

D7.1

Mapping the Member States' approach to people who fear they might offend against children, including people with a sexual interest in children

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Abstract: Reporting providing a country by country analysis, as well as legal schematic overviews and results of a practitioners' survey related to mandatory reporting rules and professional confidentiality for practitioners working with people who fear they might offend against children, including people with a sexual interest in children. The analysis covers all EU Member States, as well as Australia, Canada, Switzerland, Norway, the UK, and the US. The report also contains a high level country by country analysis, as well as legal schematic overviews for the approach of these countries to sex offender registration and registries.



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List of Acronyms

Acronym	Definition
BGN	Bulgarian Lev
CAD	Canadian Dollar
CAPTA	Child Abuse Prevention and Treatment Act (US)
CHF	Swiss Franc
CSAE	Child Sexual Abuse and Exploitation

CSAM	Child Sexual Abuse Material
CZK	Czech Koruna
DNA	Deoxyribonucleic acid
ECRIS	European Criminal Records Information System
EEA	European Economic Area
EU	European Union
EUR	Euro
Fijais	Fichier des auteurs d'infractions sexuelles ou violentes (France)
GDPR	General Data Protection Regulation (EU, Regulation 2016/679/EU)
HEADS	Haft-Entlassenen-Auskunfts-Datei-Sexualstraftäter (Germany)
HIPAA	Health Insurance Portability and Accountability Act (US)
HRK	Croatian Kuna
KSKS	Kieler Sicherheitskonzept Sexualstraftäter (Germany)
KURS	Konzeption zum Umgang mit rückfallgefährdeten Sexualstraftätern (Germany)
LaCC	Law on the Application of the Swiss Civil Code and Other Federal Civil Laws (Canton Geneva)
LEA(s)	Law Enforcement Authority/Law Enforcement Authorities
NHS	National Health Service (UK: England, Scotland, Wales and Northern Ireland each have their own version)
NSOPW	National Sex Offender Public Website (US)
RiMS	Risikomanagement für besonders rückfallgefährdete Sexualstraftätern (Germany)
SOIRA	Sex Offender Information Registration Act (Canada)
SORNA	Sex Offender Registration and Notification Act (US)
UK	United Kingdom
US	United States
USD	United States Dollar
WP	Work Package

2PS Project Overview

2PS, which stands for Prevent & Protect Through Support is a highly innovative project offering a paradigm shift in the approach to tackling child sexual abuse and exploitation (CSAE) across Europe. The highly qualified and diverse consortium – together with leading global actors – are committed to laying the foundations for new coherent modus operandi that complement the reactive approaches currently favored. This is achieved by addressing the support needs of people with a sexual interest in children and people who feel they might offend. 2PS will share the best practices for guidance, therapy and treatment methods – combined with new training and awareness for frontline support workers and LEAs. This project aims to move preventive actions to the forefront, offering alternative courses of action to existing offenders and people who fear they might offend– including people with a sexual interest in children.

The main goals of the project are:

- Increasing prevention actions and provide support and services to individuals at risk of engaging in illegal or risky behavior to help prevent them from harming children or engaging with materials that are a source of concern and could lead to illegal content consumption.
- Establishing a central repository of services and support actions that can help to divert anyone who recognizes they are having indecent thoughts towards children.
- Providing support to those who have not yet offended and who are willing to engage to prevent offending and victimization and, where offending has occurred, provide support to prevent future offending and victimization.

These will be achieved through:

- Understanding the prevention ecosystem and widening activities for knowledge exchange.
- Testing and validating directly with offending and non-offending people with a sexual interest in children as well as understanding key differentiators between them.
- Creation of new platforms and improvement of existing tools that encourage people who fear they might offend, including people with a sexual interest in children and CSAM users to seek support.
- Development of trainings to provide target stakeholders (frontline-support, specialists and LEAs), with greater knowledge of people who fear they might offend against children.
- Creation of campaigns to stimulate a change of perception on the role of prevention for combating CSAE.

Executive summary

This report examines the legal and regulatory frameworks concerning mandatory reporting obligations and sex offender registries across EU Member States and key third countries (Australia, Canada, Switzerland, Norway, the UK, and the US). It explores how these jurisdictions address interactions with individuals who fear they might offend against children, including people with a sexual interest in children.

The report has two sections.

In the first section, mandatory reporting laws and national rules related to professional confidentiality/secretcy are analyzed for each country in focus. Moreover, separate schematic overviews are presented to compare the rules in each country from three perspectives: (i) the rules on professional confidentiality/secretcy and disclosure in general, (ii) the rules on mandatory reporting in particular, and (iii) the rules on anonymous reporting and other potential protections for reporters. To further enhance the understanding, the desktop research (and input from legal experts) is complemented by a questionnaire for practitioners, which illustrates how practitioners apply the rules in practice.

The analysis reveals significant differences in mandatory reporting obligations, influenced by the immediacy of risk, anonymous reporting options, and legal protections for reporters. These variations create uncertainty for professionals, potentially leading to inconsistent reporting practices, not only within the EU, but within a given country, region or even institution. A key challenge is balancing confidentiality obligations, as provided for by law, which is necessary to provide support in an adequate environment of trust, with the duty to report and to protect children that may potentially be at risk.

A crucial element in approaching this balance is that there will always be a need for the practitioner who is interacting with a person with a sexual interest in children to exercise an amount of discretion, i.e. to judge whether or not a given behavior or statement is a serious enough indication of a real and imminent risk to a child to perhaps trigger a reporting obligation or to exercise a reporting right. Being too strict in maintaining confidentiality is an issue and puts children at risk directly, but so is having no discretion at all (i.e. having no or extremely limited possibility to maintain confidentiality, even when the statement or behavior, in the context of the whole interaction and history with the client, seems to be present only a negligible risk), as this may discourage help-seeking behavior and inadvertently increase the risk to children in a more indirect manner. The report finds significant divergence in the Member States, and between the countries in focus in general, relating to professional secrecy/confidentiality, the justifications for breaching such secrecy, reporting rights and mandatory reporting obligations. This also means that there is strong divergence relating to the amount of discretion given to professionals and how they are expected to use that discretion. The analysis questions whether such divergence in approaches can be appropriate and justified by national legal and cultural differences, or rather leaves children at risk in some countries (or more at risk in some countries than in others), thereby inviting policymakers to compare their national legal system with others to see whether their approach holds true. The practitioners' questionnaire in particular reveals issues and shortcomings of various systems, with some countries in particular having outcomes that seem either too eager to report (with a significant amount of respondents in some countries reporting even in cases where there has been no admission or clear intent of any illegal action) and other countries presenting outcomes on the other side of the spectrum, with respondents being rather cautious towards reporting. In some countries a significant amount of respondents decided not to report even in the last scenario, where, adding the scenarios together, there is a clear escalation of the patient's risk level, with admissions of prior contact offences and actual steps taken towards grooming a child, to which the patient has continued access. In most of these countries, the legal framework would, based on the desktop research, require a report to be made or at least allow for it.

Moreover, the practitioners' questionnaire generally reveals significant discrepancies between the law in theory and the law in practice, with practitioners significantly disagreeing or being unsure on how to apply national provisions and whether to report or not in given scenarios, and, in some countries, showing

reporting behavior that is contrary to the legal framework, leading to clear overreporting in some countries and to underreporting in others. This shows the need for better guidance, either on the national or EU level, e.g. through the definition of a common protocol to define how to handle a patient revealing additional risk that they might commit an offence or indications that they might already have already done so.

The report also generally calls for more evidence to be collected for policy-making and for policymakers to look into protections for (mandated) reporters, including anonymous reporting, since the questionnaire for practitioners revealed significant confusion on this topic. This is of additional importance in countries where practitioners have wide discretion, as in those legal systems, practitioners may be more prone to underreporting if they fear negative professional consequences (e.g. professional sanctions, lose their license) or legal consequences (e.g. incur criminal liability for breaching criminally protected patient confidentiality) for deciding to report.

In the second section, the report maps the approach the countries in focus have in relation to sex offender registration and registries and in particular whether such registries can include suspects or people under observation, as well as who has access to such information. This part of the analysis highlights inconsistencies in sex offender registries, including public accessibility, inclusion criteria, and cross-border information exchange. These differences underline the need for a more coherent approach across the EU, regarding in particular defining common standards for registry criteria, which types of persons and data to be included, data retention periods, and access controls, while also ensuring the protection of privacy rights and supporting the rehabilitation of offenders.

Disclaimer, acknowledgment and notes on terminology

Please note that this report presents information obtained from various public sources, as well as input from legal and ethical experts and practitioners working with people with a sexual interest in children. The 2PS project would like to acknowledge the time and effort involved in answering the questionnaires and thank all participating practitioners and legal experts for their valuable inputs.

Where possible within this report, sources are cited and the methodology is explained to guide the reader in interpreting and understanding the information presented. In particular given the language barriers, it is not possible to guarantee the accuracy of all information. Hence, despite reasonable efforts by the authors to provide the best information possible, the information contained in this research report is provided solely for general informational purposes and is not claimed to be complete, accurate or up-to-date or to be fit for any particular purpose. The report is offered "as is" without warranty of any kind, express or implied. Readers are advised to conduct their own independent analysis and verification before relying on any information contained herein. The report is not intended as a substitute for professional legal advice. Readers are encouraged to independently verify the data and conclusions. Use of this report or the information contained therein is at your own responsibility.

Please note also that the authors are aware of the importance of terminology in this field and have tried to describe difficult topics in a nuanced yet precise way. The Luxembourg Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse have been duly considered, while not changing certain terms when they are inherently a part of a given sources, e.g. when they are part of the actual title or text of a legal provision. In those cases, the terms are kept as is, to avoid confusion. In this report, in particular "child pornography" has been replaced by Child Sexual Abuse Material (CSAM) where possible, since this term most closely corresponds to the concept of "child pornography" in legal provisions.

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Please note that the analysis of the answers of respondents to the practitioners' questionnaire may, despite best efforts, also not (entirely) reflect the actual intentions and motivations of the respondents in deciding to report a given situation or not.

INTRODUCTION

This report was developed within the framework of the 2PS project (Prevent & Protect Through Support), which aims to strengthen prevention strategies in addressing child sexual abuse and exploitation (CSAE) through prevention. A key aspect of this effort is to provide help to people who fear they might offend against a child, including people with a sexual interest in children. 2PS develops a platform with a catalogue of services (including self-help documentation, links to in-person treatment option, or even anonymous online programs by professional mental health service providers) and provides a chat functionality to help people who are concerned about themselves or others in relation to sexually offending against a child. This report aims to explore how Member States (as well as some additional countries), deal with this topic of providing professional help to this target group, specifically from the angles of a) mandatory reporting and discretion and b) the inclusion of someone's name in sex offender registries and the Criminal Justice System. Both topics relate to the same core question: how can an appropriate balance be found between the trust, discretion and confidentiality necessary for a productive therapeutic relationship (i.e. to effectively allow someone to open up and accept help) and the interest of society to protect children when a specific individual would present indications that they may offend against a child or have already done so, including indications of on-going sexual abuse.

It is important to realize that this concern or fear driving someone to look for help (or driving someone to urge someone else to look for help) does not mean that the person with the concerning thoughts or attraction in question is effectively at risk of physically offending against a child, nor that they are effectively at risk to commit another offence, such as watching CSAM. Clear and comprehensive evidence on the effect of prevention services on escalation (i.e. how likely it is that the person would at some point in future physically offend against a child, and if they do not, whether this is due to the intervention) is lacking¹ and it may very well be that people seeking help are the group that is the least likely to effectively offend, including contact offenses against a child, to begin with (compared to the whole of the population of people who have concerning sexual thoughts or sexual interests, including a sexual interest in children), because they are aware their thoughts and/or sexual interest are/is problematic and are actively engaging to not act on it. A recent systematic review has shown that people with a sexual interest in children from community samples (comprised largely of non-offenders) are interested in seeking treatment,² with many studies on the topic

¹ Stephens, S., Elchuk, D., Davidson, M., & Williams, S. (2022). A Review of Childhood Sexual Abuse Perpetration Prevention Programs. *Current Psychiatry Reports*, 24, 679–685, <https://doi.org/10.1007/s11920-022-01375-8>. The authors point out that “There is insufficient evidence to determine whether perpetration prevention programs are effective. More rigorous evaluations of secondary prevention programs are needed. Despite this, early data suggests that perpetration prevention programs are promising.”

² Chronos, A., Jahnke, S. & Blagden, N. (2024). The Treatment Needs and Experiences of Pedohebephiles: A Systematic Review. *Archives of Sexual Behavior*, 53, 3329–3346, <https://doi.org/10.1007/s10508-024-02943-0>.

finding a moderate to high level of interest.³ The same review also found that fear of being reported or exposed was one of the most salient barriers to accessing treatment among non-offenders.⁴

In no way does the topic of this report aim to suggest that people seeking help on these topics are inherently more at risk of offending, including physically offending against a child, compared to the whole of the population of people who have concerning sexual thoughts or sexual interests, including a sexual interest in children. However, statistically speaking, some of the people looking for help will present additional risk indicators in their profile and behavior indicating that they are in fact at risk of offending against a child, even if only a very small minority of the group seeking help. It is not the problematic sexual interest, including a sexual interest in children, that is the trigger for concern and potentially reporting, but these factual additional indications of risk in a particular person.

Moreover, the 2PS project focuses not only on secondary prevention (aimed at avoiding any illegal actions, including watching CSAM when the problematic sexual interest is already present), but also on tertiary prevention (i.e. avoiding further offences or escalation of behavior if an offence has already occurred). In cases of tertiary prevention, an illegal action/behavior has already occurred. The goal of prevention in such cases is to avoid that further offences occur. Hence, prevention is certainly not only useful for people who have never offended, but also for people who have offended in the past, but show an interest in working towards preventing further offences from occurring. An even more recent meta-analysis indicates that people with a sexual interest in children who have committed child sexual abuse were significantly more likely to both have attended therapy and be interested in attending therapy,⁵ highlighting the need for tertiary prevention service offerings to help avoid recidivism.

