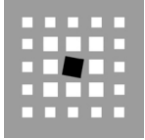


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Family, Child, Youth Association

Country Report on child abuse and neglect in Hungary

Maria Herczog

August 2011



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Introduction

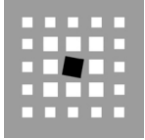
In Hungary child abuse and neglect has become recognised in November 1997, when after 96 years a new comprehensive legislation was passing the Parliament based on the UN CRC. As for the term “abuse” there is no proper Hungarian phrase despite of a strong resistance, the word “abuzus” have become a new expression by now widely used. The introduction of the new legislation meant a decentralization of duties and responsibilities, placing the main focus on the local, universal service provision to bring the services as close o the clients as possible. This has been in itself an important cultural shift in the system, replacing authoritarian approach to social wor, support based theory and practice.

The opening of the system in many ways was strongly influenced by those professionals, policy makers who started to travel abroad and learn from foreign practices, including joining the Council of Europe and in 2004 the EU.

The total ban on corporal punishment is seen by a few of experts as an important milestone but it has not been rooted in the system and similarly to other issues of abuse and neglect have never been discussed, debated publicly or among professionals. This is part of the reason why despite of the many efforts made the attitudes and activities concerning the prevention and handling of child abuse ad neglect has not changed fundamentally.

The new government of Hungary in place since 2010 is clearly expressing its views by offering harsh punitive approach, and not looking at abuse and neglect as a social phenomenon but again (like before the political, economic transition in 1989) as an individual “fault”. The fast growing militant climate, growing popularity of extreme right is strongly influencing the attitude and action of young people and professionals as we can detect it in the growing school violence, other public violence that is interrelated in many ways with family based abuse.

Due to the economic crisis even the available services have been cut or are planned to restructure and it is further endangering the prevention and intervention, rehabilitation opportunities.



The content and aim of the methodology materials

The methodology papers all include the definitions of all kind of abuse forms and neglect according to the WHO and also utilizing other international instruments, including the UN CRC.

It also describes in a detailed format who and in what way are the different actors responsible in preventing, intervening and providing support, working together.

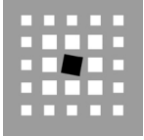
In the methodology paper provided for the health professionals describes in a detailed form all the signs and their recognition where suspicion of abuse or neglect occurs. It is based on WHO and Hungarian expert materials and experiences.

The methodology material provided for the local child welfare services also includes a number of case studies that are typical and gives advice on how to handle them.

The aim of these methodology letters, book is to raise awareness about the nature, forms and needed activities concerning all forms of child abuse and neglect to supplement the very limited text of the legislation. It also aims to support the professionals to understand their duties in an integrated and holistic manner.

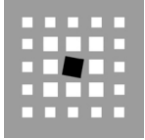
It is also visible that once the first of these kind of methodology papers were published by the National Institute of Child Health all other actors – besides the teachers and school based professionals – found it important to put together theirs however there is not much difference and some authors are the same as there are not many people working in this field, speaking foreign languages (nothing has been translated from international materials, books into Hungarian and most of the professionals are not reading foreign languages). It also generated some activities in the field of vocational trainings and a new website has just recently (in July 2011) launched by the National Institute of Child Health on child abuse.

(www.gyermekbantalmas.hu) It aims to gather and spread all forms of information for parents and professionals, and in the future for children although their financial resources are very limited and they are not experts in the field. They gathered app. 30 people during the preparation phase, where we could comment the plans and contribute with ideas, materials. We were asked to regularly send them whatever information is available and found relevant.



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The main problem concerning the methodology materials is that despite of all the efforts made to provide help for professionals most of them are not trained and have not got any kind of resources to recognize and/or help those children in need, or at risk.



Chapter 1: Definition of child abuse and neglect

What definition of child abuse and neglect do you use in your country?

The legislation on child protection is primarily included in the Law on protection of children and the custody administration. In the Penal code it is also included. However child abuse and neglect is not explicitly defined. There are several ways in which it is covered.

According to the Act No. XXXI of 1997 on the protection of children and the administration of guardianship

Term of reference:

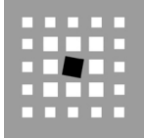
endangerment: conditions - as a result of certain behavior, failure, or circumstances - blocking or hindering the child's physical, intellectual, emotional, and moral development,

Article 6 on the right of the child

(4) The child shall be entitled to protection against environmental and social effects harmful for the child's development as well as against substances damaging the child's health.

(5) The child shall be entitled to respect of his or her human dignity as well as protection against violence - physical, sexual, or emotional abuse -, neglect, and informational damage.

There is no explanation in the terms of reference on child abuse and neglect but in the Methodology guidelines of the Ministry of Youth, Family, Social and Health prepared for agencies working on prevention and interventions on child abuse and neglect just like the Guidelines for health and social workers, teachers uses the WHO definition is accepted and used. Moreover it speaks about the specific forms of abuse and neglect, including besides physical and emotional neglect other forms, like: infanticide, child-child violence, institutional abuse and system abuse



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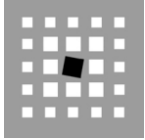
Research findings on the prevalence of child abuse and neglect. Research questions, used definitions, methods and results.

There has never been any prevalence study made in Hungary on any aspects of child abuse and neglect.

The first research made on child abuse and neglect was carried out in 1986, by investigating the closed court cases, looking at 221 files including 259 offenders and 492 children. 72,8% of them was considered as “endangerment”, 18,5 % sexual abuse, child abduction 4,1%, and 0,9 no payment of custody fees.

Definitions were not used, it was based on the terminology used by the criminal courts and statistics. The results showed that only 28,9% cases were reported by the child protection authorities, although in 64,2% of the “risk” situations in the other families were also recognized earlier. Among offenders the alcoholism was the highest risk factor (52,1%). In 24,4% of the cases it other family members (mostly wives) were abused previously known by the authorities. Social problems (one parent family, financial difficulties, truancy from kindergarten, school were identified as signs as well. Among the offenders 71,4% were men, 59,1 of the offenders lived in marital relationship. Out of the 492 victims 48,8% boys. 85,6% were the biological children of the perpetrator, 11,8% step children. The age range was 17,5 under the age of 3, 47,6% between 4-10, 23,4% 11-14, and 7,7% over 15, 3,9% no data. The results showed that very limited number of at risk situation have been recognized and even it as known nothing has happened for a long while. The lack of social, emotional support to families and children as preventive measures, interventions or after care, rehabilitation were completely missing.

Another research on child abuse and neglect in the family was carried out in 1998 on battered and/or sexually abused women, corporal punishment and sexual abuse against children in the family.

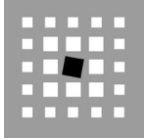


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It was a representative study using a standardised questionnaire, and an interviewer asking it (as the risk of non-return was high according to experiences plus telephone interviews were have never been common in Hungary) looking at the attitudes concerning family based abuse, the experiences of those asked as victims, or witnesses of abuse, and cases they experienced themselves or knew about to understand their attitude and approach. The sample size was 1010 . The results showed:

- corporal punishment of children is accepted widely in the Hungarian society, $\frac{3}{4}$ of those asked said that parents have a right to hit their children, even those accept it who themselves are never using it. 5% of adult women were regularly beaten up by their parents, 13% was at least once severely hit, and 18% of the women participating in the sample has at least once severely physically punished her child.
- Depending on age and education the older, and lower educated support corporal punishment much more
- Sexual abuse can also be considered as frequent according to the survey. Half of those asked. 8% said that they were victims of sexual abuse as children. Sexual harrasement and corporal punishment happened often parallel, app. 2% of the women asked suffered from both as a child (80 000)
- In the sample 20% of the participants experienced as a child that his/her mother was hit by the father, and 32% of these fathers also hit their children.
- According to the conclusions most victims do not seek help partly as they have no information on the opportunities if any, partly due to fear and shame, and do not get support from the police if they do, there are very limited opportunities to be placed in a shelter, there was no restriction order at that time and hardly any counseling rehabilitation program or victims and offenders.

The latest research on child abuse in the family was part of a broader survey looking at all types of victims and perpetrators in cases of family violence, conducted by the National Institute of Criminology in 2003-2005. The chapter on child abuse in the family was using the same methodology by looking at all the court cases provided by the Chief Prosecutor's Office, in 2004 in Hungary related to physical, emotional sexual abuse, neglect, and all related issues even if called differently as the use of terminology differ widely.



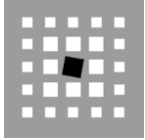
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It has a limited scope concerning the prevalence as only those cases were analyzed that reached the reporting, investigation and later the court system which is very far from the actual cases. We found 137 emotional, physical abuse and neglect cases committed by 185 perpetrators. The typical perpetrator was a man cohabiting, between the age of 36-45, with primary education, and the age of the child is 3-14 years of age. It is obvious from the research that most of the cases are never recognized and those “easy” targets are tried who are easy to reach. Very limited number of cases are reaching the court system as many are dismissed at police level.

The project “Pandora’s box” aimed at exploring sexual abuse of children in four countries, Hungary, Bosnia-Herzegovina, Croatia and Serbia. Between 2006-2010 according to police data in all categories offences among adults were increasing, but it can be related to the activity of the police, the growing awareness or to more disclosed cases. According to the Hungarian researchers it can be a result of a growing awareness on behalf of the police and the criminal justice system. Contrary hardly any cases of child prostitution, exploitation have been revealed, and only 7 cases were investigated showing the lack of attention paid on this area. 84% of the offences were committed in families, with slight changes yearly, just like in other countries. In 2006 only 7,2% of the crimes against children were committed within the family, while by 2010 it increased to 25%, still very low according to the estimated cases, staying undetected. 41% of the victims were younger than 12 years of age.

A survey was conducted among children in schools. In 11 schools 446 10-14 years old children responded to the questionnaires. The children participating in the survey are living in biological families with both parents, (63,3%), in one parent families 19,5%, and with one biological parent and a new partner 12,4%. 1,8% in residential care, 0,2 with an adult sibling or other relative.

According to them 17% of the children have experienced some forms of sexual abuse, molestation, violence.



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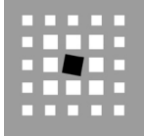
Among the pupils 9% (12% of the girls and 5,5% of the boys) told they were touched by an adult in an unpleasant way, 4% of them have been subjected to getting love letters, messages from adults (girls 6%, boys 2%), 3% of who films, photos, videos, journals where naked people were shown. 3,4% of the children admitted that they were asked to take part in sexual activities, or adults showed them via webcam their sexual body parts. In 10,9% once, in 6,4 on more occasions and in 1,2% of the cases continuously happened this. 1 out of 5 children told that an adult asked them to chat or use the webcam, sending photo or video on themselves, meeting secretly.

206 teachers answered in the 11 schools on the questions raised. According to them force can play a role in 76,2% of the cases, access to pornographic materials 64,6%, substance abusing parents 63,1, the presence of a step father or other stranger man in the home of the child (56,8%) internet(42,2%). The influence of parents , peers, lack of information or the curiosity of children are not seen as risk factors by teachers. In all schools those managing the survey were approached with concrete questions, cases and asked advice, help.

Teachers have got some information on sexual abuse, but they have not got any systematic, coherent set of knowledge and they have no idea on how to detect, discover cases. There are almost all of them some protocols but it is far from being complete. They would need help from psychologists, training materials, videos, methodology on how to tackle these issues. (we are talking about schools where they were open to this survey while in most of the schools they do not want to deal with it, talk about it or let children respond to such questions.) (<http://pandorasbox.rs/hu/?m=201103&lang=en>)

Public perception of child abuse and neglect:

There is no information on the public perception beside the quoted research (see page 2), it is known however from the press that e.g. sexual exploitation of children (and women) is seen as their own fault or desire and not many people consider them as victims. On the other hand in cases of pedophile crimes or sexual abuse in the family often people wish to bring back death penalty.



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Corporal punishment of children is accepted widely in the Hungarian society, $\frac{3}{4}$ of those asked said that parents have a right to hit their children, even those accept it who themselves are never using it. 5% of adult women were regularly beaten up by their parents, 13% was at least once severely hit, and 18% of the women participating in the sample has at least once severely physically punished her child

Universal government strategy towards parents and children:

There has been a national strategy approved by the Parliament but never implemented, (45/2003. (IV.26.) OGY. hat., 115/2003.(X.28.) OGY. Hat) aiming to prevent and handle family based violence.

Formal government policies:

No

Legislation dealing with child abuse and neglect:

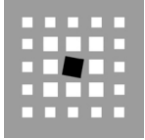
Law on Protection of children and custody administration XXXI/1997 as in point 1.

The UN Convention on the Right of the Child was ratified by Hungary, and has become part of the inner law 1991/LXIV.

Law on Public Education 1993./ LXXIX. – prohibition of abuse in kindergartens, schools and other educational settings

Law on Criminal Proceedings 1998./XIX. On the protection of victims and careful investigation to avoid secondary victimisation

Law on support of victims of crime and state compensation 2005/CXXXV – sadly enough mainly on financial compensation and no strong obligations, guarantees in it



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Ministerial order on the changes in the probation services among other things on the introduction of victim-offender mediation 17/2003. (VI. 24.) IM

On the duties and responsibilities of health visitors 49/2004. (V. 21.) ESzCsM
On the Personal assistance and support provided by the child welfare and child protection services and professionals , 15/1998 (IV. 30.) NM

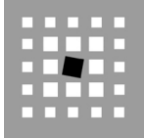
32/2007. (OT 26.) ORFK order replacing the former 13/2003. (III. 27.) ORFK one to regulate the handling of child and family abuse cases by the police.

2009/ LXXII. Law on restraining order to intervene in case of domestic violence and family based abuse

2009/CLXI. law on the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography

Corporal punishment regulation:

The total ban on corporal punishment was incorporated into the Law on Child Protection from 1 January 2005 -as the 14. European country - but not taken into consideration. In the penal code the severe forms of physical harm is punishable but it is based on the court's approach and according to some decisions it is visible that judges do not see even severe corporal punishment an offense rather a tool used by the parent, care taker in the best interest of the child. It was an important achievement of the experts preparing the legislation that the total ban was regulated in the child protection law and not in the Penal Code as we wanted to express our desire to support parents to learn how to discipline in a non-violent way and not punishing them in cases of non-abusive discipline. The Penal code is also talking about endangerment of children and severe physical harm caused and it is punishable although the courts often can not define and make a professional decision on child abuse, endangerment, risky behavior and the authorities including the judges even in cases of sexual abuse accuse the children or do not believe them.



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According to the Penal Code 176/A. § since 2008. harassment has also become a criminal offence and the legislation coming into force from 2009, (LXXII. Law on violence among family members) restriction order can also be used.

