Ireland

4,819
Population (thousands)

—%
Population below international poverty line

82 YEARS
Average life expectancy at birth

4
Under 5 mortality rate (per 1,000 births)

$382,487
Gross national product (millions)

—%
Literacy rate for male youth (15-24)

—%
Literacy rate for female youth (15-24)

Behaviors and Conditions Generally Viewed as Child Maltreatment

Age an individual is legally considered an adult [Q9]

- 18

Actions considered forms of child maltreatment:
Affecting children's safety, health, or development [Q12]

- Physical beating of a child by any adult
- Child living on the street
- Prostituting a child
- Infanticide
- Female circumcision/female genital mutilation
- Forcing a child to beg
- Abuse by another child
- Child serving as soldier
- Child labor – under age 12
- Slavery
- Internet solicitation for sex
- Child marriage
- Torture for political reasons
- Making a child responsible for an adult crime to lessen risk of prosecution

In the following places [Q13]

- Foster care, group home or orphanage
- Day care center
- School or educational training center
- Psychiatric institution
- Detention facility
- Religious institution
- Sporting organization
- Work place
- Law enforcement facility
- Refugee camp

Involving a parent or caregiver [Q14]

- Physical discipline with bruising
- Physical discipline without bruising or other injury
- Failure to provide adequate food, clothing, medical care, education, or shelter (neglect)
- Failure to seek medical care for any reason
- Sexual abuse (e.g., incest, sexual touching)
- Exposing child to pornography
- Commercial sexual exploitation
- Abandonment
- Emotional (psychological) abuse (e.g., repeated belittling or insulting of a child)
- Emotional (psychological) neglect (e.g., failure to provide emotional support/attention)
- Failure to seek medical care for child based on religious beliefs
- Child is exposed to (witnesses) intimate partner (or domestic) violence
- Child exposed to parent's substance use

Official Documentation on Child Maltreatment

Government agency maintains official record/count of all suspected CM reported to authorities [Q15]	Yes

Agencies that maintain these records [Q16]

- Social services - Tusla (the Child and Family Agency) - dedicated state agency responsible for improving the wellbeing and outcomes of children
- Law Enforcement
- Courts

The level at which records are maintained [Q17]

- National
- Regional/State
- Local

Multiple agencies have interconnected recordkeeping systems [Q18]	No
How long this counting system has been in place [Q19]	10+ years

Types of CM and intimate partner violence used to classify reports [Q20]

Physical abuse	Yes
Sexual abuse	Yes
Neglect	Yes
Emotional (psychological) maltreatment	Yes
Exposure to intimate partner violence (IPV)	No

Change in the past 4 years in the number of reports for the following types of CM [Q21]

Physical abuse	More cases
Sexual abuse	More cases
Neglect	More cases
Emotional (psychological) maltreatment	More cases
Exposure to intimate partner violence (IPV)	Don't know

Subgroups of children are systematically excluded from the reporting system [Q22]	No
Subgroups of children are included in this reporting system [Q24/Q25]	Don't know
Ethnic background not recorded- not possible to speculate on subgroups included	
Country or most states/provinces have a law mandating reporting of suspected CM [Q26]	Yes
Year law too take effect [Q27]	After 2005
Law applies to [Q28]	
• Physical abuse	
• Sexual abuse	
• Neglect	
• Emotional (psychological) maltreatment	
• Exposure to/witnessing IPV	

National Statistics

The rate of reported CM nationwide per 1,000 children per year [Q29]	46
Percentage of reports of suspected CM that are responded to/investigated by social services [Q30]	76-90%
Percentage of all reports investigated that are substantiated or "proven" [Q31]	Don't know
The rate of proven CM per 1,000 children [Q32]	Don't know
Official count represents number of children or number of responses [Q34]	Child count
One child or household can be counted more than once [Q35]	Yes
Percentage of responses/investigations for each of the following types of CM [Q36]	
Physical abuse	Don't know
Sexual abuse	Don't know
Neglect	Don't know
Emotional (psychological) maltreatment	Don't know
Street children	Don't know
Abandoned children	Don't know
Exposure to IPV	Don't know
Percent of substantiated reports that result in [Q37]	
Result in the perpetrator being removed from the home	Don't know
Lead to prosecution of the alleged perpetrator	Don't know
Result in the child being removed from the home	Don't know
Number of children removed from home living in: [Q38]	
Kinship care (with a family member)?	16-30%
Non-relative family foster care	61-75%
Residential care/orphanages	0-15%

Child Fatalities

An autopsy is required by law when a child's death [Q39]	
Is unexpected	No
Has an unclear cause	No
My country has child death/fatality review teams [Q42]	Yes
These teams are trained in recognizing child abuse and neglect [Q43]	Yes
These teams are required by law [Q44]	No
These teams are [Q45]	National
An official annual count of deaths due to child abuse or neglect is maintained by a government agency [Q46]	No
The annual rate of child deaths attributed to CM [Q47]	Don't know
Time period that this annual rate applies to [Q48]	N/A
In the past 10 years, the number of reported deaths due to CM [Q50]	Don't know

Responses to Child Maltreatment

My country has an identified government agency (or agencies) at the national, state, or local levels that is mandated to respond to reports of CM [Q51]	Yes
Primary investigations are conducted by [Q52]	
• Social services	
• Law enforcement	

Laws and Policies Responding to Child Maltreatment

My country has national laws or policies implemented at the state/provincial/territorial level regarding CM [Q53]	Yes
These laws **or policies** were established [Q54]	1980-1989
The following elements are specified in laws or policies [Q55]	
Mandated periodic training for professionals who may encounter maltreated children	Yes
Mandated reporting of suspected CM for specific groups of professionals or individuals	Yes
Mandated reporting of suspected CM for all adults	No
Provisions that allow for voluntary reporting of suspected CM by any professional or individual	Yes
Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Yes
Requirement that the investigation be a coordinated intersectoral response	Yes
Requirement that the child(ren)'s and family's needs be assessed	Yes
Provisions for removing child from his or her parents/caretakers to ensure the child's safety	Yes
Provisions for removing the alleged perpetrator from the home	No
Requirement that background checks be conducted for employees who work with children (e.g., teachers, day care workers, etc.)	Yes
Specific criminal penalties for maltreating a child	Yes
Requirement that all victims receive some form of service or intervention	Yes
Requirement that all perpetrators receive some form of service or intervention	No
Requires the development of specific prevention services	Yes
Penalties for professionals who fail to report CM	Yes
Provision of immunity from liability when reports are made in good faith	Yes
Provide a specific budget for preventing CM	Yes
Clear definition of child neglect	Yes
Clear definition of child physical abuse	Yes
Clear definition of child sexual abuse	Yes
Clear definition of child emotional/psychological abuse	Yes
Clear definition of exposure to IPV	Yes
The sectors that are required to be included in the response [Q56]	
• Child protection	
• Law enforcement (police)	
The extent to which these laws or policies are being enforced [Q57]	
Mandated periodic training for professionals who may encounter maltreated children	Widely
Mandated reporting of suspected CM for specific groups of professionals or individuals	Widely
Mandated reporting of suspected CM for all adults	N/A
Provisions that allow for voluntary reporting of suspected CM by any professional or individual	Widely
Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Widely

Requirement that the investigation be a coordinated intersectoral response	Widely
Requirement that the investigation be a coordinated intersectoral response	Widely
Requirement that the child(ren)'s and family's needs be assessed	Widely
Provisions for removing child from his or her parents/ caretakers to ensure the child's safety	Widely
Provisions for removing the alleged perpetrator from the home	N/A
Requirement that background checks be conducted for employees who work with children (e.g., teachers, daycare workers, etc.)	Widely
Requirement that all victims receive some form of service or intervention	Widely
Requirement that all perpetrators receive some form of service or intervention	N/A
Requirement that the development of specific prevention services	Widely
Penalties for professionals who fail to report CM	Don't know
Provision of immunity from liability when reports are made in good faith	Don't know
Provision of a specific budget for preventing CM	Widely
The adequacy of government resources for implementing these laws or policies [Q58]	
Mandated periodic training for professionals who may encounter	Somewhat inadequate
Requirement that reports be investigated within a specific time period (e.g., 24 hours)	Adequate
Requirement that an investigation be a coordinated intersectoral response	Adequate
Requirement that the child(ren)'s and family's needs be assessed	Adequate
Provisions for removing child from his or her parents/ caretakers to ensure the child's safety	Adequate
Provisions for removing the alleged perpetrator from the home	N/A
Requirement that all victims receive some form of service or intervention	Adequate
Requirement that all perpetrators receive some form of service or intervention	N/A
Requirement that a separate attorney or advocate be assigned to represent the child's interests	Adequate
Provision of a specific budget for preventing CM	Adequate

Services

Child abuse and neglect services available and to what extent [Q59]	
Therapy for those who neglect a child	Moderately
Therapy for neglected children	Moderately
Therapy for those who physically abuse a child	Occasionally
Therapy for physically abused children	Moderately
Therapy for those who sexually abuse a child	Usually
Therapy for sexually abused children	Usually
Case management support services to meet a family's basic needs	Usually
Home-based services to support parents and family	Usually
Foster care with official foster parents	Usually
Group homes for maltreated children	Usually
Public shelters for maltreated children	None
Public shelters for victims of domestic violence and their children	Usually
Institutional care for maltreated children	Usually
Hospitalization for mental illness for adults	Occasionally
Hospitalization for mental illness for children	Occasionally
Substance abuse treatment for parents	Usually
Substance abuse treatment for children	Occasionally
Centers for parents to share experiences/concerns	Occasionally
Universal home visits for all new parents	Usually
Targeted home visits for new parents at-risk	Moderately
Free/highly subsidized child care	Moderately
Universal health screening for children	Usually
Universal, mostly free medical care for children	Moderately
Universal, mostly free medical care for all citizens	Moderately

Prevention

The involvement of the following sectors in providing CM prevention services before CM has occurred [Q60]	
Hospitals/medical centers	Minimal
Mental health agencies	Minimal
Businesses/factories	None
Schools	Moderate
Public social service agencies	Very
Community-based NGOs	Very
Religious institutions	Minimal
Voluntary civic organizations	Minimal
Courts/law enforcement	None
Universities	Minimal
The level of involvement for the following sectors in providing CM treatment services after CM has occurred [Q61]	
Hospitals/medical centers	Moderate
Mental health agencies	Very
Businesses/factories	None
Schools	Minimal
Public social service agencies	Very
Community-based NGOs	Very
Religious institutions	None
Voluntary civic organizations	Minimal
Courts/law enforcement	None
Universities	None
The extent to which government and non-governmental agencies fund CM prevention services [Q62]	
Government	Major
Non-government	Moderate
The extent to which government and non-governmental agencies fund CM treatment services [Q63]	
Government	Major
Non-government	Moderate
The effectiveness of these strategies in preventing CM [Q64]	
Nurse Family Partnership	Seems effective
Home-based services and support for parents at risk	Seems effective
Media campaigns to raise public awareness	Seems effective
Risk assessment methods	Seems effective
Increasing individual responsibility for child protection	Seems effective
Prosecution of child abuse offenders	Seems effective
Universal home visitation for new parents	Seems effective
Improving/increasing local services	Seems effective
A system of universal health care and access to preventive medical care	Seems effective
Professional training	Seems effective
University programs for students	Seems effective

Improving the basic living conditions of families (e.g., housing, access to clean water).	Seems effective
Mental health services	Seems effective
Substance abuse services	Seems effective
Services for victims of domestic violence	Seems effective
Child death review teams	Seems effective
Trauma-Focused Cognitive Behavioral Therapy	Seems effective
Multi-Systemic Therapy	Not used
Triple P Positive Parenting Program	Seems effective
Safe Care parenting program	Not used
The importance of the following barriers in limiting efforts to prevent CM [Q65]	
Limited resources for improving the government's response to CM	Somewhat
Lack of specific laws related to CM	Somewhat
Lack of trained professionals	Somewhat
Public resistance to supporting prevention efforts	Somewhat
Extreme poverty	Somewhat
Decline in family life and informal support systems for parents	Somewhat
Country's dependency on foreign investment to sustain its local economy	None
Strong sense of family privacy and parental rights to raise children as they choose	Very
General support for the use of corporal punishment/physical discipline of children	Somewhat
Lack of commitment or support for children's rights	Somewhat
Overwhelming number of children living on their own	None
Generally inadequate and poorly developed systems of basic health care or social services	None
Political or religious conflict and instability	None
Lack of access to mental health services	Somewhat
Lack of substance abuse treatment	Somewhat
Lack of laws allowing sharing of information among professionals	None

Child Sexual Exploitation

The following questions pertain to child sex exploitation (CSE), defined as: the recruitment, harboring, transportation, trafficking, provision, or obtaining of a person under 18 for the purpose of a commercial sex act -- by force, fraud, or coercion.

The extent to which my country has laws concerning CSE [Q66]	Greatly
The extent to which my country has programs to combat CSE [Q67]	Somewhat
The extent to which agencies collaborate to stop CSE [Q68]	Greatly
The extent to which clear policies exist for reporting CSE to a public agency or NGO [Q69]	Greatly
My country keeps official records on CSE [Q70]	Yes
Commercial sex work is legal in my country [Q71]	Yes
At what age is it legal to be a sex worker [Q72]	17
The extent to which CSE victims receive mental health care [Q73]	Sometimes
The extent to which my country prosecutes citizens who engage in CSE [Q74]	Sometimes
The extent to which my country prosecutes citizens who engage in CSE abroad [Q75]	Sometimes
The extent to which my country prosecutes foreigners who engage in CSE within my country [Q76]	Don't know
The extent to which my country arrests children who are exploited sexually [Q77]	Rarely
There have been arrests in my country in the past year of persons who sexually exploit children [Q78]	Yes
There have been arrests in my country in the past year of persons for the possession or production of child pornography [Q79]	Yes

Resources

The extent to which the UNCRC has helped improve CM policies and programs [Q80]: Slightly

Major developments in child abuse and neglect in my country in the past year [Q83]

- Review of Child Care Act 1991 and regulation of GALs; Formation of Barnahus.

Reputable agencies or organizations in my country able to provide reliable information, with contact information, especially websites. [Q84-Q87]

Tusla
Address: Heuston South Quarter, St John's Rd W, Kilmainham, Dublin, Ireland
Email: info@tusla.ie Website: tusla.ie/
Resources: Tusla, the Child and Family Agency was established on the 1st January 2014 and is now the dedicated State agency responsible for improving wellbeing and outcomes for children. It represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland. The Agency brings together over 4,000 staff and an operational budget of over €750m. The services offered by Tusla include: child and protection welfare services; alternative care services; adoption services; family support services; domestic, sexual & gender based violence support services; early years & school age services and Tusla education and support serivces.

Cari Foundation
Address: 110 Drumcondra Rd Lower, Drumcondra, Dublin 9, Ireland D09 N9E4
Email: info@cari.ie Website: cari.ie/
Resources: Children will be referred to CARI when they have disclosed sexual abuse (or may be a confidant of the disclosure) and when the disclosure has been investigated by the appropriate authorities. Children will also be referred to CARI if they have witnessed sexual assaults on a child or adult or if they are siblings of the above. CARI responds to and reaches out to those affected by abuse and supports them during the recovering process, endeavouring to ensure that the child sexual abuse is seen as an experience but not a defining event of the child's life.
Through therapy CARI offers children a supportive ally and safe environment and instils hope, trust and confidence allowing these children return to the path of normal development and reach their potential
CARI also provides therapy to children, up to and including 12 years who are showing signs of Sexually Harmful behaviour
Children who have had therapy can come back at any time to CARI as they grow up for further therapy and support
Therapy at CARI is provided by trained and experienced psychotherapists and each client is offered an appropriate therapy/ treatment plan to meet their specific needs.