In both secondary and tertiary prevention scenarios, if the patient presents additional indications of risk in their behavior, at times, it may be necessary to inform the appropriate services and/or authorities (e.g. child protection services or law enforcement) of problematic situations that deserve further attention in the

³ Cacciatori, H. (2017). The lived experiences of men attracted to minors and their therapy-seeking behaviors. Doctoral dissertation, Walden University, <https://doi.org/10.13140/RG.2.2.24422.11848>; Jahnke, S., Schmidt, A. F., Geradt, M., & Hoyer, J. (2015). Stigma-related stress and its correlates among men with pedophilic sexual interests. *Archives of Sexual Behavior*, 44(8): 2173–2187, <https://doi.org/10.1007/s10508-015-0503-7>; Roche, K. (2020). Informing the development of a workshop to increase clinician competency and willingness to treat individuals with sexual interest in children. Saint Mary's University Dissertations; Tozdan, S., Briken, P., & Schroder, J. (2022). Women with sexual interest in children - Results from an online survey among a non-forensic female sample. *Journal of Sex and Marital Therapy*, 48(5): 444-460, <https://doi.org/10.1080/0092623X.2021.2005208>; Tozdan, S., & Briken, P. (2019). Age of onset and its correlates in men with sexual interest in children. *Sexual Medicine*, 7(1): 61-71, <https://doi.org/10.1016/j.esxm.2018.10.004>.

⁴ Cacciatori, H. (2017). The lived experiences of men attracted to minors and their therapy-seeking behaviors. Doctoral dissertation, Walden University, <https://doi.org/10.13140/RG.2.2.24422.11848>; Dymond, H., & Duff, S. (2020). Understanding the lived experience of British non-offending paedophiles. *Journal of Forensic Practice*, 22(2): 71-81, <https://doi.org/10.1108/JFP-10-2019-0046>; Jahnke, S., Blagden, N., McPhail, I. V., & Antfolk, J. (2024). Secret-keeping in therapy by clients who are sexually attracted to children. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, 34(7), 941–956, <https://doi.org/10.1080/10503307.2023.2265047>; Jimenez-Arista, L. E., & Reid, D. B. (2022). Realization, self-view, and disclosure of pedophilia: A content analysis of online posts. *Sexual Abuse: A Journal of Research and Treatment*, <https://doi.org/10.1177/10790632221099256>; Morris, M. (2023). Identity development and self-conscious emotions in minor attracted persons. Adler University Dissertations; Pedersen, M. R. (2023). Pedophilia, politics, and prevention: Listening to online peer support forums for pedophiles. Aarhus University Dissertations; Schaefer, A., Wittenberg, A., Galynker, I., & Cohen, L. J. (2022). Qualitative analysis of minor attracted persons' subjective experience: Implications for treatment. *Journal of Sex and Marital Therapy*, <https://doi.org/10.1080/0092623X.2022.2126808>; Stephens, S. & McPhail, I. V. (2019). Preventing child sexual abuse: Informing the development of treatment services for non-offending men with sexual interest in children. Public Safety Final Report; Walker, A. (2017). Understanding resilience strategies among minor-attracted individuals. Dissertation, City University of New York.

⁵ Chronos, A., & Jahnke, S. (2025). Distinguishing Pedohebephebophilic Actors and Non-Actors: A Meta-Analysis. Under Review.

interest of protecting children. The necessity for taking such actions, however, must be based on additional concrete indications of risk,⁶ not on the basis of stigma and assumptions.⁷ Hence, what this report seeks to explore is how Member States deal with individuals seeking help and more concretely how they regulate the angle of protecting children in situations of identified additional/heightened risk, i.e. in cases where a specific individual, through their actions, shows that they present some measure of additional risk beyond the problematic sexual interest in itself, including but not limited to a sexual interest in children (e.g. sadistic sexual interests may lead to child sexual abuse even absent a specific sexual interest in children). The most concrete scenario is when a person, in the context of seeking help, presents indications through actions or statements that, in their specific case, concerning or problematic thoughts or a concerning or problematic sexual interest could, with a certain degree of probability and urgency, escalate to illegal actions, in particular physical offending, or may already have escalated to this point, including situations of on-going (sexual) abuse.

Getting this balance right is essential. Confidentiality and professional discretion play a crucial role in encouraging individuals to come forward and engage with therapeutic or preventive services when they have concerning thoughts or concerning sexual interests, including a sexual interest in children. If individuals do not believe they can engage with the topic in a safe space, they may not engage at all,⁸ and the lack of help may be a contributing factor that leads to internalized stigma, mental health issues, and continuing to engage with the problematic thoughts and sexual interests, etc.⁹ These are all additional risk factors that may lead to offending. Hence, not providing help to individuals who need and want said help may put children at risk in the future. At the same time, the legal framework must allow for professionals to act in cases where there is a genuine and imminent threat of harm to a child or where there are significant indications that harm has already occurred.

As part of Work Package 7 of 2PS, this report focuses on mapping the legal landscape of the EU Member States, as well as Australia, Canada, Switzerland, Norway, the UK, and the US, concerning mandatory reporting obligations (to law enforcement or child protection services) when interacting and engaging with individuals who fear they may offend against children, including people with a sexual interest in children, as well as any applicable regulations on sex offender registries. Both elements are related to the fear of individuals to end up “in the system” when they look for help and to suffer legal or practical consequences for admitting they have problematic sexual thoughts or interests. The perception on this topic, perhaps as much or more than the actual rules, may be a blocking factor for individuals to take the important step of seeking help. The research seeks to explain the law, and to inform practitioners and policymakers alike how to address this and how to communicate appropriately on the topic vis-à-vis the population in question.

Understanding the legal framework is crucial to map the actual current obligations in various countries, and the amount of discretion left to professionals to decide whether or not to report a given incident (in particular a statement, information being revealed), as well as to identify best practices or barriers that impact the effectiveness of preventive interventions and access to preventative services. The countries in focus are all EU member states, as well as six others countries, namely Australia, Canada, Switzerland, Norway, the UK,

⁶ Brankley, A. E., Babchishin, K. M., & Hanson, R. K. (2019). STABLE-2007 Demonstrates Predictive and Incremental Validity in Assessing Risk-Relevant Propensities for Sexual Offending: A Meta-Analysis. *Sexual Abuse*, 33(1), 34-62, <https://doi.org/10.1177/1079063219871572>.

⁷ Stephens, S., McPhail, I. V., Heasman, A., & Moss, S. (2021). Mandatory reporting and clinician decision-making when a client discloses sexual interest in children. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 53(3), 263–273, <https://doi.org/10.1037/cbs0000247>; Walker, A., Butters, R. P., & Nichols, E. (2021). “I Would Report It Even If They Have Not Committed Anything”: Social Service Students’ Attitudes Toward Minor-Attracted People. *Sexual Abuse*, 34(1), 52-77, <https://doi.org/10.1177/1079063221993480>.

⁸ Chronos, A., Jahnke, S. & Blagden, N. (2024). The Treatment Needs and Experiences of Pedohebephiles: A Systematic Review. *Archives of Sexual Behavior*, 53, 3329–3346; <https://doi.org/10.1007/s10508-024-02943-0>.

⁹ Levenson, J. S., Willis, G. M., & Vicencio, C. P. (2017). Obstacles to Help-Seeking for Sexual Offenders: Implications for Prevention of Sexual Abuse. *Journal of Child Sexual Abuse*, 26(2), 99–120, <https://doi.org/10.1080/10538712.2016.1276116>.

and the US. The non-EU countries help provide a comparative perspective. Norway, Switzerland and the UK are represented because 2PS contains consortium partners from those countries. Australia, Canada and the US were included because of their global relevance, while also taking into account the maturity of the legal framework, the availability and accessibility of sources (in English), and considering that for these countries contacts and information could be obtained through contacts in the advisory board of the project.

For Switzerland the analysis covers the Canton level, but only for 3 purposefully selected Cantons. For the UK, only Scotland, England and Wales are covered. These choices were made due to resource constraints and based on availability of contacts.

The legal research was conducted through a combination of in-depth desktop research and ad hoc interactions with national legal experts within the network of the 2PS partners. Timelex, as the lead partner for this task, coordinated the collection of country-specific information.

For the topic of mandatory reporting, the desktop research revealed that there was often significant leeway for practitioners to have various interpretations of the national rules, that are often using relatively open/broad/vague concepts. While this is inherent to legal concepts, the general relatively lack of a significant body of case law able to operationalize and refine these concepts highlighted the need to understand in another manner how practitioners viewed these rules in practice. In order to provide some level of insight into this, a questionnaire was launched in an attempt to contrast the interpretation held by practitioners with the legal framework within a given country, and between countries.

This report is structured as follows:

- Section 1 covers the question of reporting, typically involving a breach of professional secrecy. It does so both from an angle of a permissible disclosure despite professional secrecy (sometimes through a clear anchor in the law providing a reporting right, sometimes through a general exception to professional secrecy) and from an angle of mandatory reporting obligations, when they exist (i.e. a typically criminally sanctioned obligation to report). This section reviews national legal frameworks, focusing on confidentiality rules and exceptions, the conditions under which reporting is allowed or required, who is allowed or obligated to report, the requirements for their state of mind (how certain must they be) and the relevant legal thresholds for the level of risk (e.g. “imminent threat of serious harm to a (specific) child”) and protections for reporters, including provisions for anonymous reporting and safeguards for practitioners. It also includes a schematic overview of legal obligations to summarize, visualize and contrast legal approaches across countries. Additionally, practical insights are gathered through a survey among EU stakeholders, highlighting challenges, experiences, and best practices related to (mandatory) reporting. The section concludes with key findings and recommendations.
- Section 2 covers sex offender registries and criminal justice systems. This section examines the existence and structure of sex offender registries in the countries in focus, including whether individuals may in fact be included when they have not been convicted, but are considered a risk source (e.g. after mandatory reporting, but no case was brought to trial). This represents a specific aspect of the potential fear of individuals to be subject to legal consequences once included “in the system”. This may in particular be relevant for individuals who admit to CSAM use. CSAM use is illegal and punishable, and individuals may be convicted for their use, or their role in sharing it, although this may not necessarily trigger a mandatory reporting obligation. In countries without specific sex offender registries, the analysis explores the use of criminal registers and access to this information. A comparative schematic overview provides a detailed overview of inclusion criteria, access rights, and the treatment of at-risk individuals. The section concludes with key findings and recommendations.

Note that, whether through mandatory reporting or through information from other sources, files may be kept or information may be held on specific persons of interest by e.g. child protection services and other

competent services and by Law Enforcement Authorities (LEAs). This is subject to data protection legislation and legality and hence depends on the necessity to gather and keep such information for those entities to fulfil their tasks/their mandate. In principle, under the General Data Protection Regulation 2016/679 (EU), Article 6(1), c) or e) and under the Law Enforcement Directive 2016/680 (EU), Article 8, there must be a legal basis for such processing providing certain details (e.g. duration of the retention when no consequent legal action is brought). For what concerns Law Enforcement, in as much as such legal bases exist under Member State law, this does not tend to reveal much about the practice of keeping track of persons of interest. Much will depend on practice, and such information is typically not publicly available by design, since it might affect the tradecraft of LEAs. For what concerns child protection services, social services and other related services that might be involved after reporting or when a third party generally flags a concern about a given person, a desktop analysis could have been performed analyzing the various mandates under national laws, but this was not feasible with the available resources, nor would this have significantly contributed to a better understanding of the topic of how an individual gets flagged to Law Enforcement specifically in practical terms. Such an analysis could only potentially clarify what information can be processed by specific services and to what extent they are legally able or obliged to share information with law enforcement, not what the actual practice is like. While this would have been useful, choices had to be made based on resources and availability/complexity of the various angles and topics.

In that sense, the focus of the report really is first and foremost on the confidentiality of the therapeutic context and the balance to be achieved there between confidentiality and reporting. By providing a comprehensive overview of the legal framework related to professional secrecy/confidentiality and (mandatory) reporting, this report hopes to contribute to a better understanding of the challenge of finding an appropriate approach to people who fear they might offend against children, including people with a sexual interest in children; and to the development of clearer guidance on getting the balance right between maintaining confidentiality where possible (thereby maintaining the necessary trust and confidentiality to encourage help-seeking behavior and provide effective support to individuals seeking help) while reporting when necessary. Such guidance could play a vital role in ensuring that legal frameworks are clear and understandable to practitioners, so that they may feel (more) secure in how to handle difficult situations and what actions they can or must take to act in compliance with the law and avoid professional or legal consequences despite their best efforts.

Through this work, 2PS aims to contribute to a sustainable, evidence-based approach that enhances protection for children by ensuring that individuals, whether at risk or offending or not, have access to appropriate support systems. Receiving help will enhance their life quality and, for the individuals that are at risk or would have been in absence of the intervention, reducing their risk, thereby ultimately protecting children, now and in the future.

1 MANDATORY REPORTING

1.1 INTRODUCTION

Mandatory reporting refers to legal obligations imposed on individuals, typically professionals working with children or (mental) health service providers, to report (suspected) cases of child sexual abuse and exploitation or other situations of imminent harm to a child, e.g. other forms of abuse.

Mandatory reporting is a vital tool for early detection and prevention of child sexual abuse and exploitation. It enables professionals and other individuals to act as whistleblowers when there are sufficiently clear signs that a child may be at imminent risk of (continued) harm.

Article 16 of Directive 2011/93/EU, which is aimed at combating sexual abuse and sexual exploitation of children underscores the importance of mandatory reporting, requiring Member States to ensure that professionals whose main duty is to work with children are not hindered by confidentiality rules when reporting a situation to child protection services where they have reasonable grounds for believing that a child is the victim of certain serious offences like sexual abuse, sexual exploitation, or sexual solicitation.¹⁰

Furthermore, it obliges Member States to take the necessary measures to encourage any person who knows about or suspects, in good faith that certain offences against children been committed, to report this to the competent services.¹¹ What counts as a competent service depends on national law, but typically includes child protection services, although not limited to those services.

Importantly, a mental health service provider working with adults who fear they might offend against children, including people with a sexual interest in children does not necessarily (or even typically) qualify as a professional whose main duty is to work with children. Hence, they will rather fall under the obligation of Directive 2011/93/EU for Member States to take necessary measures to encourage them to report, in good faith, offences against children that they know about or suspect to competent services.

While the Directive establishes a baseline, it leaves the transposition and implementation of these provisions to the discretion of Member States, resulting in diverse national approaches to reporting obligations. Hence, the 2PS project considered it a useful exercise to carry out a comprehensive analysis of the national legal frameworks.

Notably, the proposed recast of Directive 2011/93/EU¹² would strengthen the reporting obligation for professionals working with children. Under the text of the legislative proposal, professionals working in close contact with children would become obliged to report to the competent authorities “if they have **reasonable grounds** for believing that an offence punishable under [the proposed recast Directive] **has been committed or is likely to be committed**”. Member States would however have to exempt from this duty any professionals working in programs dedicated to persons who have been convicted of a criminal offence punishable under the Directive or persons who fear that they might commit any of the offences punishable

¹⁰ Article 16 (1) of Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA: ‘Member States shall take the necessary measures to ensure that the confidentiality rules imposed by national law on certain professionals whose main duty is to work with children do not constitute an obstacle to the possibility, for those professionals, of their reporting to the services responsible for child protection any situation where they have reasonable grounds for believing that a child is the victim of offences referred to in Articles 3 to 7’.

¹¹ Article 16 (2) of Directive 2011/93/EU: ‘Member States shall take the necessary measures to encourage any person who knows about or suspects, in good faith that any of the offences referred to in Articles 3 to 7 have been committed, to report this to the competent services’.

¹² Legislative file 2024/0035(COD), more information and legislative proposal COM(2024)0060 available at [https://oeil.secure.europarl.europa.eu/oeil/en/procedure-file?reference=2024/0035\(COD\)](https://oeil.secure.europarl.europa.eu/oeil/en/procedure-file?reference=2024/0035(COD)), last accessed 14 February 2025.

under the Directive. The proposal explains that the proposed amendment is intended to establish a reporting obligation (rather than the current reporting right), in order to provide legal certainty to professionals, while the aforementioned **exemption ensures that professionals working with offenders or people who fear that they might offend are excluded from such reporting obligation**, thereby stressing the importance of prevention work to avoid recidivism or to allow prevention work with persons who fear that they might offend. In such cases, these professionals would still typically have a reporting right under national law, allowing them to breach confidentiality in specific circumstances, but the proposed mandatory reporting obligation forcing them to report and breach confidentiality would not apply to them. It remains to be seen whether the proposed recast will pass into law, and what changes may be made during the legislative process.

As acknowledged by both the current Directive 2011/93/EU and proposed recast Directive, there is a quite direct interplay between mandatory reporting obligations and confidentiality rules for various professions, which are also regulated by national Member State law, and often carry criminal sanctions if breached. For this reason, it is important to look at the details of national law for each Member State. While there is a common idea and intention behind mandatory reporting obligations, the precise wording and reach of the obligations vary significantly across jurisdictions. Who the professional breaching professional secrecy or the mandated reporter, in case of mandatory reporting obligations, reports to is covered in each country analysis, however this is not the most relevant element of comparison. It is assumed that once reporting has been done to the appropriate services (whether social services, child protection service, other mandated services etc.) information will find its way through the chain to the appropriate actors, depending on the triggers defined in national law, mandates of involved organization and actors, etc. The assumption is that once reported, people are “in the system” and this entails consequences: they may be monitored more closely, their information may be shared with other agencies or actors and, importantly, their information may at some point reach law enforcement, if not directly reported to law enforcement already as part of the mandatory reporting obligation itself. It is outside the scope of this deliverable to analyze this framework and interactions between various actors in child protection within the countries in focus.

In addition to the EU Member States, this report also covers Australia, Canada, Switzerland (3 Cantons), Norway, the UK (3 Countries), and the US, reflecting the participation of Swiss, Norwegian and UK partners in the 2PS project and the valuable inputs by advisory board members or through contacts provided by advisory board members for Australia, Canada and the US.

The analysis of mandatory reporting obligations has three parts:

- The first part provides a detailed review and analysis of the applicable national legal frameworks for each country, focusing on confidentiality rules, the conditions under which mandatory reporting applies, who is obligated to report, and the protections offered to reporters. It also examines provisions for anonymous reporting and safeguards against potential repercussions for those who report in good faith.
- The second part contains a schematic overview of the analysis in the first part, with the intention to summarize and visualize the findings and allow the reader to compare the rules related to mandatory reporting, anonymous reporting and protections for reporters between different countries.
- The third and final part contains a presentation of a questionnaire that was launched with practitioners to gather insights in how the often broad concepts in the mandatory reporting rules are applied and understood in practice in particular focusing on how much discretion professionals have in deciding whether to report an incident or not (in particular a statement, information being revealed), and helps to highlight the challenges related to mandatory reporting.

Through this in-depth analysis, the 2PS project aims to aid policymakers and practitioners (including organizations of practitioners and organizations representing practitioners) in their understanding of the topic and the various approaches that exist. The analysis may also support policymakers in questioning existing approaches and defining effective strategies and guidance on how to implement mandatory

reporting obligations and utilize (or limit)¹³ discretion to reach the goal of optimizing service provision to the person with problematic sexual thoughts or interests related to children while at the same time maximally protecting children, both directly (protecting children from abuse or halting on-going abuse through mandatory reporting when needed and justified and intervention from child protective services or law enforcement) and indirectly (by providing mental health services to people who request it, helping them increasing their life quality and reducing known risk factors, thereby indirectly also protecting children in the future).

1.2 MANDATORY REPORTING IN COUNTRIES IN FOCUS

Within the 2PS project, the examination of mandatory reporting laws aims to shed light on how these legal frameworks operate across the EU and selected partner countries, including Australia, Canada, Switzerland, Norway, the UK, and the US.

A significant aspect of this work, captured under Deliverable D7.1, involves mapping the legal landscape in relation to professional confidentiality in preventive treatment and generally regarding reporting obligations when dealing with individuals who may present a level of risk of committing offences against children, including people with a sexual interest in children.

The deliverable adopts a country-by-country approach, ensuring a detailed analysis of the unique legal frameworks in each jurisdiction. The report focuses on several legal questions, which provide the foundation for understanding how mandatory reporting is implemented and its implications for professionals and other stakeholders.

Key aspects of the deliverable are:

- **Rules on professional confidentiality and exceptions:** The report begins by examining the confidentiality obligations imposed on professionals such as doctors, therapists, psychologists, and other mental health practitioners. It assesses whether these rules can be breached and under what circumstances.
- **Mandatory reporting obligations:** A core focus of the review is determining whether a mandatory reporting duty exists. Key questions include:
 - Is there a mandatory reporting obligation?
 - To whom does the mandatory reporting obligation apply (e.g., specific professionals or the general public)?
 - Under what conditions does the duty arise?
 - What is the threshold for reporting? Are reasonable suspicions sufficient, or must there be confirmed knowledge of abuse?
- **Obligations in the absence of mandatory reporting obligations:** In jurisdictions without explicit mandatory reporting laws, the review considers whether there is a reporting right (allowing professionals to breach their legal obligation of secrecy) or whether other legal obligations exist, such as the duty to provide assistance to persons in need that may fulfil a similar function to mandatory reporting obligations in certain scenarios.

¹³ Some have suggested that (too much) discretion in reporting is highly unpredictable (i.e. leads to unpredictable results) and that without better guidance, this may deter people from seeking help. See Christofferson, S. M. B. (2019). Is Preventive Treatment for Individuals With Sexual Interest in Children Viable in a Discretionary Reporting Context? *Journal of Interpersonal Violence*, 34(20), 4254-4280 <https://doi.org/10.1177/0886260519869236>.

- **Protections for the reporter:** The report investigates whether reporting can be done anonymously and whether there are protections for reporters against potential legal or professional repercussions if they decide to report.
- **Consequences or penalties for not reporting:** The report examines the legal or professional consequences of failing to report, such as legal liability or professional disciplinary measures.

Note that the last two points are relevant to assessing how much discretion a professional has in making a decision to report or to not report. Both reporting too early as well as too late or not at all can have negative consequences for the reporter. Reporting a situation that is not sufficiently severe might lead to (criminal) liability for breaching professional secrecy for example, or to professional disciplinary measures, reputation damage etc. On the other end of the spectrum, not reporting a situation that was sufficiently severe, may incur (criminal) liability either under a mandatory reporting obligation or perhaps an obligation to provide help to persons in need. Similarly to reporting too early, not reporting when required may also lead to professional disciplinary measures. A relevant consideration in each jurisdiction is whether there is a clear framework regarding a right to report, i.e. the right to break professional confidentiality obligations in certain scenarios that are perhaps not as severe as to trigger a mandatory reporting obligation, or to trigger an obligation regarding help to persons in need, but that allows a professional to exercise discretion to report and to breach confidentiality without legal consequences even when they are not legally obliged to report.

This deliverable was written on the basis of extensive desktop research, as well as through the consultation of various national legal experts contacted through the 2PS contacts of various partners. In addition, a questionnaire was launched with practitioners to find out how the legal provisions are understood in practice. The results of this exercise are presented in section 1.4.

1.2.1 AUSTRALIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Every Australian state and territory has enacted child protection legislation that includes provisions commonly known as 'mandatory reporting laws'.	Mandatory reporting laws in Australia designate specific occupations, such as teachers, healthcare professionals, and police, as mandated reporters of suspected child abuse. Individuals outside these categories, like academic researchers, are not legally required to report but can refer concerns to child welfare agencies and receive similar legal protections. The Northern Territory is an exception, where all adults must report suspected abuse.	The state of mind of the reporter typically involves forming a belief or suspicion on reasonable grounds during the course of their work. Reporting obligations vary slightly between jurisdictions, with most requiring reports as soon as practicable once the suspicion arises, and the specific forms of harm, such as physical or sexual abuse, being clearly defined. In some regions, such as the Northern Territory, all adults are required to report, while in others, only specific professionals must do so.

Rules on professional confidentiality. Under the Privacy Act 1988, healthcare providers in Australia are required to maintain medical confidentiality, a duty that extends to general practitioners, medical specialists, psychologists, non-government healthcare services, public schools, and childcare centers.¹⁴ In addition to federal legislation, certain states and territories have specific health privacy laws, including the Health Records Act 2001 in Victoria, the Health Records and Information Privacy Act 2002 in New South Wales, the Information Privacy Act 2009 in Queensland, and the Health Records (Privacy and Access) Act 1997 in the Australian Capital Territory.

Exceptions to professional confidentiality. Healthcare providers can share information with a third party without breaching confidentiality in several situations, such as when the patient consents, when the information is shared with another healthcare provider to ensure appropriate care, when mandatory disclosures are required by law (e.g., subpoenas or statutory requirements related to child abuse or infectious diseases), or when there is an overriding duty in the public interest to disclose, such as in cases where a patient poses a threat to others or refuses medical advice, like continuing to drive.¹⁵

¹⁴ Australian Government. (1988). Privacy Act 1988. Federal Register of Legislation. Retrieved from: [Federal Register of Legislation - Privacy Act 1988](#). Last consulted on 3 February 2025.

¹⁵ Bird, S. (2005). A GP's duty of confidentiality. Australian Family Physician, 34(10), 881. Retrieved from: [October prof prac bird.indd](#). Last consulted on 3 February 2025.

Mandatory reporting obligation. Every Australian state and territory has enacted child protection legislation that includes provisions commonly known as ‘mandatory reporting laws’.¹⁶

Legislation in the Australian Capital Territory, Northern Territory, Queensland, South Australia, Tasmania, and Western Australia mandates the reporting of suspected abuse or neglect for all children and young people up to the age of 18 years. In New South Wales, the mandatory reporting obligation applies to all children up to the age of 16 years, while in Victoria, the duty covers children up to the age of 17 years.¹⁷

Coverage of mandatory reporting. The mandatory reporting laws in each Australian state and territory explicitly designate certain categories of individuals as mandated reporters.

The categories commonly include individuals in occupations that frequently interact with children, such as teachers, early childhood education and care practitioners, doctors, nurses, police, and allied health practitioners.¹⁸ The people who do not fall within these categories are not obligated by law to report cases of known or suspected child abuse, regardless of severity. For example, academic researchers and non-clinical research partners are not mandated reporters of child maltreatment in any state or territory. However, those individuals are empowered by legislation to refer situations of concern to child welfare agencies and receive the same protection as mandated reporters.

An exception exists in the Northern Territory, where all adults, regardless of occupation, are obligated to report.

Requirements for the state of mind of the reporter. The requirements for the state of mind of the mandated reporter differentiate across states and territories:

- Australian Capital Territory: Under Section 356 of the Children and Young People Act 2008, a mandated reporter must report, as soon as practicable, a belief formed on reasonable grounds that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury. This obligation applies when the belief arises from information obtained during the course of, or because of, the person’s work, whether paid or unpaid. The report must be made to the Director-General and include the child’s or young person’s name or description, along with the reasons for the belief.¹⁹
- New South Wales: Under Sections 23 and 27 of the Children and Young Persons (Care and Protection) Act 1998, mandated reporters must notify the Secretary if they have reasonable grounds to suspect that a child is at risk of significant harm, and these concerns arise from their professional duties. A child is considered at risk if, to a significant extent, their basic physical or psychological needs are unmet, necessary medical care or education is not provided, or if they are exposed to physical or

¹⁶ The mandatory reporting laws vary between states and territories in terms of which forms of child abuse and the extent of harm must be reported.

¹⁷ Australian Government. (August 2023). Mandatory reporting of child abuse and neglect. Australian Institute of Family Studies. Retrieved from: [Mandatory reporting of child abuse and neglect | Australian Institute of Family Studies](#). Last consulted on 3 February 2025.

¹⁸ Ibid.

¹⁹ ACT Government. (2008). Children and Young People Act 2008 (A2008-19). In force. Retrieved from: [Children and Young People Act 2008 | Acts](#). Last consulted on 3 February 2025.

sexual abuse, neglect, emotional harm, or domestic violence. Reports must be made as soon as practicable, covering all forms of abuse, neglect, and exposure to harm.²⁰

- Northern Territory: Under Sections 15, 16, and 26 of the Care and Protection of Children Act 2007, any person who reasonably believes that a child has suffered or is likely to suffer harm or exploitation, or that a child under 14 has been or is likely to be a victim of a sexual offence, is required to report this as soon as possible to the CEO or a police officer. Harm is defined as any significant detrimental effect on a child's physical, psychological, or emotional wellbeing, while exploitation includes sexual abuse and involvement in acts such as prostitution or pornographic performances.

Additionally, health practitioners or individuals performing prescribed work must report if they believe a child aged 14 or 15 has been or is likely to be a victim of a sexual offence, provided the age gap between the child and offender exceeds two years.²¹

- Queensland: Under the Child Protection Act 1999, Sections 13F and 13E outline mandatory reporting obligations.

Section 13F requires authorized officers, public service employees, departmental or licensed care service staff, approved carers, and certain other entities to report a reasonable suspicion that a child in care has suffered, is suffering, or is at an unacceptable risk of suffering significant harm due to physical or sexual abuse. Reports must be made to the Chief Executive, though the Act does not specify a timeframe.

Section 13E applies to doctors, registered nurses, teachers, certain police officers, child advocates, and early childhood education and care professionals. They must report a reasonable suspicion that a child has suffered, is suffering, or is at risk of significant harm due to physical or sexual abuse and may not have a parent able and willing to protect them. Reports are made to the Chief Executive.²²

- South Australia: Under Sections 17, 18, 30, and 31 of the Children and Young People (Safety) Act 2017, individuals must report if they have a reasonable suspicion that a child or young person is, or may be, at risk of harm, formed in the course of their employment.

A child or young person is considered 'at risk' if they have suffered or are likely to suffer harm, are at risk of being taken out of the state for unlawful purposes, have parents or guardians unable or unwilling to care for them, are persistently absent from school without explanation, or have no fixed address. Harm includes physical, psychological, sexual, mental, or emotional abuse or neglect.

Reports must be made as soon as reasonably practicable through various methods, including telephone or electronic notifications, or to a person specified by the Minister.²³

²⁰ NSW Legislation. (1998). Children and Young Persons (Care and Protection) Act 1998 No. 157. Current version for 3 April 2024 to date. Retrieved from: [Children and Young Persons \(Care and Protection\) Act 1998 No 157 - NSW Legislation](#). Last consulted on 3 February 2025.

²¹ Northern Territory Legislation. (2007). Care and Protection of Children Act 2007. In force (Reprint REPC093). Retrieved from: [Northern Territory Legislation](#). Last consulted on 3 February 2025.

²² Queensland Government. (1999). Child Protection Act 1999. Current as at 1 February 2024. Retrieved from: [Child Protection Act 1999](#). Last consulted on 3 February 2025.

²³ South Australia Government. (2017). Children and Young People (Safety) Act 2017. Current as of 1 January 2024. Retrieved from: [Children and Young People \(Safety\) Act 2017](#). Last consulted on 3 February 2025.

- Tasmania: Under Sections 3, 4, and 14 of the Children, Young Persons and Their Families Act 1997, individuals in official duties or employment (paid or voluntary) are required to report if they reasonably believe, suspect, or know that a child has been or is being abused, neglected, or is affected by family violence.

This includes situations where there is a reasonable likelihood of a child being killed, abused, or neglected by a person with whom the child resides, or if a pregnant woman's behavior poses a risk to the child's safety or wellbeing. The report must be made as soon as practicable to the Secretary of the Community-Based Intake Service. Abuse or neglect is defined as sexual abuse, physical or emotional injury, or neglect that causes or may cause physical or psychological harm or jeopardize the child's development.²⁴

- Victoria: Under Sections 182 (1), 184, and 162 (1)(c)–(d) of the Children, Youth and Families Act 2005, mandated reporters must report as soon as practicable if, in the course of their professional duties, they form a belief on reasonable grounds that a child is in need of protection. This applies when a child has suffered or is likely to suffer significant harm due to physical injury or sexual abuse, and the child's parents have not protected, or are unlikely to protect, the child from such harm. Reports must be made to the Secretary, including any new reasonable grounds that arise.²⁵
- Western Australia: In Western Australia, Sections 124A and 124B of the Children and Community Services Act 2004 require doctors, nurses, teachers, police officers, ministers of religion, and other professionals (including assessors, departmental officers, out-of-home care workers, school counsellors, psychologists, and youth justice workers) to report suspected child sexual abuse formed during their work. Reports must be made to the CEO or an approved person as soon as practicable.²⁶

Protections for the reporter. The protections for the mandated reporter differentiate across states and territories:

- Australian Capital Territory: Under Section 356 of the Children and Young People Act 2008: Under Section 356 of the Children and Young People Act 2008, a person who gives information honestly and without recklessness under this section does not breach professional ethics and is protected from civil liability. In addition, mandatory reporting does not apply if the person reasonably believes that another report on the same child and incident has already been made, or if the non-accidental physical injury was caused by another child and a parent is both willing and able to protect the injured child from further harm.²⁷
- New South Wales: Section 26 of the Children and Young Persons (Care and Protection) Act states that a report may be made anonymously.

In addition, under Section 29AAA, individuals who, in good faith, report a reasonable suspicion that a child or young person is at risk of significant harm within an institution engaging in child-related

²⁴ Tasmanian Legislation. (1997). Children, Young Persons and Their Families Act 1997. Version current from 1 July 2022 to date. Retrieved from: [View - Tasmanian Legislation Online](#). Last consulted on 3 February 2025.

²⁵ The Parliament of Victoria. (2005). Children, Youth and Families Act 2005 No. 96 of 2005. Authorised Version No. 139, incorporating amendments as at 16 October 2024. Retrieved from: [Children, Youth and Families Act 2005](#). Last consulted on 3 February 2025.

²⁶ Western Australia Government. (2004). Children and Community Services Act 2004. As at 20 December 2024 [PCO 05-p0-01]. Official Version. Retrieved from: [Children and Community Services Act 2004 - \[05-p0-01\].pdf](#). Last consulted on 3 February 2025.

²⁷ Section 357 of the Children and Young People Act 2008. See link: [Children and Young People Act 2008 | Acts](#). Last consulted on 3 February 2025.

work are protected from legal repercussions. Such reports do not breach professional ethics or standards, nor do they incur defamation liability or any civil or criminal liability. These protections extend to anyone who provided the information for the report or was otherwise involved in making the report in good faith.²⁸

- Northern Territory: Under Section 27 of the Care and Protection of Children Act 2007, individuals who make a report in good faith under Section 26 are protected from civil or criminal liability and are not considered in breach of any professional code of conduct for making the report or disclosing information within it. In legal proceedings, the report and its contents are generally inadmissible, and individuals cannot be compelled to provide evidence or disclose the identity of the reporter unless the court grants leave. Such leave is only granted if the information is critically important to the case and withholding it would prejudice the proper administration of justice.²⁹
- Queensland: The Child Protection Act 1999 provides protections for individuals who report suspected harm. Section 13D and Section 197A state that any person acting honestly and reasonably who provides information to the Chief Executive, an authorized officer, or a police officer about suspected harm or risk of harm to a child (or an unborn child) is protected from civil, criminal, or administrative liability.

Additionally, reporting such information does not constitute a breach of professional ethics or standards, nor does it expose the person to disciplinary action. In defamation proceedings, reporters have absolute privilege, and confidentiality obligations are waived when reporting in good faith.³⁰

- South Australia: Under Section 31 of the Children and Young People (Safety) Act 2017, a person is not required to report a suspicion if they reasonably believe that another person has already reported the matter, if their suspicion arose solely from information provided by a police officer or child protection officer acting in their official capacity, or if other circumstances prescribed by the regulations apply.³¹
- Tasmania: Section 16 of the Children, Young Persons and Their Families Act 1997 protects the confidentiality of reporters who inform the Secretary or a Community-Based Intake Service of suspected abuse, neglect, or certain concerning behaviors.

A person who receives such a risk notification or becomes aware of the reporter's identity through their role in administering the Act must not disclose this information to others unless the disclosure is made in the course of official duties to someone else performing official duties under the Act, made with the reporter's consent, permitted as evidence by court leave, or provided to a law enforcement agency.

Furthermore, a reporter's identity cannot be introduced as evidence in court without the court's leave, which can only be granted if the evidence is critically important to the proceedings and failure to admit it would prejudice justice, or if the notifier consents. Applications for such leave must

²⁸ NSW Legislation. (1998). Children and Young Persons (Care and Protection) Act 1998 No. 157. Current version for 3 April 2024 to date. Retrieved from: [Children and Young Persons \(Care and Protection\) Act 1998 No 157 - NSW Legislation](#). Last consulted on 3 February 2025.

²⁹ Northern Territory Legislation. (2007). Care and Protection of Children Act 2007. In force (Reprint REPC093). Retrieved from: [Northern Territory Legislation](#). Last consulted on 3 February 2025.

³⁰ Queensland Government. (1999). Child Protection Act 1999. Current as at 1 February 2024. Retrieved from: [Child Protection Act 1999](#). Last consulted on 3 February 2025.

³¹ South Australia Government. (2017). Children and Young People (Safety) Act 2017. Current as of 1 January 2024. Retrieved from: [Children and Young People \(Safety\) Act 2017](#). Last consulted on 3 February 2025.

generally be heard in private and protect the reporter's identity during the process. Additionally, the Right to Information Act 2009 does not apply to information that could reveal a reporter's identity.³²

- Victoria: Under Section 189 of the Children, Youth and Families Act 2005, any report made in good faith under Division 2 is protected by law. Such a report does not constitute unprofessional conduct or a breach of professional ethics, nor does it expose the reporter to any legal liability.³³
- Western Australia: Under the Children and Community Services Act 2004, reports should include the reporter's name and contact details but do not need to follow a specific format approved by the CEO. However, the identity of the reporter is protected under Section 124F. It cannot be disclosed unless it is necessary for performing functions under the Act, with the reporter's written consent, for police investigations or prosecutions related to the child, or for legal proceedings concerning the child's welfare.³⁴

Consequences/penalties for not reporting. The penalties for failure to report vary between states and territories:

- Australian Capital Territory: Failure to comply with this requirement may result in a maximum penalty of 50 penalty units, six months' imprisonment, or both.³⁵
- New South Wales: Under the Children and Young Persons (Care and Protection) Act 1998, Sections 23 and 27 do not specify any penalties or consequences for failing to report suspected harm or risk to a child or young person.³⁶
- Northern Territory: Failure to comply with mandatory reporting obligations under the Care and Protection of Children Act 2007 can result in a maximum penalty of 200 penalty units.³⁷
- Queensland: The Child Protection Act 1999 does not specify any penalties for failing to report.³⁸
- South Australia: Under the Children and Young People (Safety) Act 2017, the penalty for failing to report suspected harm or risk of harm to a child or young person is a maximum fine of 10,000.00 AUD.³⁹

³² Tasmanian Legislation. (1997). Children, Young Persons and Their Families Act 1997. Version current from 1 July 2022 to date. Retrieved from: [View - Tasmanian Legislation Online](#). Last consulted on 3 February 2025.

³³ The Parliament of Victoria. (2005). Children, Youth and Families Act 2005 No. 96 of 2005. Authorised Version No. 139, incorporating amendments as at 16 October 2024. Retrieved from: [Children, Youth and Families Act 2005](#). Last consulted on 3 February 2025.

³⁴ Western Australia Government. (2004). Children and Community Services Act 2004. As at 20 December 2024 [PCO 05-p0-01]. Official Version. Retrieved from: [Children and Community Services Act 2004 - \[05-p0-01\].pdf](#). Last consulted on 3 February 2025.

³⁵ ACT Government. (2024). Children and Young People Amendment Act 2024 (No. 2) (A2024-34). Retrieved from: [Children and Young People Act 2008 | Acts](#). Last consulted on 3 February 2025.

³⁶ South Australia Government. (2017). Children and Young People (Safety) Act 2017. Current as of 1 January 2024. Retrieved from: [Children and Young People \(Safety\) Act 2017](#). Last consulted on 3 February 2025.

³⁷ Northern Territory Legislation. (2007). Care and Protection of Children Act 2007. In force (Reprint REPC093). Retrieved from: [Northern Territory Legislation](#). Last consulted on 3 February 2025.

³⁸ Queensland Government. (1999). Child Protection Act 1999. Current as at 1 February 2024. Retrieved from: [Child Protection Act 1999](#). Last consulted on 3 February 2025.

³⁹ South Australia Government. (2017). Children and Young People (Safety) Act 2017. Current as of 1 January 2024. Retrieved from: [Children and Young People \(Safety\) Act 2017](#). Last consulted on 3 February 2025.

- Tasmania: Failure to report relevant information as required under the Children, Young Persons and Their Families Act 1997 may result in a maximum penalty of a fine not exceeding 20 penalty units. This penalty is outlined in Sections 3, 4, and 14 of the Act, which address the obligations and responsibilities concerning the protection of children, young persons, and their families.⁴⁰
- Victoria: Under the Children, Youth and Families Act 2005, failure by a mandated reporter to fulfill their reporting obligations can result in a maximum penalty of 10 penalty units.⁴¹
- Western Australia: In Western Australia, failure to report under the Children and Community Services Act 2004 can result in a fine of 6.000,00 AUD.⁴²

⁴⁰ Tasmanian Legislation. (1997). Children, Young Persons and Their Families Act 1997. Version current from 1 July 2022 to date. Retrieved from: [View - Tasmanian Legislation Online](#). Last consulted on 3 February 2025.

⁴¹ The Parliament of Victoria. (2005). Children, Youth and Families Act 2005 No. 96 of 2005. Authorised Version No. 139, incorporating amendments as at 16 October 2024. Retrieved from: [Children, Youth and Families Act 2005](#). Last consulted on 3 February 2025.

⁴² Western Australia Government. (2004). Children and Community Services Act 2004. As at 20 December 2024 [PCO 05-p0-01]. Official Version. Retrieved from: [Children and Community Services Act 2004 - \[05-p0-01\].pdf](#). Last consulted on 3 February 2025.

1.2.2 AUSTRIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 37 of the Federal Child and Youth Care Act; Section 78 of the Austrian Code of Criminal Procedure; Section 37 of the Entire Psychologist Act of 2013; Section 54 of the Medical Practitioners Act 1998.	Courts, authorities, and bodies of public supervision; facilities for the care or education of children and young people; psychosocial counselling facilities; private child and youth welfare institutions; hospitals and sanatorium; home nursing facilities; medical practitioners, psychologists, and psychotherapists, including assistants and specialized trainees, freelancers.	Reasonable suspicion that a specific child or young person is or has been abused, sexually abused, neglected or is otherwise at considerable risk.

Rules on professional confidentiality. The Psychotherapy Act of 1990,⁴³ the Entire Psychologist Act of 2013,⁴⁴ and the Medical Practitioners Act of 1998,⁴⁵ outline the rules on professional confidentiality in Austria. Psychotherapists, psychologists, and medical practitioners, along with their assistants and specialized trainees, are obligated to maintain the confidentiality of all information shared with them in the course of their professional duties. Violation of these confidentiality provisions can result in administrative trespass and fines.⁴⁶

Exceptions to professional confidentiality. Section 37 (5) of the Federal Child and Youth Welfare Act stipulates that professional confidentiality regulations do not exempt individuals from their obligation to disclose information as outlined in subsections (1) and (3) of the Act in cases of abuse, sexual abuse, neglect or considerable risk.

⁴³ Section 15: 'Psychotherapists, as well as their auxiliary staff, shall be obliged to keep confidential all secrets shared with them or becoming known to them in the exercise of their profession'.

⁴⁴ Section 37 (1): 'Members of the profession as well as their assistants, including specialized trainees, shall be bound to secrecy with regard to all secrets entrusted to them or becoming known to them in the course of exercising their profession or acquiring professional competence in the course of training'.

⁴⁵ Section 54 (1): 'The doctor and his/her assistants are obliged to maintain secrecy about all secrets entrusted to them or which have become known to them in the exercise of their profession'.

⁴⁶ See for example, Section 23 of the Psychotherapy Act of 1990: 'Persons, who hold the professional title protected by the present federal act in violation of the provisions of section 13 or who act in violation of the provisions of paragraph 3 of section 13, of section 14, of section 16, of paragraph 2 of section 17, or of paragraph 1 of section 16, or who violate the obligation of secrecy according to section 15, shall commit an administrative trespass, which shall be punished by a money fine amounting to a maximum sum of ATS 50,000, unless the deed comprises the legal elements of a punishable offence that comes under the jurisdiction of the competent courts of justice'. Under Section 47 of the Entire Psychologist Act of 2013 may result in an administrative offence and shall be punished by a fine of up to EUR 15,000, unless the act constitutes a criminal offence falling within the jurisdiction of the courts.

Mandatory reporting obligation. There is a mandatory reporting obligation for certain professionals,⁴⁷ including medical practitioners,⁴⁸ such as psychotherapists and psychologists,⁴⁹ if there is a reasonable suspicion that a specific child or young person is or has been abused, sexually abused, neglected or is otherwise at considerable risk, the hazard cannot be averted by one's own professional action, and the perception of the hazard takes place in the context of professional activity.⁵⁰

According to the Federal Child and Youth Welfare Act, any suspicions of mistreatment, abuse, or neglect concerning a child or young person should be reported in writing to the locally competent child and youth welfare agency. Medical practitioners, such as psychologists, on the other hand, are obligated to report such suspicions to the criminal investigation department or the public prosecutor's office.⁵¹

Coverage of the reporting. The reporting obligations outlined in the Federal Child and Youth Welfare Act encompass a wide range of entities, including courts, authorities, police, public supervision bodies, facilities for the care or education of children and young people, psychosocial counselling institutions, private child and youth welfare institutions, hospitals, health resorts, home nursing facilities, members of legally regulated health professions and freelancers.⁵²

Additionally, the reporting requirements of the Entire Psychologist Act of 2013 apply to members of the psychology profession, their assistants, and specialized trainees, while the Medical Practitioners Act of 1998 encompasses all physicians with professional qualifications, including general practitioners, licensed physicians, specialists, doctors with partial access to the profession, and rotation doctors in training.

Requirements for the state of mind of the reporter. The obligation to report applies to current hazard or past events must have a dangerous effect on the present.⁵³ Professionals are required to report to the locally responsible child and youth welfare agency in writing or to the criminal investigation department or public prosecutor's office, depending on the nature of the suspicion.

The reasonable suspicion must be based on concrete indications of endangerment that extend beyond mere assumptions and pertain to a specific, named child. These indications may stem from the child's own perceptions, narratives and professional conclusions. While it is not necessary to conduct investigations beyond one's own area of responsibility, basic inquiries are warranted.⁵⁴

⁴⁷ Section 37 (1) Federal Child and Youth Welfare Act and Section 78 Austrian Code of Criminal Procedure.

⁴⁸ Section 54 (4) of the Medical Practitioners Act 1998: *'The doctor shall be obliged to report the matter to the criminal investigation department or the public prosecutor's office if, in the course of his or her professional activity, there is a reasonable suspicion that by a judicially punishable offence: 1. death, grievous bodily harm or rape was caused, or; 2. children or adolescents are or have been abused, tortured, neglected or sexually abused, or 3. adults who are unable to act or make decisions or who are defenseless due to frailty, illness or mental disability are or have been abused, tortured, neglected or sexually abused'*.

⁴⁹ Section 37 of the Entire Psychologist Act of 2013.

⁵⁰ In Austria, the protection of minors is not consistently governed at the national level but falls under the jurisdiction of the individual federal states. As a result, there may be varying regulations across different federal states. The regulations of the federal state in which the child or young person resides generally apply. In general, young persons are typically considered to be a maximum of 18 years old.

⁵¹ There is an exception to this reporting obligation for medical practitioners if the suspicion is directed against a relative, as per Section 72 of the Criminal Code, provided that such omission is deemed necessary for the best interests of the child or young person. In such cases, a notification must be made to the child and youth welfare agencies and, if required, the involvement of a child protection facility at a hospital. Furthermore, in instances of intentionally inflicted serious bodily injury, it is the doctor's responsibility to refer to the existing victim protection facilities.

⁵² Section 37 (1) and (3) Federal Child and Youth Welfare Act. The responsibility to notify rests with the institution unless the individuals subject to the notification obligation operate independently.

⁵³ Meier, I., & Möstl, M. (2023). Mapping child protection systems in the EU (27): Austria. European Training and Research Centre for Human Rights and Democracy. Retrieved from: [at - report - mapping child protection systems - 2023.pdf](#). Last consulted on 14 January 2025.

⁵⁴ Ibid.

Protections for the reporter. Anonymous reporting is not possible for mandated reporters, as they must include their names and contact details in the report.⁵⁵ This is different for private individuals. Currently, there is no mandatory reporting obligation for them. They can make anonymous reports through various hotlines established for this purpose.⁵⁶

Consequences/penalties for not reporting. The failure to submit the report is treated as a violation of a legal obligation that is not subject to criminal sanctions. The violation of reporting obligations by medical professionals, including psychologists, for example, can result in administrative offences that may be punishable by administrative fines.⁵⁷

⁵⁵ Section 37 (4) Federal Child and Youth Welfare Act: *'In any event, the written notification shall contain information on all relevant perceptions and conclusions drawn from them, as well as the names and addresses of the children and adolescents concerned and of the person subject to the notification obligation'.*

⁵⁶ Meier, I., & Möstl, M. (2023). Mapping child protection systems in the EU (27): Austria. European Training and Research Centre for Human Rights and Democracy, p. 77. Retrieved from: [at - report - mapping child protection systems - 2023.pdf](#). Last consulted on 14 January 2025.

⁵⁷ See for example Section 199 of the Medical Practitioners Act 1998 and Section 47 (4), par. 3 of the Entire Psychologist Act 2013. The latter states: *'Whoever violates the orders or prohibitions contained in sections 31 to 39 commits an administrative offence and shall be punished by a fine of up to 15.000,00 EUR unless the act constitutes a criminal offence falling within the jurisdiction of the courts'.*

1.2.3 BELGIUM

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
No	Article 458bis of the Belgian Criminal Code; Article 422bis of the Criminal Code.	Article 458bis: applies to people subject to professional secrecy, such as doctors and therapists. They can (no duty, but a right) exceptionally breach their professional confidentiality in limited cases and decide to report. Article 422bis: this contains the obligation to help people in grave danger, after having personally observed their situation or after being informed of the situation. In specific circumstances this may lead to reporting and breaching confidentiality. If the article applies, failing to provide help may be culpable neglect.	Article 458bis: there must be knowledge of a situation of immediate and serious harm to the physical or psychological integrity of a specific minor or vulnerable person, or a real and serious danger that similar acts would be committed against other minors or vulnerable people, and the practitioner must be unable to protect the minor(s) or vulnerable person(s) by their own means or through the help of others (e.g. colleagues). Article 422bis: a person (a minor in this case) is in grave danger, which is a threat, risk, or situation that causes harmful consequences and which is constant, real and immediate. The situation may be observed directly or indicated/described to or deduced by the practitioner.

Rules on professional confidentiality. Professional confidentiality is protected by Article 458 of the Belgian Criminal Code. This applies to various professionals, including doctors, psychologists, and other healthcare and assistance providers. These individuals are bound by professional confidentiality, which means they must maintain strict confidentiality regarding any information they obtain during their professional practice. The scope of professional confidentiality is limited to the assistance relationship. It does not apply to information learned in a casual manner or outside any connection with their profession or state. Professionals, including trainees and employees, are obligated to uphold professional confidentiality.

Exceptions to professional confidentiality. Professional confidentiality as outlined in Article 458 of the Belgian Criminal Code includes certain exceptions. These exceptions encompass, among others:

- cases where professionals are called to testify in court or before a parliamentary inquiry committee;
or

- situations where legislation, a decree, or an ordinance requires or permits them to disclose confidential information.

With Article 458bis of the Criminal Code, the Belgian legislator introduced a legal exception for holders of professional confidentiality who, under certain conditions and in specific circumstances, decide to breach professional confidentiality and report specific offenses of which their client is a victim.⁵⁸

Furthermore, the obligation in Article 422bis of the Criminal Code may compel someone bound by professional confidentiality to disclose the secret, nonetheless.⁵⁹ Article 422bis of the Criminal Code contains the offense of culpable neglect and penalizes anyone who fails to provide or aid a person in grave danger, either after having personally observed their situation or after being informed of the situation by those requesting their help.

A reporting right. Article 458bis of the Belgian Criminal Code grants individuals who under normal circumstances have to respect professional confidentiality obligations the right to report offenses committed against minors, or vulnerable persons.⁶⁰ This right to report can be exercised when there is 1) an existing crime (the law lists specific crimes, including sexual offences against minors) and 2a) a serious and imminent threat to the physical or psychological integrity of the minor or vulnerable person, or 2b) when there are indications of a serious and real danger to other minors or vulnerable persons becoming the victim of such a crime (including sexual offences against minors). According to the provision, the report must be made to the public prosecutor. However, the right to report under article 458bis of the Criminal Code does not include an obligation to report. Moreover, the exception only applies in as far as the person subject to the obligation of professional secrecy cannot directly protect the minor themselves or with the help of others (e.g. others subject to the same professional secrecy). This article exclusively provides an exception to criminal prosecution for not maintaining professional confidentiality.⁶¹ The Court of Cassation also notes that this exception exclusively applies when a person with a professional confidentiality obligation is in contact with the perpetrator of the crime, and not simply when they are in contact with the victim of the crime.⁶²

Under Article 422bis of the Criminal Code, every person is obliged to render assistance to someone in grave danger.⁶³ The person must be able to assist without risking serious danger themselves or others. The term 'grave danger' refers to a threat, risk, or situation that causes unfair or harmful consequences and must be constant, real⁶⁴ and immediate.⁶⁵ To give a more straightforward example than suspected cases of child

⁵⁸ V., De Souter, 'Het beroepsgeheim en de invoering van een spreekrecht door de wet van 28 november 2000 betreffende de strafrechtelijke bescherming van minderjarigen. Een nadere analyse van het artikel 458bis van het Strafwetboek', TFK 2001, 184-192.

⁵⁹ Corr. Brussel 27 february 2007, NC 2008, 73, note L. Huybrechts ('Schuldig verzuim bij zelfmoord').

⁶⁰ Article 458bis of the Belgian Criminal Code states the following: 'Any person who, by virtue of his state or profession, is the holder of secrets and thereby has knowledge of an offence as defined in (...), committed on a minor or on a person vulnerable by reason of his age, (...), can bring the offence to the notice of the public prosecutor, either when there is a serious and imminent danger to the physical or psychological integrity of the minor or the said vulnerable person and he cannot protect such integrity himself or with the help of others or when there are indications of a serious and real danger that other minors or said vulnerable persons will be victims of the crimes referred to in the aforementioned articles and he cannot protect this integrity himself or with the help of others'.

⁶¹ G. Genicot. 'Section 1 - La confidentialité : le secret médical' in *Droit médical et biomédical*, 2nd edition, Brussels, Larcier, 2016, p. 272-305.

⁶² Cass., 26/03/2021, AR nr. D.18.0015.N, R.W., 2022-2023/4, p. 143-149.

⁶³ Article 422bis of the Criminal Code.

⁶⁴ For example, the danger is considered real when it is not merely hypothetical or possible. See V., Vereecke, 'Schuldig verzuim door de veroorzaker van het gevaar', R.A.B.G., 2020/1, p. 19-20.

⁶⁵ Corr. Brussel 27 december 1967, RDPC 1967-68, 748; Gent 10 june 1999, TAVW 2001, 42.; Cass. 1 february 2012, RDPC 2012, 701-702 en RW 2012-13, 702-703; V., Vereecke, 'Schuldig verzuim door de veroorzaker van het gevaar', RABG., 2020/1, p. 19-20.

sexual abuse and exploitation: if a child is at risk of being struck by a vehicle on a busy road, a person must first try to intervene to bring the child to safety. If this person is unable to provide help themselves, they may seek help elsewhere, such as by calling a third party.⁶⁶ Considering the wording of the provision, the latter may compel a person, under specific circumstances, to breach their professional confidentiality and to report the situation.⁶⁷ This is the case when a person, like a therapist, considers themselves unable to help the victim of the crime themselves. The application of Article 422bis of the Criminal Code is seen in some doctrine as a reporting obligation.⁶⁸ Other doctrine states that there is never a reporting obligation when professional secrecy is involved, only a reporting right.⁶⁹ Likely due to the sensitive nature of these cases, there is little published case law on the topic. A few cases on this issue have made it before the Constitutional Court, but the Court has systematically refused to respond to this question and handled these cases based on other arguments.⁷⁰

The other exception to the criminal prosecution of crimes related to professional secrecy can be found in the exception of state of emergency. This can be read in Articles 10 and 13 of the New Criminal Code but has been common practice in case law and doctrine before the New Criminal Code.⁷¹ The state of emergency exception states that if committing a crime leads to the prevention of harm to the interests or rights of a person, there is no crime. The prevented harm must be greater than the harm done as caused as part of the crime. This allows a person to break their professional secrecy obligations if this leads to greater harm prevention. Normally, Article 458bis of the Criminal Code only allows for reporting to the public prosecutor. However, under the state of emergency exception, it is nonetheless for the person who would render assistance to assess the situation and to decide on the best course of action. Case law indicates wide acceptance of other methods of providing aid. For example, instead of reporting to the public prosecutor, the person might decide that it would be more suitable to contact specialized services, such as the Confidential Centre for Child Abuse, to ask for their help.⁷² This also means there is no need for a person to wait until a crime is already committed as required by Article 458bis of the Criminal Code. If reporting a situation before a crime is committed would lead to greater harm prevention, this would not result in a crime. However, in this scenario, the danger must be imminent and not just a vague possibility.⁷³ Accordingly, there is significant discretionary margin allowing for a reporting right for professionals who are under an obligation of professional secrecy.

Coverage of the reporting. The possibility to report pursuant to Article 458bis of the Criminal Code applies to anyone bound by professional confidentiality, including doctors, psychologists, and other healthcare and

⁶⁶ V., Vereecke, 'Schuldig verzuim door de veroorzaker van het gevaar', RABG, 2020/1, p. 19-20.

⁶⁷ Vlaanderen. (n.d.). Wanneer kan het beroepsgeheim worden doorbroken? Rechtspositie - Jeugdhulp. Retrieved from: [Wanneer kan het beroepsgeheim worden doorbroken? | Rechtspositie - Jeugdhulp](#). Last consulted on 14 January 2025.

⁶⁸ Versweyvelt, A.-S., & Put, J. (n.d.). WEGWIJZERS BEROEPSGEHEIM - Meldrecht en meldplicht. *Instituut Sociaal Recht Katholieke Universiteit Leuven*, 22; Moreau, T., « Chapitre XXV - La violation du secret professionnel » in Bosly, H. et De Valkeneer, Ch. (dir.), *Les infractions – Volume 5*, 1^e édition, Bruxelles, Larcier, 2012, p. 685-726.

⁶⁹ Genicot, G., 'L'article 458 bis nouveau du Code pénal : le secret médical dans la tourmente', *J.T.*, 2012/35, n° 6495, p. 717-725; Langenaken, E., « Portée et conséquences de la réécriture de l'article 458bis du Code pénal sur le secret professionnel », *R.F.D.L.*, 2013/1, p. 65-76; Hausman, J.-M. et Schamps, G., « § 3. - Secret professionnel et confidentialité » in *Aspects juridiques et déontologiques de l'activité de psychologue clinicien*, 1^e édition, Bruxelles, Bruylant, 2016, p. 198-239.

⁷⁰ Grondwettelijk hof, Arrest nr. 127/2013 d.d. 26 september 2013; Grondwettelijk hof, Arrest nr. 163/2013 d.d. 5 december 2013.

⁷¹ Law of 29 February 2024 on the Introduction of Book I of the Criminal Code; J.P. CORDIER et L. MIDOL, « Le secret professionnel du conseiller en prévention aspects psychosociaux et des personnes de confiance (2021) », *Orientations*, 2021, pp. 2-23.

⁷² Ibid.

⁷³ Henrion, T. (2024). *Mémento de droit penal 2024*. Wolters Kluwer; Moreau, T., « Chapitre XXV - La violation du secret professionnel » in Bosly, H. et De Valkeneer, Ch. (dir.), *Les infractions – Volume 5*, 1^e édition, Bruxelles, Larcier, 2012, p. 685-726.

assistance providers. The obligation to render assistance under Article 422bis of the Criminal Code, on the other hand, applies to any individual.

Requirements for the state of mind of the reporter. The right to report can be exercised when the person holding professional confidentiality has knowledge of a serious and imminent threat to the physical or psychological integrity of the minor or vulnerable person, or when there are indications of a serious and real danger to other minors or vulnerable persons.

Under Article 422bis of the Criminal Code, an individual is only obliged to render assistance when the person is in grave danger, which is a threat, risk, or situation that causes fear of harmful consequences and which is constant, real and immediate.⁷⁴ The obligation applies when the individual has personally determined/observed that there is such a situation or when it has been described to them that such a situation exists by the persons requesting/enlisting help (potentially on behalf of someone else). However, if they have not personally determined/observed that there is such a situation, they may decide not to assist if, based on the circumstances, they can reasonably believe that the request was not serious or would be dangerous.⁷⁵

Protections for the reporter. Mandated reporters can contact the anonymous chat service at [Nupraatikerover.be](https://nupraatikerover.be) to discuss issues related to sexual abuse, child abuse, and neglect.⁷⁶ Assistance is also available by calling 1712, where a counselor will listen and provide advice. Counselors will assess the situation and advise on further steps. Professionals can report concerns directly to the Confidential Center for Child Abuse in the region where the child resides. The 1712 helpline is free and anonymous, accessible by phone, chat, or email via www.1712.be, and is available to both minors and adults.⁷⁷

Consequences/penalties for not reporting. There is no duty to report, but there is a duty to provide help to a person in grave danger under Article 422bis of the Criminal Code. Whoever has knowledge that someone is in a state of great danger must provide help if they can do so without serious danger to themselves or others. Failure to aid when someone is in grave danger, especially if the person is a minor or vulnerable, can result in criminal conviction for culpable failure to help. The penalties for this offense may include imprisonment and fines.⁷⁸

⁷⁴ For example, the danger is considered real when it is not merely hypothetical or possible. See V., Vereecke, '*Schuldig verzuim door de veroorzaker van het gevaar*', RABG, 2020/1, p. 19-20.

⁷⁵ Article 422bis of the Criminal Code.

⁷⁶ Nupraatikerover. (n.d.). Chat seksueel geweld, mishandeling, verwaarlozing. Anoniem en gratis. Retrieved from: [Nupraatikerover | Chat seksueel geweld, mishandeling, verwaarlozing. Anoniem en gratis](https://nupraatikerover.be). Last consulted on 3 February 2025.

⁷⁷ 1712 Hulplijn. (n.d.). Geweld, misbruik en kindermishandeling. Retrieved from: [1712 Hulplijn geweld, misbruik en kindermishandeling](https://1712hulp.nl). Last consulted on 3 February 2025.

⁷⁸ A violation of Article 422bis of the Criminal Code may result in imprisonment for 2 years and a fine if the person in great danger is a minor. For there to be a guilty omission, there must be an intentional element. The counsellor is only punishable if he deliberately fails to aid in a situation where this is necessary. On the other hand, it is not necessary for a well-defined motive to come into play such as the intention to harm someone.

1.2.4 BULGARIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 7 of the Child Protection Act.	Any person.	Awareness of the existence of a child in need of protection.

Rules on professional confidentiality. Article 51 of the Code of Professional Ethics for Doctors contains provisions regarding medical confidentiality. Medical confidentiality includes all information which the patient has shared with the doctor concerning his condition and facts discovered during the examination and tests carried out by the latter, as well as everything that the doctor has learned in the exercise of his profession concerning the patient. Medical confidentiality under this article is also maintained with respect to family members of the patient and is maintained even after the patient's death.

Similarly, Article 19 of the Code of Professional Ethics for Nurses, Midwives, and Associated Medical Professionals highlights the obligation to observe confidentiality in accordance with regulations.⁷⁹ Medical confidentiality is also provided for psychologists in the Professional and Ethical Code of Psychologists.⁸⁰

Exceptions to professional confidentiality. The Code of Professional Ethics for Doctors contains certain exceptions from medical confidentiality. For example, if multiple doctors treat the same patient simultaneously or consecutively, they are exempt from medical confidentiality among themselves, unless the patient explicitly and reasonably objects. Patient data may also be used for research and educational purposes, provided the patient's anonymity is ensured and they cannot be identified by third parties.⁸¹ Additionally, Article 55 of the same code stipulates that a doctor is obligated to provide information about the condition of their patients to the competent authorities in cases regulated by existing legislation.

Article 19 of the Code of Professional Ethics for Nurses, Midwives, and Associated Medical Professionals explicitly instructs health care professionals to 'carefully consider the provision of such information in accordance with the regulations'. Similarly, Article 4 (A) of the Professional and Ethical Code of Psychologists emphasizes that '*the principle of respect for the client includes maintaining confidentiality in work with the client, except in cases where Bulgarian legislation and legally authorized institutions require the disclosure of confidential information*'.

Mandatory reporting obligation. The Child Protection Act imposes an obligation on all individuals to report cases where a child is in need of protection. This reporting obligation extends to all people who become aware of a child in need of protection in the course of exercising their profession or occupation, irrespective

⁷⁹ Article 19 of the Code of Professional Ethics for Nurses, Midwives, and Associated Medical Professionals: '*The health care professionals shall respect the confidentiality of the patient's personal information and shall carefully consider the provision of such information in accordance with the regulations*'. Bulgaria. (2015). Code of Professional Ethics for Nurses, Midwives, and Associated Medical Professionals (Order No RD-01-102 of 11 May 2015). Official SG, Pс. 45 of 19 June 2015. Retrieved from: [Lex.bg](http://lex.bg) - [Законо, правилници, конституция, кодекси, държавен вестник, правилници по прилагане](http://lex.bg). Last consulted on 14 January 2025.

⁸⁰ Article 4 (A) of the Professional and Ethical Code of Psychologists states the following: '*Principle of respect for the Client includes to maintain confidentiality of its work with the client, except for the cases when the Bulgarian legislation and the institutions authorized by law require the disclosure of confidential information in due course*'. Bulgaria. (n.d.). Professional and Ethical Code of Psychologists. Retrieved from: [Професионално-етичен кодекс – Българска психологическа асоциация](http://profесионално-етичен кодекс – Българска психологическа асоциация). Last consulted on 14 January 2025.

⁸¹ Article 54 of the Code of Professional Ethics for Doctors.

of them being bound by an occupational secret.⁸² There is no age restriction specified, meaning the obligation covers the protection of people under the age of 18.⁸³

Coverage of the reporting. The reporting obligation applies to any person. It also covers professionals who becomes aware of a child in need of protection through their profession or their professional activity.

Requirements for the state of mind of the reporter. The reporting obligation is triggered when the reporter becomes aware of the existence of a child in need of protection. According to the Child Protection Act, every child has a right to protection with a view to their physical, intellectual, moral and social development and to protection of their rights and interests. There is no limitation of rights, nor any privilege, on the grounds of race, nationality, ethnic background, sex, origin, property status, religion, education and convictions or disability.⁸⁴ The situation of a child in need of protection is therefore board.

Protections for the reporter. Reports of child abuse or neglect can be made to the police, Social Assistance Directorate, the State Agency for Child Protection, or the Ministry of the Interior. The choice of authority to inform rests with the reporter, and these institutions have internal cooperation mechanisms. Anonymous reporting is possible. Professionals are not held liable for breaching their professional confidentiality when reporting cases of child protection.

Consequences/penalties for not reporting. Failure to fulfil the reporting obligation can result in penalties. Article 45 of the Child Protection Act states that individuals who fail to fulfil their obligation may face fines ranging from 50,00 BGN to 500,00 BGN, unless they are subject to more severe administrative punishment under a special law, or their act does not constitute a crime. Officials who fail to fulfil their obligation may be fined 100 BGN to 1.000,00 BGN, subject to the same conditions. Violations are established by social workers or inspectors from the relevant authorities, and penalty orders are issued accordingly.⁸⁵

⁸² Article 7 of the Child Protection Act.

⁸³ Article 2 of the Child Protection Act.

⁸⁴ Article 10 of the Child Protection Act.

⁸⁵ Article 46 of the Child Protection Act.

1.2.5 CANADA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Every province and territory in Canada has enacted legislation regarding the reporting of cases where children are in need of protection, including instances of suspected child abuse and sexual abuse.	Every person.	Varies across provinces and territories, ranging from a broad duty to report any reasonable belief or suspicion (e.g., British Columbia, New Brunswick, Nova Scotia, Ontario, and Yukon) to a higher threshold of reasonable and probable grounds (e.g., Alberta and Manitoba). Some jurisdictions focus specifically on certain types of harm, such as Saskatchewan's emphasis on child sexual abuse, while others (e.g., Québec and Nunavut) define endangerment more broadly, including exposure to violence and neglect.

Rules on professional confidentiality. Physicians in Canada have a well-established legal, ethical, and professional duty to maintain patient confidentiality.

This obligation is rooted in Canadian common law, healthcare legislation, and professional codes of conduct. Breaching this duty can result in legal consequences, including lawsuits based on negligence, contract, or fiduciary law, as well as disciplinary actions from provincial professional regulatory bodies, such as the College of Physicians.⁸⁶

Privacy legislation reinforces the duty to protect a patient's personal health information by requiring patient consent before such information can be accessed, collected, used, or disclosed, except in specific legally defined circumstances. This obligation extends to all healthcare providers and staff with access to medical records.⁸⁷

Exceptions to professional confidentiality. The duty of professional confidentiality is not absolute, as exceptions exist in legislation and common law.

⁸⁶ Caulfield, T. (7 February 2006). Confidentiality. The Canadian Encyclopedia. Last edited 16 December 2013. Retrieved from: [Confidentiality | The Canadian Encyclopedia](#). Last consulted on 29 January 2025.

⁸⁷ CMPA. (January 2021). Privacy and confidentiality: Protecting your patient's personal health information. CMPA Good practices. Retrieved from: [CMPA - Professionalism and ethics | Privacy and Confidentiality | CMPA Good practices](#). Last consulted on 29 January 2025.

Most notably, child welfare laws require physicians to report any child who may be at risk. Other exceptions include mandatory reporting of certain infectious diseases and court orders compelling disclosure in legal proceedings. Unlike lawyer-client privilege, physician-patient confidentiality can be overridden in criminal or civil trials if the information is deemed relevant.

Another key exception is the ‘duty to warn’, which may obligate physicians to inform third parties of potential harm, such as when a patient poses a serious risk to others. Emerging issues, including genetic risks and infectious diseases, continue to challenge the scope of this duty.

Mandatory reporting obligation. Every province and territory in Canada has enacted legislation regarding the reporting of cases where children are in need of protection, including instances of suspected child abuse and sexual abuse, to the police, child protection authorities or an equivalent in the respective province or territory.

In certain jurisdictions, protection extends to children under the age of 16. This is the case for Nunavut. However, in Alberta, Manitoba, Québec, Prince Edward Island, Newfoundland and Labrador, it applies to those under 18. Similarly, in Saskatchewan and Ontario, the obligation to report sexual abuse also covers individuals younger than 18. For British Columbia, Yukon, New Brunswick, and Nova Scotia, the threshold age is 19 across all contexts. In the Northwest Territories, the law defines a child as a person under 18 years of age or someone who appears to be under 18 if their age cannot be verified.

Coverage of the reporting. In Alberta, Manitoba, Prince Edward Island, Saskatchewan, British Columbia, Yukon, New Brunswick, Newfoundland and Labrador, Northwest Territories, and Nunavut, there is a broad obligation for every person to report concerns about a child’s well-being.

In Alberta, Prince Edward Island, Yukon, and Newfoundland and Labrador, reports must be made to a director, manager, social worker, or a police/peace officer. Manitoba allows reports to be made to an agency or the child’s parent/guardian, while Saskatchewan specifically emphasizes reporting in cases of suspected sexual abuse, requiring reports to be made to a child protection or police officer. British Columbia adds that in cases involving Indigenous children, reporting to an Indigenous authority is sufficient, provided they confirm the report is being assessed.

New Brunswick law further reinforces this duty, requiring any person who believes that a child or youth’s well-being is in danger to inform the Minister immediately, regardless of whether the information was obtained in the course of their duties or within a confidential relationship. In Northwest Territories, failing to report a reasonable belief that a child has suffered or is likely to suffer harm or exploitation constitutes an offence, as does a failure by certain professionals—such as health practitioners—to report suspected sexual offences. In Nunavut, reports must be made without delay to a Child Protection Worker, or, if unavailable, to a peace officer or an authorized person.

In Québec and Nova Scotia, professionals working with children are explicitly highlighted as mandatory reporters, in addition to the general obligation for all citizens. In Nova Scotia, every person must report when they have information indicating a child needs protective services, while professionals working with children have a specific duty to report suspected abuse, with reports directed to an agency. Similarly, in Québec, all individuals with reasonable grounds to believe a child is in danger are obligated to report, while professionals providing care or assistance to children must report if they believe a child’s security or development is at risk, with reports directed to the director of youth protection.

Requirements for the state of mind of the reporter. The requirements for the state of mind of the mandated reporter differentiate across provinces and territories:

- Alberta: Section 4 (1) of the Child, Youth and Family Enhancement Act mandates that any person with reasonable and probable grounds to believe a child is in need of intervention must immediately report the matter to either a director or a police officer.

Section 1 (2) states that there is a child in need of intervention if there are reasonable and probable grounds to believe that the safety, security or development of the child is endangered because the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child or the guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse.⁸⁸

- British Columbia: Section 14 (1) Child, Family and Community Service Act mandates that any person who has reason to believe a child, including an Indigenous child, requires protection under Section 13 must promptly report the situation to a director or a person designated by the director.

Section 13 defines circumstances where a child is deemed to need protection. These include physical harm, sexual abuse or exploitation, neglect, emotional harm (including exposure to domestic violence), deprivation of necessary healthcare, or failure by the parent to provide adequate care. Emotional harm is identified by signs such as severe anxiety, depression, withdrawal, or self-destructive behavior.⁸⁹

- Manitoba: Section 18 (1) of the Child and Family Services Act requires any individual with information leading them to reasonably believe that a child is or may be in need of protection, as outlined in Section 17, to immediately report the information to an agency or the child's parent or guardian. Additionally, any person who reasonably believes that a representation, material, or recording constitutes or may constitute CSAM must promptly report it to a designated reporting entity.

Section 17 (1) defines a child in need of protection as one whose life, health, or emotional well-being is endangered by another person's actions or omissions. This includes situations where the child is abused or at risk of abuse, likely to suffer harm related to CSAM offences (e.g. production), or subjected to aggression or sexual harassment that jeopardizes their safety or well-being.⁹⁰

- New Brunswick: According to Section 35 of the Child and Youth Well-Being Act, any person who has reason to believe that a child or youth's well-being is in danger must inform the Minister without delay, even if the information was obtained in a professional capacity or a confidential relationship.

The law defines endangerment broadly, covering physical, sexual, and psychological harm, exploitation, neglect, exposure to violence, abandonment, and unsafe living conditions. A child's well-being is also considered at risk if they are beyond parental control, likely to self-harm, in the care of an unauthorized person, or under 12 and likely to have committed a criminal act.⁹¹

⁸⁸ Province of Alberta. (1 April 2023). Child, Youth and Family Enhancement Act (Revised Statutes of Alberta 2000, Chapter C-12). Office Consolidation. Retrieved from: <https://kings-printer.alberta.ca/documents/Acts/C12.pdf>. Last consulted on 22 January 2025.

⁸⁹ Victoria. (2025). Child, Family and Community Service Act [RSBC 1996] Chapter 46. Retrieved from: [Child, Family and Community Service Act](#). Last consulted on 30 January 2025.

⁹⁰ Manitoba. (n.d.). The Child and Family Services Act (C.C.S.M. c. C80). Retrieved from: <https://web2.gov.mb.ca/laws/statutes/ccsm/pdf.php?cap=c80>. Last consulted on 22 January 2025.

⁹¹ Brunswick. (2022). Child and Youth Well-Being Act (2022, c.35). Retrieved from: [2022, c.35 - Child and Youth Well-Being Act](#). Last consulted on 30 January 2025.

- Newfoundland and Labrador: According to Section 11 of the Children, Youth and Families Act, any person who has information that a child or youth is or may be in need of protective intervention must immediately report it. This duty applies regardless of confidentiality obligations, and professionals working with children—such as healthcare providers, teachers, social workers, clergy, and lawyers—have a specific legal obligation to report. Protective intervention is required when a child is at risk of physical, sexual, or emotional harm, neglect, abandonment, or exposure to violence or unsafe living conditions.⁹²
- Nova Scotia: Section 23(1) of the Child and Family Services Act states that any person who has information indicating that a child is in need of protective services shall forthwith report that information to an agency. Furthermore, Section 24(1) imposes a similar obligation on certain professionals and officials working with children to report suspicions of abuse or neglect.

A child is deemed to be in need of protective services when they have suffered or are at substantial risk of suffering physical, sexual, or emotional harm due to the actions or inaction of a parent or guardian. This includes situations where necessary medical treatment is withheld, the child is exposed to domestic violence, or there is neglect that impairs the child's development.⁹³

- Ontario: Under Section 125 of the Child, Youth and Family Services Act, any person, including professionals working with children, must immediately report to a child protection society if they suspect that a child has suffered or is at risk of physical harm, sexual abuse, exploitation, neglect, or emotional harm due to a caregiver's actions or failure to act. Special provisions apply to cases of child sex trafficking and situations where a child requires medical or psychological treatment, but the caregiver fails to provide or consent to it.⁹⁴
- Prince Edward Island: Under the Child Protection Act, Section 10 imposes a mandatory duty on any person who has knowledge or reasonable grounds to suspect that a child is in need of protection to immediately report the circumstances to the Director or a peace officer, who must then inform the Director. Additionally, individuals are required to provide any further relevant information known to them.

Section 9 outlines the circumstances under which a child is deemed to be in need of protection. These include instances of physical harm or substantial risk thereof, neglect, inadequate supervision, sexual abuse or exploitation, emotional harm, or exposure to domestic violence, where a parent has failed or is unable to protect the child.⁹⁵

- Québec: Section 39 of the Youth Protection Act establishes a reporting obligation for anyone who has reasonable grounds to believe that a child's security or development is, or may be, in danger. Such situations must be reported to the director without delay. Section 38 specifies that a child's security or development is considered endangered in cases of abandonment, neglect, psychological

⁹² Newfoundland and Labrador. (31 May 2018). Children, youth and families act, SNL2018 Chapter C-12.3. Amended by 2021 c9, 2024 c23 s31. Retrieved from: [SNL2018 CHAPTER C-12.3 - CHILDREN, YOUTH AND FAMILIES ACT](#). Last consulted on 30 January 2025.

⁹³ Nova Scotia. (1990). Children and family services act, SNS 1990, c 5. Retrieved from: [SNS 1990, c 5 | Children and Family Services Act | CanLII](#). Last consulted on 31 January 2025.

⁹⁴ Ontario. (2017). Child, Youth and Family Services Act, 2017 (S.O. 2017, c. 14, Sched. 1). Retrieved from: [Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1 | ontario.ca](#). Last consulted on 30 January 2025.

⁹⁵ Prince Edward Island. (1988). Child Protection Act (RSPEI 1988, c C-5.1). Retrieved from: [RSPEI 1988, c C-5.1 | Child Protection Act | CanLII](#). Last consulted on 22 January 2025.

ill-treatment, exposure to domestic violence, sexual or physical abuse, or serious behavioral disturbances.⁹⁶

Sexual abuse under Section 38 (d) includes situations where the child is subjected to gestures of a sexual nature, with or without physical contact, including sexual exploitation, by a parent or another individual, and the parents fail to take necessary action to stop it. It also covers scenarios where there is a serious risk of such abuse or exploitation and the parents fail to intervene.⁹⁷

- Saskatchewan: Under the Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act, Section 4 (1) mandates that any individual with reasonable grounds to believe a child has been or is likely to be subjected to sexual abuse must report this information to a child protection officer or a peace officer.

Section 3 defines sexual abuse as a situation where a child has been or is likely to be exposed to harmful interaction for a sexual purpose. This includes involvement in prostitution or any conduct that could constitute an offence under the Criminal Code. Further details on the applicable regulations can be found in the Act and its accompanying regulations.⁹⁸

- Northwest Territories: Under the Child and Family Services Act, individuals who have information about a child's need for protection are required to report it immediately to a Child Protection Worker, or, if unavailable, to a peace officer or an authorized person. This duty cannot be delegated to another person and applies even if the information is confidential or privileged, though solicitor-client privilege remains intact.

A child is considered to need protection in various circumstances, such as suffering physical harm from a parent, being at risk of harm due to parental neglect, experiencing sexual exploitation, or showing signs of emotional distress. Other reasons for protection include exposure to domestic violence, substance abuse, malnutrition, or abandonment. In cases where a child's safety and well-being are at risk, and the parent is unwilling or unable to provide adequate care or consent to necessary treatment, the child may be deemed in need of protection.⁹⁹

- Nunavut: Under Section 8 of the Child and Family Services Act, there is an obligation to report for any person who has information or reasonable grounds to believe that a child is in need of protection. This report must be made without delay to a Child Protection Worker. If no Child Protection Worker is available, the report must be made to a peace officer or an authorized person.

A child is considered in need of protection in various circumstances, including physical harm caused by a parent's actions or neglect, sexual abuse or exploitation, including exposure to CSAM, if the

⁹⁶ Quebec. (n.d.). Youth Protection Act (p-34.1). Retrieved from: [p-34.1 - Youth Protection Act](#). Last consulted on 30 January 2025.

⁹⁷ Quebec. (2024). Youth Protection Act (CQLR c P-34.1). Retrieved from: <https://www.canlii.org/en/qc/laws/stat/cqlr-c-p-34.1/latest/cqlr-c-p-34.1.html>. Last consulted on 22 January 2025.

⁹⁸ Saskatchewan. (2002). Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations (RRS c E-8.2 Reg 1). Retrieved from: [RRS c E-8.2 Reg 1 | Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations | CanLII](#). Last consulted on 22 January 2025.

⁹⁹ Northwest Territories. (1997). Child and family services act, S.N.W.T. 1997, c. 13. Retrieved from: [SNWT 1997, c 13 | Child and Family Services Act | CanLII](#). Last consulted on 4 February 2025.

parent knew or should have known and failed to protect the child, exposure to family violence, pornography, or contact with a person who possesses CSAM.¹⁰⁰

- Yukon: Under Yukon's Child and Family Services Act, Section 22 establishes a duty for any person with reason to believe a child is in need of protective intervention to immediately report the information to a director or peace officer. This obligation ensures that potential risks to a child's safety and well-being are promptly addressed by authorities.

Section 21 defines situations where a child is considered in need of protective intervention. These include physical harm, sexual abuse, or emotional harm caused by a parent or another individual when the parent fails to protect the child. The Act further specifies that inappropriate exposure to sexual behavior or exploitation, including prostitution-related activities, constitutes sexual abuse or exploitation.¹⁰¹

Protections for the reporter. The protections for the mandated reporter differentiate across provinces and territories:

- Alberta: The reporting obligation under Section 4 (1) of the Child, Youth and Family Enhancement Act does apply notwithstanding that the information on which the belief is founded is confidential and its disclosure is prohibited under any other Act. However, the reporting obligation does not apply to information that is privileged as a result of a solicitor-client relationship.¹⁰²

To report a concern, call the Child Abuse Hotline at 1-800-387-5437 (KIDS). Concerns about child exploitation can be reported anonymously through Crime Stoppers online or by calling 1-800-222-8477 (TIPS).¹⁰³

- British Columbia: The reporting obligation under the Child, Family and Community Service Act, RSBC 1996, c 46, applies even if the information is privileged, except when protected by solicitor-client privilege, or if it is confidential and its disclosure is prohibited under another Act. Individuals who report concerns in good faith cannot be sued for damages unless they knowingly provide false information.¹⁰⁴

The fastest way to report a concern to a child welfare worker is by calling 1-800-663-9122 at any time, day or night. If a child or youth is in immediate danger, call 9-1-1 or your local police. When making a report, providing a name, phone number, and relationship to the child is helpful, but anonymous reports are also accepted.¹⁰⁵

¹⁰⁰ Northwest Territories. (2014). Consolidation of the Child and Family Services Act, SNWT 1997, c. 13. Retrieved from: [Microsoft Word - Child and Family Services Act, Consolidation of](#). Last consulted on 30 January 2025.

¹⁰¹ Yukon. (2008). Child and Family Services Act (SY 2008, c. 1). Retrieved from: [SY 2008, c 1 | Child and Family Services Act | CanLII](#). Last consulted on 31 January 2025.

¹⁰² Alberta. (2000). Child, Youth and Family Enhancement Act (Revised Statutes of Alberta 2000, Chapter C-12). Current as of April 1, 2023. Retrieved from: [C12.pdf](#). Last consulted on 22 January 2025.

¹⁰³ Alberta Law Enforcement Response Teams (ALERT). (2025). Child Exploitation. Retrieved from: [Child Exploitation - ALERT](#). Last consulted on 30 January 2025.

¹⁰⁴ Victoria. (2025). Child, Family and Community Service Act [RSBC 1996] Chapter 46. Retrieved from: [Child, Family and Community Service Act](#). Last consulted on 30 January 2025.

¹⁰⁵ Columbia Ministry of Children and Family Development. (2017). The B.C. Handbook for Action on Child Abuse and Neglect for Service Providers. Retrieved from: https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/public-safety/protecting-children/childabusepreventionhandbook_serviceprovider.pdf. Last consulted on 30 January 2025.

- Manitoba: Anyone who, in their honest judgment, believes that a child may be at risk is legally required to report it, including when the information is obtained through a professional, confidential relationship. No retaliatory action can be taken against individuals who report suspected child abuse in good faith, and they cannot be dismissed, suspended, demoted, disciplined, harassed, or otherwise disadvantaged as a result of making a report. Additionally, the identity of the reporter is protected and kept confidential, except when disclosure is required in judicial proceedings or with the reporter's written consent.¹⁰⁶
- New Brunswick: Suspected child abuse can be reported anonymously by referring to the local listing under 'Child Abuse/Neglect' in the blue pages of the phone book or by calling the toll-free number 1-833-SDDSTel (1-833-733-7835). Reports can also be made by calling After Hours Emergency Social Services at 1-800-442-9799.¹⁰⁷
- Newfoundland and Labrador: To report suspected child abuse or neglect involving a child under the age of 16 or a youth aged 16 or 17, a toll-free number (1-833-552-2368) is available. In cases where a child is in immediate danger, emergency services should be contacted by calling 911 or the local police. When making a report, the name, relationship to the child or youth, and phone number of the reporter may be requested to allow for follow-up if necessary. All information provided remains confidential and can only be disclosed by court order. Reports can also be made anonymously.¹⁰⁸
- Nova Scotia: Under the Nova Scotia: Child and Family Services Act, every person who has information, whether confidential or privileged, indicating that a child needs protective services must report it to an agency immediately. No legal action can be taken against someone for making a report unless the report is false and malicious.¹⁰⁹

To report suspected child abuse or neglect, the child welfare office in the area where the child resides can be contacted. It is recommended to report concerns by telephone or in person. During regular business hours, reports can be made by calling 902-245-5811. Outside of business hours and on holidays, concerns about a child in immediate danger should be reported by calling 1-866-922-2434. Anonymous reporting is possible.¹¹⁰

- Ontario: Professionals are required to report any suspicion that a child is or may be in need of protection, even if the information is otherwise confidential or privileged. This obligation takes precedence over other provincial statutes, including the Personal Health Information Protection Act, and specifically overrides any provisions that would otherwise restrict disclosure. The only exception applies to lawyers, who are not permitted to disclose privileged information about their clients.

Individuals making a report are protected from legal action unless the report was made maliciously or without reasonable grounds for suspicion. Local child protection societies can be found in

¹⁰⁶ Province of Manitoba. (n.d.). Reporting of child protection and child abuse: Handbook and protocols for Manitoba service providers. Retrieved from: [Province of Manitoba | fs - Reporting of child Protection and Child Abuse](#). Last consulted on 30 January 2025.

¹⁰⁷ Brunswick. (n.d.). FAQ abuse - Social development. Retrieved from: [FAQ Abuse - Social Development](#). Last consulted on 30 January 2025.

¹⁰⁸ Newfoundland and Labrador. (n.d.). Reporting child abuse and neglect. Retrieved from: [Reporting Child Abuse and Neglect - Children, Seniors and Social Development](#). Last consulted on 31 January 2025.

¹⁰⁹ Nova Scotia. (1990). Children and family services act, SNS 1990, c 5. Retrieved from: [SNS 1990, c 5 | Children and Family Services Act | CanLII](#). Last consulted on 31 January 2025.

¹¹⁰ Government of Nova Scotia. (n.d.). Child welfare services - Child protection services. 211 Nova Scotia. Retrieved from: [Government of Nova Scotia - Department of Opportunities and Social Development - Child Welfare Services - Child Protection Services | 211 Nova Scotia](#). Last consulted on 31 January 2025.

telephone directories or by dialing 411, where available. In urgent cases where the society cannot be reached, local police should be contacted.¹¹¹

- Prince Edward Island: The reporting obligation under the Child Protection Act applies regardless of the confidential nature of the information on which the report is based, with the exception of solicitor-client privilege. The identity of a person making a report to the Director cannot be revealed or compelled to be revealed. Individuals who make a report, provide information, or assist in an investigation carried out by the Director are not liable to civil action in relation to the information or assistance provided, unless the report or information is knowingly false or misleading.¹¹²

Reports can be made by contacting the Child Protection Assessment Unit during regular business hours at 902-368-6657 or toll-free at 1-877-341-3101. Reports can also be submitted via email at assessmentunit@ihis.org. Outside of business hours, on holidays, or weekends, concerns should be reported by calling 902-368-6868 or toll-free at 1-800-341-6868. The identity of the person making the report will remain anonymous.¹¹³

- Québec: To report a situation of concern, contact the local Director of Youth Protection. All reports to the Director of Youth Protection are confidential, and the identity of the reporting person cannot be disclosed to the child's parents or any other party.¹¹⁴
- Saskatchewan: The reporting obligation under the Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act overrides claims of confidentiality or professional privilege, except for solicitor-client and Crown privilege. No legal action can be taken against someone for making a report unless the court gives permission. The court will only grant permission if the applicant proves that the report was made maliciously and without reasonable grounds. If permission is not granted, the applicant may be ordered to pay the costs of the application.¹¹⁵

Suspected, observed, or disclosed cases of abuse, neglect, or interpersonal violence should be reported to the nearest Ministry of Social Services office, a local First Nations Child and Family Services Agency, or the local police/Royal Canada Mounted Police. For incidents occurring after hours, reports should be made immediately to the nearest After Hours Crisis Centre. Reports can be made anonymously, and the reporting person is not required to provide their name.¹¹⁶

¹¹¹ Ontario. (2021). Reporting child abuse and neglect: It's your duty – Your responsibilities under the Child, Youth and Family Services Act, 2017. Queen's Printer for Ontario. Retrieved from: [Reporting Child Abuse and Neglect: It's Your Duty - Your responsibilities under the Child, Youth and Family Services Act, 2017](#). Last consulted on 31 January 2025.

¹¹² Prince Edward Island. (1988). Child Protection Act (RSPEI 1988, c C-5.1). Retrieved from: [RSPEI 1988, c C-5.1 | Child Protection Act | CanLII](#). Last consulted on 22 January 2025.

¹¹³ Government of Prince Edward Island. (2025). Duty to report. Retrieved from: [Duty to Report | Government of Prince Edward Island](#). Last consulted on 31 January 2025.

¹¹⁴ Commission des Droits de personnes et des droits de la jeunesse. (2025). Reporting child abuse. Retrieved from: [Reporting child abuse | CDPDJ](#). Last consulted on 31 January 2025.

¹¹⁵ Saskatchewan. (2002). Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations (RRS c E-8.2 Reg 1). Retrieved from: [RRS c E-8.2 Reg 1 | Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations | CanLII](#). Last consulted on 22 January 2025.

¹¹⁶ Government of Saskatchewan. (2025). Child abuse and neglect | Child protection. Retrieved from: [Child Abuse and Neglect | Child Protection | Government of Saskatchewan](#). Last consulted on 31 January 2025.

- Northwest Territories: Under the Child and Family Services Act, individuals who report information in accordance with the duty to report are protected from legal action, unless the report is made maliciously.¹¹⁷

For concerns regarding the safety and well-being of a child, people are encouraged to contact local services or the HELP line at 1-800-661-0844. Additional resources include the National Child Abuse Hotline (1-800-422-4453), Kids Help Phone (1-800-668-6868), Suicide Crisis Helpline (9-8-8), and the First Nations & Inuit Children, Youth, & Young Adults 24-hour toll-free help line (1-855-242-3310).

- Nunavut: Reports should be made to a child protection worker, a peace officer, or another authority designated by Nunavut's Family Services Department. The identity of the person making the report remains confidential, and the law protects them from legal action, even if the report is later found to be unfounded.¹¹⁸
- Yukon: Under the Child and Family Services Act, the reporting obligation applies even if the information is confidential or protected by privilege, except for solicitor-client privilege.

A person must not knowingly report false information to a director or peace officer about a child needing protective intervention. No damages can be claimed against someone for making a report unless they knowingly provide false information. The identity of the person making the report must not be disclosed without their consent, unless ordered by a court or judge. However, this does not apply to peace officers sharing information with a director as required.¹¹⁹

Concerns about a child's safety and well-being can be reported by calling 1-867-667-3002 or toll-free at 1-800-661-0408 (extension 3002). Additionally, VictimLinkBC offers a confidential, multilingual, toll-free service available 24/7 across British Columbia and Yukon at 1-800-563-0808. This service provides information, referrals, and immediate crisis support to victims of crime, including those affected by family and sexual violence or human trafficking for labor or sexual exploitation.¹²⁰

Consequences/penalties for not reporting. Failure to report can lead to an offence in the different provinces and territories:¹²¹

- Alberta: According to Section 4 (6) of the Child, Youth and Family Enhancement Act, any person who fails to make a report is guilty of an offence and liable to a fine of not more than 10,000.00 CAD or to imprisonment for a term of not more than 6 months, or to both a fine and imprisonment.¹²²

¹¹⁷ Northwest Territories. (1997). Child and family services act, S.N.W.T. 1997, c. 13. Retrieved from: [SNWT 1997, c 13 | Child and Family Services Act | CanLII](#). Last consulted on 4 February 2025.

¹¹⁸ Rogers, S. (26 April 2018). Reporting sexual abuse in Nunavut: Why and how to do it. Nunatsiaq News. Retrieved from: [Reporting sexual abuse in Nunavut: why and how to do it](#). Last consulted on 31 January 2025.

¹¹⁹ Yukon. (2008). Child and Family Services Act (SY 2008, c. 1). Retrieved from: [SY 2008, c 1 | Child and Family Services Act | CanLII](#). Last consulted on 31 January 2025.

¹²⁰ Little Warriors. (2025). Yukon Child Abuse Resources. Retrieved from: [Yukon Child Abuse Resources | Little Warriors](#). Last consulted on 31 January 2025.

¹²¹ Canadian Medical Protective Association (CMPA). (October 2024). Medico-legal handbook for physicians in Canada (Version 9.0). Retrieved from: [CMPA - Medico-legal handbook for physicians in Canada](#). Last consulted on 22 January 2025.

¹²² Alberta. (2000). Child, Youth and Family Enhancement Act (Revised Statutes of Alberta 2000, Chapter C-12). Current as of April 1, 2023. Retrieved from: [C12.pdf](#). Last consulted on 22 January 2025.

- British Columbia: According to Section 14 (3) of the Child, Family and Community Service Act, a person who fails to report need for protection commits an offence, which is liable to a fine of up to 10.000,00 CAD or to imprisonment for up to 6 months, or to both.¹²³
- Manitoba: According to Section 18.3 of the Child and Family Services Act, where a person, through an act or omission of the person, causes a child to be a child in need of protection or fails to report information the person is guilty of an offence and is liable on summary conviction to a fine of not more than 50.000,00 CAD or imprisonment for a term of not more than 24 months or both.¹²⁴
- New Brunswick: Under section 35 (3) of the Child and Youth Well-Being Act, a person who fails to comply with the reporting obligations commits an offence. Legal proceedings for such an offence can be initiated within six years of the alleged violation.¹²⁵ The fines range from 240,00 CAD to 10.200,00 CAD, with the possibility of a 90-day imprisonment term for repeat offenders.¹²⁶
- Newfoundland and Labrador: According to Section 11 (9) of the Children, Youth and Families Act, a person who fails to report is guilty of an offense and is liable in summary conviction to a fine not exceeding 10.000 CAD or to imprisonment for a term not exceeding 6 months, or to both a fine and imprisonment.¹²⁷
- Nova Scotia: According to Section 23 (3) of the Child and Family Services Act, every person who fails to report is guilty of an offence and upon summary conviction is liable to a fine of not more than two thousand dollars or to imprisonment for a period not exceeding six months or to both.¹²⁸
- Ontario: Under the Child, Youth and Family Services Act, 2017, a person is guilty of an offence if they fail to report a suspicion of child abuse. If convicted, the individual may face a fine of up to 5.000,00 CAD.¹²⁹
- Prince Edward Island: According to Section 59 (b) of the Child Protection Act, a person who fails to report or to provide information is guilty of an offence and is liable upon summary conviction to a fine not exceeding 2.000,00 CAD.¹³⁰

¹²³ Victoria. (2025). Child, Family and Community Service Act [RSBC 1996] Chapter 46. Retrieved from: [Child, Family and Community Service Act](#). Last consulted on 30 January 2025.

¹²⁴ Manitoba. (2025). The child and family services act [C.C.S.M. c. C80]. Retrieved from: [The Child and Family Services Act, C.C.S.M. c. C80](#). Last consulted on 22 January 2025.

¹²⁵ Brunswick. (2022). Child and Youth Well-Being Act (2022, c.35). Retrieved from: [2022, c.35 - Child and Youth Well-Being Act](#). Last consulted on 30 January 2025.

¹²⁶ New Brunswick. (10 February 2025). Provincial offences procedure act, SNB 1987, c P-22.1. Retrieved from: [SNB 1987, c P-22.1 | Provincial Offences Procedure Act | CanLII](#). Last consulted on 30 January 2025.

¹²⁷ Newfoundland and Labrador. (31 May 2018). Children, youth and families act, SNL2018 Chapter C-12.3. Amended by 2021 c9, 2024 c23 s31. Retrieved from: [SNL2018 CHAPTER C-12.3 - CHILDREN, YOUTH AND FAMILIES ACT](#). Last consulted on 30 January 2025.

¹²⁸ Nova Scotia. (1990). Children and family services act, SNS 1990, c 5. Retrieved from: [SNS 1990, c 5 | Children and Family Services Act | CanLII](#). Last consulted on 31 January 2025.

¹²⁹ Ontario. (2017). Child, Youth and Family Services Act, 2017 (S.O. 2017, c. 14, Sched. 1). Retrieved from: [Child, Youth and Family Services Act, 2017, S.O. 2017, c. 14, Sched. 1 | ontario.ca](#). Last consulted on 30 January 2025.

¹³⁰ Prince Edward Island. (1988). Child Protection Act (RSPEI 1988, c C-5.1). Retrieved from: [RSPEI 1988, c C-5.1 | Child Protection Act | CanLII](#). Last consulted on 22 January 2025.

- Québec: Section 43 of the Youth Protection Act states that no person may be prosecuted for acts done in good faith under section 39. There is no particular offense mentioned for failing to report.¹³¹
- Saskatchewan: According to Section 24 (2) of the Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act, no person who has reasonable grounds to believe that a child has been or is likely to be subjected to sexual abuse shall fail to report the information to a child protection officer or peace officer. Every person who fails to report is guilty of an offence and liable on summary conviction to a fine of not more than 25.000,00 CAD or to imprisonment for a term of not more than 24 months or to both.¹³²
- Northwest Territories: Under Section 8 (6) of the Child and Family Services Act, any person who contravenes the reporting obligation is guilty of an offence and, upon summary conviction, is liable to a fine of up to 5.000,00 CAD, imprisonment for a term not exceeding six months, or both.¹³³
- Nunavut: According to 8 (5) of the Child and Family Services Act, every person who fails to report is guilty of an offence and liable on summary conviction to a fine not exceeding 5.000,00 CAD, to imprisonment for a term not exceeding six months or to both.¹³⁴
- Yukon: According to Section 156 of the Child and Family Services Act, a person who fails to report commits an offence and is liable on summary conviction for a first offence to a fine of up to 10.000,00 CAD or to a term of imprisonment for as long as one year, or to both; and for a subsequent offence to a fine of up to 20.000,00 CAD or to a term of imprisonment for as long as two years, or to both.¹³⁵

¹³¹ Quebec. (n.d.). Youth Protection Act (p-34.1). Retrieved from: [p-34.1 - Youth Protection Act](#). Last consulted on 30 January 2025.

¹³² Saskatchewan. (2002). Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations (RRS c E-8.2 Reg 1). Retrieved from: [RRS c E-8.2 Reg 1 | Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations | CanLII](#). Last consulted on 22 January 2025.

¹³³ Northwest Territories. (1997). Child and family services act, S.N.W.T. 1997, c. 13. Retrieved from: [SNWT 1997, c 13 | Child and Family Services Act | CanLII](#). Last consulted on 4 February 2025.

¹³⁴ Northwest Territories. (2014). Consolidation of the Child and Family Services Act, SNWT 1997, c. 13. Retrieved from: [Microsoft Word - