance in the ICD-10, it may not be reported or described consistently. For comparability between countries, this is particularly pertinent as the coding rules or the coding classification itself (ICD-9 or ICD-10) may be different from one country to another. Recent initiatives such as the International Classification of Violence against Children (ICVAC) may offer possibilities for addressing this challenge by developing consistent criteria for statistical classification of acts of interpersonal and collective violence regardless of differences in legislation between countries (UNICEF 2023; Cappa et al., 2023). Endorsed by the United Nations Statistical

Commission for inclusion in the International Family of Classifications, ICVAC is intended to be used as a model to collect and organize statistical data on violence across different data sources such as administrative records, criminal records, and statistical surveys. Additionally, the ICVAC aims to enhance comparability of data within and across health, education, social welfare, and justice sectors.

Another entrenched challenge is the manifest need to overcome the emphasis in legislation or policy on specific forms of maltreatment, particularly on child physical or sexual abuse (Jud et al., 2021). Many countries, for example, identify a specific paragraph for child sexual abuse in their criminal codes, but codes for other forms of violence against children are not specified. The focus on child sexual abuse in policy is exemplified by Germany's creation of the office of the Independent Commissioner on Issues of Child Sexual Abuse (www.ubskm.de). Notably, there is no dedicated commissioner for broader child maltreatment issues. The observed declining trends of the incidence of child sexual abuse and physical abuse in some countries (Finkelhor et al., 2010) may be attributable to laudable efforts to enhance prevention and intervention strategies. This contrasts with the persistent and markedly heightened trends for child neglect seen in the USA in recent decades. Reasons for the neglect of the neglect are manifold but its undercoding by professionals is likely also linked to the nature of omissions: as non-acts and negations, they are, *per se*, cognitively more difficult to grasp and have to be identified against a horizon of possibilities (Jud et al., 2021).

Most countries had organized public child protection, health services, or police forces in a decentralized manner which were often administered at a provincial, state, or canton level, and in some instances at a lower local administrative level. While decentralization is not an issue in itself, data systems that respond to this complexity are not yet widely implemented in Euro-CAN countries. Decentralization may also result in national averages obscuring significant variations in the size of catchment areas between regions and their organizations. Such regional, sectoral, or organizations differences are not uncommon and usually impact the documentation of different CM types. Findings from the Optimus Study 3 data on reporting of child neglect in Switzerland highlighted that referral or reporting to a public child protection agency instead of a social or health sector organization, especially in cantons with higher rates of housing vacancies and increased social welfare rate, all increased the likelihood of a documented case of child neglect (Portmann et al., 2022).

Most countries in our study placed restrictions on access to data concerning child maltreatment. Few countries facilitated the linkage of CM data with other health or services data registers, except for Denmark, Sweden, and Wales. These observations echo previous reports in the literature in which researchers examined administrative linked datasets relating to child maltreatment globally and found that most linked data CM research was confined to the USA or Australia, along with the above-mentioned European countries (Soneson et al., 2023). In theory, data linkage may be possible in all included countries, but there is limited investigation of how this could be done systematically for child maltreatment, and what additional capabilities may be needed, e.g., natural language processing for scrutinizing free-text data (Soneson et al., 2023).

While the integration of datasets in CM is a rapidly evolving practice, linked datasets predominantly from health or social services are known to offer a more

comprehensive view of individuals. The provision of administrative data that is readily linked across sectors and agencies has the potential to enhance the development of responsive and effective, modern child protection systems in Europe. However, we acknowledge that this is no small endeavour and achieving this will require the resolution of a significant number of technical data and policy challenges. However, as noted by Soneson and colleagues (2023), the linkage of databases should be implemented strategically and with caution, especially when considering the underexplored issues of privacy protection, ethics and governance, data quality, and the proven effectiveness of these integrations. Nevertheless, the imperative for such a robust investment in safeguarding children's rights remains undeniable.

Our finding raises questions for future research. Questions of how political, economic, or social factors impact the establishment of administrative CM data system development have rarely been explored or studied in detail. While we have explored barriers and facilitators of administrative data collection, future research should also address on how different jurisdictions make sense of and construct diverse ideas about child maltreatment, including the extent to which data is collected. Such research may conceptualize data systems as embedded in specific contexts, with their own historical, political, and social influences, and thus explore how these influences combine to produce decisions about data. We can draw from knowledge originating from other areas of study, such as the political economic analysis of multidimensional child poverty measurement in Mexico and Uganda which revealed the necessary political conditions for its uptake and use, such as a political consensus that multidimensional child poverty eradication is a priority and sufficient technical capacity in conceptualizing, measuring, collecting, and analyzing data (Cuesta et al., 2020). To prioritize policy action on the social determinants of children's health, advocacy campaigns that actively addressed the complexities of competing agendas, such as weighing up individual versus social determinants, were critical (Littleton et al., 2022). Similar research is needed to understand how and why countries might prioritize the establishment of multi-sectoral administrative data systems for child maltreatment.

Ultimately, our findings affirm the need for a multi-sectoral approach that accounts for systemic, organizational, and sectoral influences in collecting data on CM, with a greater emphasis on administrative data systems than is currently in place. While adopting a public health framework for the prevention of child maltreatment has led to an increase in epidemiological surveys, the public health framework has not fully addressed the systemic nature of child protection.

Strengths and Limitations

This article offers insights into the data collection processes related to child maltreatment across various sectors of national child protection systems in several Euro-CAN-affiliated countries. While the scope of our research is not exhaustive for the European region, both in terms of countries that we were able to include, and the variables affecting data collection, its strength lies in the diverse range of countries that were represented. This diversity aids in forming implications for future strategies and advancements in the field. However, some limitations concerning the accuracy and reliability

of the information presented should be considered. While we sourced information from researchers and professionals with expertise on child protection in their respective country, and to the extent possible verified the data using published sources, the possibility of inaccuracies remains. The goal of presenting an overview comparable across countries with distinct legal and legislative frameworks and structures also makes it necessary to abstract from countries' specificities and thus sometimes omit information that might also be operationalized or interpreted differently.

Conclusion

This study highlights that despite country-level similarities such as legislation banning corporal punishment and mandatory reporting of child maltreatment by professionals, and diversity regarding economic resources and child population size, many Euro-CAN countries lack comprehensive or advanced administrative data collection systems for child maltreatment. Yet, the identified gaps in administrative data collection systems for child maltreatment have not been actively tackled in political and public health agendas. Data is not merely an academic exercise; it plays a pivotal role in shaping real-time policy decisions and offers detailed insights into children's well-being. Echoing this in their working paper for the United Nations Children's Fund, Wulczyn and colleagues (2010) state the role of data more straightforwardly: "Without accountability, the system has no way of knowing how well it is doing, no way of knowing how the context has changed, and no way to adjust its structures, functions, and capacities."

Acknowledgements The authors gratefully acknowledge the COST Association for funding the formation of Euro-CAN, and all members of the network for their support.

Funding Open Access funding enabled and organized by Projekt DEAL.

Declarations

Conflict of Interest The authors declare no competing interests.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

References

Cappa, C., Cecchetti, R., & Jijon, I. (2023). Ending violence against children: a new international standard to foster data availability. *Child Abuse & Neglect*, *144*, 106330.

- Cappa, C., & Jijon, I. (2021). COVID-19 and violence against children: A review of early studies. *Child Abuse and Neglect*, 116, 105053. <https://doi.org/10.1016/j.chiabu.2021.105053>
- Cicchetti, D., & Toth, S. L. (2005). Child maltreatment. *Annual Review of Clinical Psychology*, 1(1), 409–438. <https://doi.org/10.1146/annurev.clinpsy.1.102803.144029>
- Corso, P. S., Edwards, V. J., Fang, X., & Mercy, J. A. (2008). Health-related quality of life among adults who experienced maltreatment during childhood. *American Journal of Public Health*, 98(6), 1094–1100. <https://doi.org/10.2105/AJPH.2007.119826>
- Croatian Bureau of Statistics. (2022). The first Results of the National Census 2021. <https://podaci.dzs.hr/media/0y5d0lzh/popis-2021-prvi-rezultati.xlsx>
- Cuesta, J., Biggeri, M., Hernandez-Licona, G., Aparicio, R., & Guillén-Fernández, Y. (2020). The political economy of multidimensional child poverty measurement: A comparative analysis of Mexico and Uganda. *Oxford Development Studies*, 48(2), 117–134.
- Drake, B., Jolley, J. M., Lanier, P., Fluke, J., Barth, R. P., & Jonson-Reid, M. (2011). Racial bias in child protection? A comparison of competing explanations using national data. *Pediatrics*, 127(3), 471–478. <https://doi.org/10.1542/peds.2010-1710>
- Draper, B., Pfaff, J. J., Pirkis, J., Snowdon, J., Lautenschlager, N. T., Wilson, I., Almeida, O. P., Depression and Early Prevention of Suicide in General Practice Study Group. (2008). Long-term effects of childhood abuse on the quality of life and health of older people: Results from the depression and early prevention of suicide in general practice project. *Journal of the American Geriatrics Society*, 56(2), 262–271. <https://doi.org/10.1111/j.1532-5415.2007.01537.x>
- End Violence against Children. (2023). Ending Corporal Punishment. <https://www.end-violence.org/ending-corporal-punishment#:~:text=End%20Violence%20supports%20progress%20towards,and%20elimination%20of%20corporal%20punishment>
- European Commission. (2024). Together Against Trafficking in Human Beings. http://ec.europa.eu/anti-trafficking/9th-european-forum-rights-child_en
- European Union Agency for Fundamental Rights. (2017). Provisions on professionals' legal obligation to report cases of child abuse, neglect and violence. <http://fra.europa.eu/en/publication/2015/mapping-child-protection-systems-eu/reporting-1>
- Fallon, B., Trocmé, N., Fluke, J., MacLaurin, B., Tonmyr, L., & Yuan, Y.-Y. (2010). Methodological challenges in measuring child maltreatment. *Child Abuse and Neglect*, 34(1), 70–79. <https://doi.org/10.1016/j.chiabu.2009.08.008>
- Fergusson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse and Neglect*, 32(6), 607–619. <https://doi.org/10.1016/j.chiabu.2006.12.018>
- Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2010). Trends in childhood violence and abuse exposure: Evidence from 2 national surveys. *Archives of Pediatrics and Adolescent Medicine*, 164(3), 238–242. <https://doi.org/10.1001/archpediatrics.2009.283>
- Finkelhor, D. (2008). Childhood victimization: Violence, crime, and abuse in the lives of young people. oxford university Press.
- Fluke, J. D., Tonmyr, L., Gray, J., Bettencourt Rodrigues, L., Bolter, F., Cash, S., Jud, A., Meinck, F., Casas Muñoz, A., O'Donnell, M., Pilkington, R., & Weaver, L. (2021). Child maltreatment data: A summary of progress, prospects and challenges. *Child Abuse and Neglect*, 119, 104650. <https://doi.org/10.1016/j.chiabu.2020.104650>
- Gilard-Pioc, S., Cottenet, J., Mikaeloff, Y., Gouyon, J.-B., Francois-Purcell, I., & Quantin, C. (2019). Eight-year period prevalence of physical abuse in hospitalised infants and corresponding in-hospital mortality in France. *Child Abuse Review*, 28(5), 353–365. <https://doi.org/10.1002/car.2597>
- Gilbert, N. (2012). A comparative study of child welfare systems: Abstract orientations and concrete results. *Children and Youth Services Review*, 34(3), 532–536. <https://doi.org/10.1016/j.childyouth.2011.10.014>
- Gilbert, N. (1997). Combating child abuse: International perspectives and trends.
- Gould, F., Clarke, J., Heim, C., Harvey, P. D., Majer, M., & Nemeroff, C. B. (2012). The effects of child abuse and neglect on cognitive functioning in adulthood. *Journal of Psychiatric Research*, 46(4), 500–506. <https://doi.org/10.1016/j.jpsychires.2012.01.005>
- Græsholt-Knudsen, T., Rask, C. U., Lucas, S., Obel, C., & Bech, B. H. (2023). Parental physical disease severity and severe documented physical child abuse: A prospective cohort study. *European Journal of Pediatrics*. <https://doi.org/10.1007/s00431-023-05291-8>
- Hunter, A. A., Livingston, N., DiVietro, S., Reese, L. S., Bentivegna, K., & Bernstein, B. (2020). Child maltreatment surveillance following the ICD-10-CM transition, 2016–2018. *Injury Prevention*.

- Jud, A., & Voll, P. (2019). The definitions are legion: Academic views and practice perspectives on violence against children. Victim, Perpetrator, or What Else. *Sociological Studies of Children and Youth*, *125*, 47–66.
- Jud, A., Perrig-Chiello, P., & Voll, P. (2011). Less effort in worsening child protection cases? The time-course of intensity of services. *Children and Youth Services Review*, *33*(10), 2027–2033. <https://doi.org/10.1016/j.childyouth.2011.05.032>
- Jud, A., Fluke, J., Alink, L. R. A., Allan, K., Fallon, B., Kindler, H., Lee, B. J., Mansell, J., & van Puyenbroek, H. (2013). On the nature and scope of reported child maltreatment in high-income countries: Opportunities for improving the evidence base. *Paediatrics and International Child Health*, *33*(4), 207–215. <https://doi.org/10.1179/2046905513Y.0000000092>
- Jud, A., Fegert, J. M., & Finkelhor, D. (2016). On the incidence and prevalence of child maltreatment: A research agenda. *Child and Adolescent Psychiatry and Mental Health*, *10*(1), 17. <https://doi.org/10.1186/s13034-016-0105-8>
- Jud, A., Pfeiffer, E., & Jarczok, M. (2020). Epidemiology of violence against children in migration: A systematic literature review. *Child Abuse and Neglect*, *108*, 104634. <https://doi.org/10.1016/j.chiabu.2020.104634>
- Jud, A., Mitrovic, T., Portmann, R., Gonthier, H., Fux, E., Koehler, J., Kosirnik, C., & Knüsel, R. (2021). Multi-sectoral response to child maltreatment in Switzerland for different age groups: Varying rates of reported incidents and gaps in identification. *Child Abuse and Neglect*, *111*, 104798. <https://doi.org/10.1016/j.chiabu.2020.104798>
- Jud, A., & Kindler, H. (2022). Verbesserung der Datenerhebung sexueller Gewalt an Kindern und Jugendlichen im Hellfeld.
- Leeb, R. T. (2008). Child maltreatment surveillance: uniform definitions for public health and recommended data elements. Centers for Disease Control and Prevention, National Center for Injury.
- Littleton, C., Star, C., Fisher, M., & Ward, P. R. (2022). Policy actors' perceptions on applying a SDH approach in child health policy in Australia: A cross-disciplinary approach (public health and political science). *Australian Journal of Public Administration*, *81*(1), 70–94. <https://doi.org/10.1111/1467-8500.12475>
- Loiseau, M., Cottenet, J., Bechraoui-Quantin, S., Gilard-Pioc, S., Mikaeloff, Y., Jollant, F., François-Purssell, I., Jud, A., & Quantin, C. (2021). Physical abuse of young children during the COVID-19 pandemic: Alarming increase in the relative frequency of hospitalizations during the lockdown period. *Child Abuse and Neglect*, *122*, 105299. <https://doi.org/10.1016/j.chiabu.2021.105299>
- Marmor, A., Cohen, N., & Katz, C. (2023). Child maltreatment during COVID-19: Key conclusions and future directions based on a systematic literature review. *Trauma, Violence and Abuse*, *24*(2), 760–775. <https://doi.org/10.1177/15248380211043818>
- McKenzie, K., Scott, D. A., Waller, G. S., & Campbell, M. (2011). Reliability of routinely collected hospital data for child maltreatment surveillance. *BMC Public Health*, *11*(1), 8. <https://doi.org/10.1186/1471-2458-11-8>
- Ntinapogias, A., Gray, J., Durning, P., & Nikolaidis, G. (2015). *CAN-MDS policy and procedures manual*. Institute of Child Health.
- Organization for Economic Cooperation and Development. (2023). OECD Statistics. <https://stats.oecd.org/>
- Portmann, R., Mitrovic, T., Gonthier, H., Kosirnik, C., Knüsel, R., & Jud, A. (2022). Do socio-structural factors influence the incidence and reporting of child neglect? An analysis of multi-sectoral national data from Switzerland. *Children and Youth Services Review*, *140*, 106560.
- Sethi, D., Bellis, M., Hughes, K., Gilbert, R., Mitis, F., & Galea, G. (2013). *European report on preventing child maltreatment*. World Health Organization.
- Sethi, D., Yon, Y., Parekh, N., Anderson, T., Huber, J., Rakovac, I., & Meinck, F. (2018). European status report on preventing child maltreatment.
- Shawar, Y. R., & Shiffman, J. (2021). A global priority: Addressing violence against children. *Bulletin of the World Health Organization*, *99*(6), 414–421. <https://doi.org/10.2471/BLT.19.247874>
- Shin, S. H., Miller, D. P., & Teicher, M. H. (2013). Exposure to childhood neglect and physical abuse and developmental trajectories of heavy episodic drinking from early adolescence into young adulthood. *Drug and Alcohol Dependence*, *127*, 31–38. <https://doi.org/10.1016/j.drugalcdep.2012.06.005>
- Shusterman, G. R., Fluke, J. D., Nunez, J. J., Fettig, N. B., & Kebede, B. K. (2022). Child maltreatment reporting during the initial weeks of COVID-19 in the US: Findings from NCANDS. *Child Abuse and Neglect*, *134*, 105929. <https://doi.org/10.1016/j.chiabu.2022.105929>

- Soneson, E., Das, S., Burn, A.-M., van Melle, M., Anderson, J. K., Fazel, M., Fonagy, P., Ford, T., Gilbert, R., Harron, K., Howarth, E., Humphrey, A., Jones, P. B., & Moore, A. (2023). Leveraging administrative data to better understand and address child maltreatment: A scoping review of data linkage studies. *Child Maltreatment*, 28(1), 176–195. <https://doi.org/10.1177/10775595221079308>
- Statistics Denmark. (2023). Children. <https://www.dst.dk/en/Statistik/emner/borgere/husstande-familier-og-boern/boern>
- Stoltenborg, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van Ijzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50. <https://doi.org/10.1002/car.2353>
- Thomsen, A. H., Leth, P. M., Hougen, H. P., Villesen, P., & Brink, O. (2019). Homicide in Denmark 1992–2016. *Forensic Science International Synergy*, 1, 275–282. <https://doi.org/10.1016/j.fsisy.2019.07.001>
- Trocme, N., Akesson, B., & Jud, A. (2016). Responding to child maltreatment: A framework for mapping child protection agencies. *Child Indicators Research*, 9, 1029–1041.
- UN Committee on the Rights of the Child (CRC). (2011). General comment No. 13 (2011): The right of the child to freedom from all forms of violence (CRC/C/GC/13). <https://www.refworld.org/docid/4e6da4922.html>
- UN Committee on the Rights of the Child. (2015). Concluding observations on the combined second to fourth periodic reports of Switzerland.
- United Nations Children's Fund. (2023). International Classification of Violence against Children, UNICEF, New York.
- United Nations Economic and Social Council. (2008). UNICEF Child Protection Strategy (E/ICEF/2008/5/Rev.1). <https://bettercarenetwork.org/sites/default/files/attachments/UNICEF%20Child%20Protection%20Strategy%20-%20English.pdf>
- Witt, A., Glaesmer, H., Jud, A., Plener, P. L., Brähler, E., Brown, R. C., & Fegert, J. M. (2018). Trends in child maltreatment in Germany: Comparison of two representative population-based studies. *Child and Adolescent Psychiatry and Mental Health*, 12, 24. <https://doi.org/10.1186/s13034-018-0232-5>
- Wulczyn, F., Daro, D., Fluke, J., Feldman, S., Glodek, C., & Lifanda, K. (2010). *Adapting a systems approach to child protection: Key concepts and considerations*. UNICEF.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Authors and Affiliations

Andreas Jud^{1,17,2}  · Lakshmi Neelakantan³  · Miroslav Rajter⁴  · Troels Græsholt-Knudsen^{5,6}  · Andreas Witt⁷ · Athanasios Ntinapogias⁸ · Catherine Quantin^{10,9}  · Laura Korhonen¹¹  · Maria Roth¹²  · Ieva Daniunaite¹³  · Leonor Bettencourt Rodrigues¹⁴ · Sadhbh Whelan¹⁵ · Joanna Włodarczyk¹⁶  · Gabriel Otterman¹¹

✉ Andreas Jud
andreas.jud@uniklinik-ulm.de

- ¹ Child and Adolescent Psychiatry/Psychotherapy, Ulm University Clinics, Ulm, Germany
- ² School of Social Work, Zurich University of Applied Sciences, Zurich, Switzerland
- ³ Population Mental Health Unit, Centre for Mental Health and Community Wellbeing, School of Population and Global Health, University of Melbourne, Melbourne, Australia
- ⁴ University of Zagreb, Zagreb, Croatia
- ⁵ Mindhood, Department of Public Health, Aarhus University, Aarhus, Denmark

- ⁶ Department of Forensic Medicine, Aarhus University, Aarhus, Denmark
- ⁷ University Hospital of Child and Adolescent Psychiatry and Psychotherapy, University of Bern, Bern, Switzerland
- ⁸ Department of Mental Health and Social Welfare, Institute of Child Health, Athens, Greece
- ⁹ Biostatistics and Bioinformatics (DIM), University Hospital, CHU Dijon Bourgogne, INSERM, Université de Bourgogne, Dijon, France
- ¹⁰ Université Paris-Saclay, Villejuif, France
- ¹¹ Barnafriid Centre, Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden
- ¹² Babes-Bolyai University, Cluj-Napoca-Napoca, Romania
- ¹³ Center for Psychotraumatology, Institute of Psychology, Vilnius University, Vilnius, Lithuania
- ¹⁴ ProChild CoLAB Against Child Poverty and Social Exclusion (supported by FCT and NORTE-06-3559-FSE-000044), Guimaraes, Braga, Portugal
- ¹⁵ Department of Children, Equality, Disability, Integration and Youth, Dublin, Ireland
- ¹⁶ We Empower Children Foundation, University of Warsaw, Warsaw, Poland
- ¹⁷ German Center for Mental Health (DZPG), partner site Ulm, Ulm, Germany