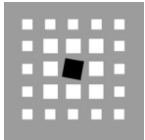
Impact on practice:

Despite of the legislation there has never been any campaign, awareness raising, training program provided for professionals, parents, children to implement the legislation. Restriction order has generated many debates, there is a lack of manual, training material, training offered to law enforcement people, judges, etc. to know how to do it. On the other hand there are no services (very limited shelter placements for victims) for the family members, therefore not effective and hardly used.

The overview of the Hungarian child welfare system:

In Hungary child welfare system has been totally renewed and re-structured by implementing the 1997 child protection legislation. In a decentralized model, local authorities on all settlements (almost 3200) are responsible for providing universal basic child health, education and social services. Following the pattern of the 1989 Children Act in England there has been a working together methodology introduced together with a mandatory reporting in cases of child abuse and neglect. The local child welfare services are responsible for the awareness raising, prevention and services for at risk families and interventions in case of abuse, neglect. Health professionals, health visitors who are visiting every family where a child was born and have an on-going contact with them up to 6 years of age (and later as school nurses up to 14) and GP pediatricians who see children regularly, early childhood professionals in nurseries, kinder-gardens and teachers, school social workers or those responsible for child protection have to report to child welfare services the risk situations and their suspicion or awareness of abuse and neglect.

In recognized cases child welfare services should provide family case work, refer the child and the family to targeted, highly specialised services (psychologist, psychiatrist) and inform the police if needed.



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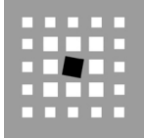
In practice the system has not been working properly due to the lack of resources, very few professionals, case loads are extremely high, there is accountability, responsibility always exclusively lies with parents. Very few highly skilled professionals are available and for financial reasons even they are seldom approachable for many children who live in villages, remote areas or even in cities due to the long waiting lists or lack of trust, acknowledgment of their needs.

Once a child needs and out of family placement there are several options. First, if the mother is also abused than in principle temporary shelters are available however there is a constant shortage of placements. Children can be placed into their extended family, to local substitute families as well, decided and organized by the local custodian office run by the local municipality. Another form of care is temporary placement of children in institutions or in foster families decided by the county custodian office and run by the county child protection agencies (20 in Hungary, 19 counties+Budapest)

Often police refuses investigation or dismisses the cases due to the lack of evidence, county agencies also have very limited resources for rehabilitation therefore out of home placements are mostly considered as rescue operations, fire fighting, and not planned, implemented programs despite of the legislation and the Looking After Children Assessment and Documentation System adapted from the UK in 1998. Placement of children out of the family does not require court decision it is the right of the custodian offices to make.

The child welfare model in Hungary:

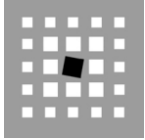
In principle it aimed to be a holistic system and the legislation has been designed accordingly but the implementation shows the worst signs of a system where rescue operations are dominant if anything and very limited prevention, early intervention and holistic family support is provided if any. As mentioned above not even in cases of proven damage is there therapy and proper rehabilitation offered.



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Primary principle of the system:

It is a statism system, local authorities are the duty bearers, and voluntary organizations play an additional but not very widespread complementary role. There is a normative provided by the State to the local authorities “social normative” based on the number of “inactive” population (children, elderly and disabled people) but the money is free for use in any way therefore often not spent on those in need. Most of the local municipalities have very limited other incomes therefore can not afford running services.



Chapter 2: Universal and preventive services

Governmental strategies and actions on the level of universal and preventive services

Involved people, organizations and their tasks

Products and results

Good practices and problems

As described in the previous chapter there is no specific universal and preventive service directly aiming at child abuse and neglect, however the available services are covering even if not explicitly these tasks. The pre-natal care of expecting mothers, health visitation in the home of small children and their families, pediatric GPs, nurseries and kindergartens are all serving the best possible prevention and these are all universal services. Child welfare services are available – at least formally – 98% of the settlements.

No specific universal or targeted services are available for at risk population.

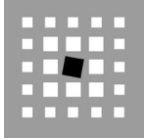
Involved professionals, NGOs, volunteers:

Doctors, specially trained health visitors, social workers, care staff, including nursery staff and kindergarten teachers are responsible for running the services. NGOs are only present to a very limited extent, and they are working mostly in intervention, specific service provision.

Volunteers are not traditionally present in Hungary but the growing number of them are rather working with disabled children and adults, elderly care, and in sports, free time activities, charity activities.

Some NGOs and church organizations are contracted by local authorities to run local services but this does not differ from the other ones.

There is no specific organization working on the field with child abuse and neglect prevention.



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Products serving prevention:

There has been 3 methodology materials produced by the – than - Ministry of Youth, Family, Health and Social Affairs (see 1. Chapter 1 point) for all those working with children, another one by the National Child Health Institute for health professionals and a third by the Child Welfare Methodology Center's Association for social workers. The authors and the themes were partly overlapping. There was another important document produced by the National Police Headquarter in 2003 for police forces on how to handle family abuse cases and later on the restriction order. These products have also been distributed widely and quoted quite frequently, all of them accessible on the internet.

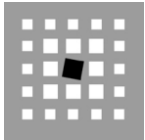
Research on main strategies and actions on prevention? Indicators..

As there are no prevention programs of any kind therefore research can only show the lack of it. All relevant research (described in the 1. Chapter) is dealing with the missing preventive approach, policy and practice without any results. Some research was done on neglect and consequences of abuse, on institutionalisation of children and the reasons of coming into care, (Herczog, 2005, Herczog-Gyurkó, 2007, Herczog-Gyurkó). A set of research has been done in the framework of the Daphne EU projects on institutionalisation and leaving care and currently on abandonment of children under 3 (Browne at all, 2005, 2008), on children entering the care system due to abuse and neglect (Herczog-Gyurkó, 2008) .

“Good practices” concerning prevention:

There have been efforts made to provide information and vocational training to those working with children, for health visitors, doctors, police forces. It is though based on grants and therefore no solid financial basis can be found to ensure general and on-going programs.

“ Chicocca’s Tree” : The sex abuse prevention program has been used by the Family, Child, Youth Association (www.csagy.hu), that is based on a Mexican puppet film through the case of a monkey family where the children were abused the prepared professionals (mostly teachers) can talk with older children or ask younger ones to make drawings and recognized those at risk. The film is an excellent tool and in institutions with children in care it is working well even with teenagers, however there have been some barriers always. 1.



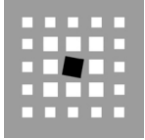
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If there is no professional support close we have not supported the use of the program, as those recognized could not be referred to get help. 2. In many schools teachers, parents refuse to use it as they are afraid of “sexualizing” children and “giving them ideas”. Still there were over 8000 children so far participating in the program and it is working well and is very helpful in other abuse cases as well.

Professional training: There are more and more universities, colleges where students are studying at least some basics on child abuse and neglect and its prevention, needed and possible interventions.

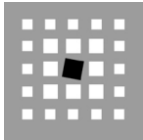
Sure Start: The adaptation of the British Sure Start Program (Biztos Kezdet in Hungarian) is aiming to reach those families where young children live in deprived settlements, families, environment. The program is offering an opportunity for mothers (and any other caregiver) to spend a couple of hours during the day in the Sure Start Children’s Houses where good quality toys and a friendly environment is waiting for us accompanied with well-trained staff. The parents are encouraged to play with their children to with each other and the staff and ask for help if needed. Although the main focus is on supporting parents to learn about their children’s developmental needs, empower them as parents, integrating the different at risk families (very poor, Roma, disabled children etc.) and prepare them for kindergarten and the mothers to find employment it is also aiming to prevent abuse and neglect and detect the risky situations. They do not intervene themselves but refer the cases to the child welfare services. It has been financed through the EU Funds and due to the recession and the new governmental programs it is now changing the original scope, the program, training materials and the experiences of the first 36 houses are there. (www.biztoskezdet.hu)

The Kek Vonal (Blue Line) children’s hotline set up a special service for professionals to seek unanimous help in case they can not handle the problem of the clients they have, including abuse and neglect cases. It aimed to support those who locally could not find any help or did not dare asking their colleagues. It was an excellent service originated from the Belgian similar efforts made after the Dutroux case and was financed through a grant, but it had to be suspended due to the lack of funding.



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Problems: Lack of awareness of the nature and extent of the issues concerning abuse and neglect and still seen as an individual “fault”, made by “bad” parents who should know by instinct how to be a good parent. There is no effort made to understand and handle the complexity of the issues and investing into prevention. The common notion is still that only poor, deprived, law educated people are abusing or neglecting their children. The lack of culture in seeking, accepting or offering help is an important barrier.



Chapter 3: Detection, reporting and stopping child abuse and neglect

Detection, reporting and stopping child abuse and neglect is part of the child protection legislation and the mentioned strategy but none of them have been implemented fully.

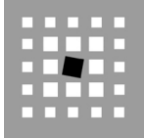
The suspicion of child abuse, neglect has to be reported – in principle – to the child welfare agencies and/or to the police. (Gyvt. 17. § (2) par. a) In practice there are very limited number of referrals as the professionals who are obliged to do it are very seldom want make a written report, or witness, partly as it is time consuming, they are not sure, or are afraid of the perpetrators themselves. Doctors e.g. say that they are losing their patient if they report them. Despite of the many efforts made by some activists and the media it took many years until the ombudsman was making a clear recommendation to the Parliament, to the different ministries and authorities including the Ministry of Social Affairs to make accountable and if needed punish those not reporting and/or intervening properly. (AJB-2227/2010 case, http://www.obh.hu/allam/aktualis/pdf/jelentes_201002227.pdf).

As a reflection the Parliament modified the Child Protection Act and from 2010 the local authorities can oblige their employees for vocational training and/or paying fines if they are not meeting the professional requirements in reporting, intervening. The local authorities can also be fined in similar cases. These are very mild and hardly used methods even in cases of child death or severe abuse, neglect.

The under resourced and not properly trained local child welfare services should fulfill all the requirements but they can not and/or often do not want to do this there is no consequence.

There are no NGOs, volunteers working in this area, however the neighbors, acquaintances are encouraged to report, they very seldom do as they do not want to be identified. Some NGOs are trying to run campaigns, awareness raising programs, hot-lines, services but their scope is very limited and partial.

No products available in this area.



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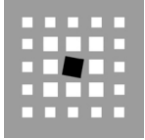
In the child protection legislation there is a clear mandatory reporting obligation of all professionals working with children to report any suspicion or at risk situation but it is not happening in many cases and there is no accountability, real consequence of any kind as proven by several very severe cases published by the media.

No research and finding on this field and no good practice either.

There is one foundation working with victims of sexual abuse (www.eszteralapitvany.hu) but they are operating in Budapest only, and no full time staff is working there.

The shelters offered for mostly battered women and their children are not capable providing sustainable protection due to the lack of places and other supplementing or local services. Women and children stay there too long as there is no other service or opportunity for them, and the capacities are extremely limited.

The main problems is as written above the lack of recognition of the extent and severity of abuse and neglect, lack of comprehensive, holistic approach and the understanding of the need of an integrated vision and working together at all levels recognizing the overarching and interrelated nature of these issues.



Chapter 4 Treatment Services

Government policy and services:

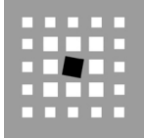
There is no government policy for services neither of child abuse and neglect victims nor for perpetrators. The reason is partly the lack of any kind of rehabilitation services – besides traffic accidents or other injuries – and the awareness or need of it is only recognized in a limited scope. On the other hand there is even less attention paid on the needs of perpetrators, the preventive nature of their support or treatment. There is also limited budget or any kind of treatment – especially psychological or cognitive type – therefore it is not an issue. In most cases victims are not provided with rehabilitation and very limited number of specialists are available and only in big cities.

For the victim support services some efforts have been made through grants, and EU funded programs, but their scope is very limited. In most cases sexual abuse victims are seen as in need of help, neither emotional, physical abuse victims nor neglect victims are considered. The perpetrators are only punished – if anything – but nothing is available, besides very sporadic initiatives.

Efforts to provide psychotherapy are the most common, mostly by NGOs or private practitioners. Victim-offender mediation and Family Group Conferencing has been tried in some cases but there is no money for the training and supervision, there is limited interest as service providers do not profit in any way and there is a strong resistance on behalf of some groups (radical feminists, public) to use any form of mediation. Feminist groups are questioning its credibility, the public only believes in harsh punishment and does not take seriously the need for rehabilitation.

There are some programs run by women's organizations, like hot lines, and training programs for professionals but the awareness of the public or even of the professionals, not mentioning the victims and perpetrators themselves is almost none.

We have got court cases where harsh physical abuse of children by their parents or foster parents even is justified with the “bad behavior” of the child and/or the good intention of the parent, care giver, despite of the legal prohibition and clear ban on corporal punishment.



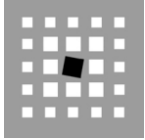
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Emotional abuse and harm caused by neglect is hardly mentioned at all or accepted. In a residential facility recently two young girl siblings were allegedly molested by one of their carers and according to the psychologist's report it has not got any impact on their life, they quickly forgot it. The care taker left the institute without any consequence despite of the police investigation. In the families it is even more probable.

There is no research and there has never been anything on this topic so far.

Good practices are the mentioned psychological support opportunities provided by ESZTER Foundation and other individual professionals who do it, and some successful family group conference and victim-offender mediation cases run by those who have been trained by Rob van Pageé (Eigen-Kracht Centrale, the Netherlands) 5 years ago, organized by the Family, Child, Youth Association.

The main problems are as mentioned above.



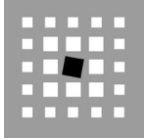
Chapter 5: Integrating services

Initiatives developed for integrating services: According to the legislation on child protection working together is compulsory for all professionals in relation to the children and families. The integrated way of working together has been strengthened by the description of case conferences where all parties involved should be present. Another tool to support and supervise co-operation and division of work was the introduction of the Looking After Children Assessment and Documentation System (now called Integrated Services) adapted from the UK system in 1998 and incorporated into the legislation. It affects all actors both at local and county level, and all professionals. Despite of the obligation however it has developed very slowly and according to the data, mostly doctors and schools are reluctant to co-op, at many places due to the lack of knowledge, resources, willingness, political reasons there are no case conferences or only in a formal way, and often parents and children are left out.

There has not been a unified terminology and language set up, despite of many efforts some academics and NGOs urges and still the training materials, readings etc have not been harmonized or integrated either.

Data protection and confidentiality:

There are both data protection and confidentiality regulations in place, meaning that personal data must be protected and access to data and information has to be properly assessed and monitored. Confidentiality is a very complex issue, as the understanding of both data protection and confidentiality is often used for hiding non-intervention and avoidance of transparent plans and actions. In the working together methodology it is also not clear for many who is eligible for certain information and how data protection and confidentiality should be understood. E.g. in cases of placement of abused children in public care (institution or foster care) the child protection agencies do not inform the placement about it, to “protect” children’s data and it is jeopardizing the needed help to be provided or understanding of the behaviour of the child.



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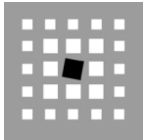
Often psychologists are questioning their reporting opportunities referring to confidentiality and data protection when it comes to police investigation or court hearings.

Health professionals are complaining that as children are entitled to independent decisions only over 14 years of age, in many instances parents' involvement or permission is needed even in cases where they are the perpetrators or are blocking the proper treatment or support of their children.

Another issue is the issue of confidentiality of professionals in case a child is asking for secrecy, e.g. in case of abuse but fear from the abuser, or drug use and fear from the parent. The conflict between confidentiality and reporting obligation is in many instances an unresolved problem.

As the electronic system is not working papers are filled in and often disappearing, not used etc. but despite of the many efforts made to unify the administration, ensure IT support it has just started to be worked out. Professional standards, methodology materials and electronic data gathering and handling system has been developed in the last couple of years with the help of EU funding but not implemented yet and due to the very basic political changes it is a question whether it will be implemented or not at all.

A research conducted on the referral system, documentation, data gathering, and intervention concerning offending children and all related issues, showed clearly that there is no coherent and integrated way of assessment, documentation, monitoring, evaluation and it is leading to a confusing, accidental system where no-one knows what is happening and why. (Herczog-Gyurkó, 2007)



Chapter 6: Education and training of professionals

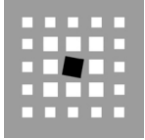
Minimal educational requirements for professionals working with children:

The minimal educational requirements are regulated according to the profession in the given legislation. In general those working directly with children need a minimum of 4 years college or 5 years university training. Helpers, assistants need a 2-3 years vocational training in most instances, depending on the work they do. In pedagogy, in nurseries 3 years (it is becoming a 4 years college BA in early childhood as well), while helpers 2 years, kindergarten teachers need 4 years college training, just like primary teachers up to the first 8 years, while those teaching older children from 14-18 are required to have a 5 years university qualification. Health visitors are completing a 4 years college and doctors 6 years plus 4 years of specialization training.

Psychologists are required to finish a 5 years university course and to become a child psychologist or therapist a long series of additional courses and self-awareness program. Social workers are required a 4 years college training just like social pedagogues but for social workers there is a 5 years MA course as well at universities.

There is a compulsory regular vocational training need as well, professionals have to gather certain amount of points to be allowed to practice.

In Hungary sadly enough there is no special training for councilors, that is one of the missing professions, or specialization as many children and families would need it but they either get help from someone not specially trained or wait for a psychologist, therapist, psychiatrist whose time is not effectively used in many cases.



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Plans for actions and programs to improve practice:

In the recent years there has been many efforts made but not at national level, rather initiated and implemented by some professional groups and professions. There have been plans to better regulate and standardised the system of training, vocational training but so far very limited discussions have been organized and for the time being partly due to the crisis partly due to the political will there is no desire to focus on any form of abuse, neglect prevention or intervention, rehabilitation rather on punitive measures by the police and the court.

Products:

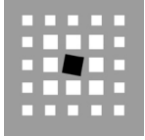
There has been a development of a wide set of professional standards, protocols and training but it stopped last year and none knows its future. In principle there is a good basis to create a new framework based on social work and incorporating the health care and education, police and the court system but for the time being nobody believes in its reality.

Problems:

There is no monitoring, evaluation and follow up, data gathering is not based on a standardised system and understanding and therefore no-one knows how widespread and serious the problem of child abuse and neglect is. On the other hand the governments during the past 6 years have not taken into consideration of the UN CRC Committee's concluding observations from 2006: 36. The Committee is concerned about the number of children who are victims of violence in the family and sexual abuse and the lack of preventive and reintegration measures available.

37. In light of article 19 of the Convention, the Committee recommends that the State party:

- (a) undertake further in-depth studies on violence against children, including sexual abuse, in order to assess the extent, the causes, scope and nature of these violations;
- (b) strengthen awareness-raising and education campaigns with the involvement of children in order to prevent and combat child abuse;
- (c) review the relevant legislation with a view to strengthening the protection of children where necessary;



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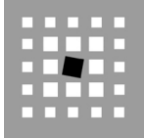
- (d) improve the reporting of cases of child abuse inter alia by ensuring that mandatory reporting for professionals working with or for children is applied in practice and by introducing child-sensitive possibilities to report instances of abuse;
- (e) provide the necessary services for full physical and psychological recovery and social reintegration for children victims of violence;
- (f) a monitoring system of the responsibilities placed on local authorities needs to be developed;
- (g) particular attention should be paid to the establishment of emergency mechanisms such as 24 hour toll free helplines and shelters for children and women with children.

In the context of the Secretary-General's in-depth study on the question of violence against children and the related questionnaire to Governments, the Committee acknowledges with appreciation the written replies of the State party and its participation in the Regional Consultation for Europe and Central Asia held in Slovenia from 5 to 7 July 2005. The Committee recommends that the State party use the outcome of this regional consultation in order to take action, in partnership with civil society, to ensure the protection of every child from all forms of physical or mental violence, and to generate momentum for concrete and, where appropriate, time-bound actions to prevent and respond to such violence and abuse.

Health and health services

41. The Committee expresses concern regarding the unequal access to health services throughout the country, in particular the limited access for children in rural areas and Roma children.

42. The Committee recommends that the State party review its financial allocations for health services in rural areas. Furthermore, a concrete strategy should be adopted and implemented in order to ensure that medical services are provided without discrimination.



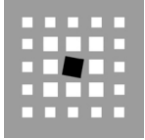
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Summary

In Hungary, the child welfare and protection system has been totally renewed and re-structured by the implementation of the 1997 child protection legislation. In a decentralized model, local authorities on all settlements (almost 3200) are responsible for providing universal basic child health, education and social services, while targeted services for children placed out of their family belong to the counties and it is also financed by them and the central budget..

Following the pattern of the 1989 Children Act in England, a working together methodology was introduced together with a mandatory reporting in cases of child abuse and neglect. The local child welfare services are responsible for the awareness raising, prevention and services for families at-risk and for interventions in case of abuse and neglect. Health professionals - health visitors - who are visiting every family where a child was born- have an on-going contact with children up to six years of age (and later as school nurses up to 14). These health professionals, GPs, paediatricians who see children regularly as well as early childhood professionals in nurseries and kinder-gardens, teachers, school social workers and those responsible for child protection have to report to child welfare services so-called risk situations and their suspicion or awareness of abuse and neglect. In recognized cases of abuse and neglect, child welfare services should provide family case work, refer the child and the family to targeted, highly specialized services (psychologist, psychiatrist) and inform the police if needed.

Local authorities are the duty bearers. Voluntary organizations play an additional, but not very widespread complementary role. A so-called social normative provided is by the State to the local authorities. This normative is based on the number of inactive population (children, elderly and disabled people). However, as the money is not ring fenced; it is often not spent on those in need. Furthermore, in practice most local municipalities have very limited other income and can therefore not afford to run services. NGOs are only present to a very limited extent. They work mostly in intervention and in specific service provision. Some NGOs and church organizations are contracted by local authorities to run local services.

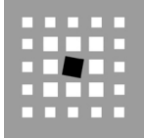


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In practice the system has not been working properly, due to the fact that there are very few professionals, there is a lack of resources, case loads are extremely high and responsibility always exclusively lies with parents. Very few highly skilled professionals are available and for financial reasons they are seldom approachable for many children who live in villages, remote areas or even for children in cities because of long waiting lists or lack of trust and of an acknowledgment of their needs. The public opinion has changed a lot concerning the severity of child abuse in the family; it is still not a requirement to provide support to the child, the non-offending parent and the perpetrator. Children are often placed out of the family but not getting any rehabilitation services.

Once a child needs out of family placement, several options are available. In principle, if the mother is also abused temporary shelters are available in very limited number and there is a constant shortage of placements. Shelters in many instances do not provide services for children it is often a rescue operation and as there is no follow up, nobody can measure the effectiveness of the system. Children can also be placed with their extended family or with local substitute families as well. This is decided and organized by the regional custodian office run by the municipality (there are 3200 local authorities and 260 custodian offices). Another form of care is temporary placement of children in institutions or in foster families, which is decided by one of the 20 county custodian offices that are run by the county self-governments and the form of placement suggested by the county child protection agencies. Their role is to assess the situation, gather the documentation and anamnesis from the local service providers, organise a case or placement conference and offer services.

Often police refuse investigation or dismiss the cases due to the lack of evidence. In addition, county agencies have very limited resources for rehabilitation. Therefore out of home placements are mostly considered as rescue operations, fire fighting and not as planned, implemented programmes despite the existing legislation and the Looking After Children Assessment and Documentation System that was adapted from the UK in 1998. Placement of children out of the family does not require a court decision; custodian offices have the right to make these decisions.



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On principle, Hungary is aimed to be a holistic system and legislation has been designed accordingly. However, implementation shows the signs of a system where rescue operations are dominant, if anything. The latency is extremely high, according to a research many years ago while in Western Europe it is estimated that 1 out of 10 sexual abuse cases are reported it is estimated in Hungary 1 out of 24. In addition, prevention, early intervention and holistic family support are provided on a very limited basis, if provided at all. Sex education, self awareness, self confidence, conflict resolution is not provided in most of the schools or other out of school programs or in the media. Professional helpers find it very uncomfortable to tackle these issues and try to avoid facing them. Furthermore, neither therapy nor proper rehabilitation are offered, not even in cases of proven damage.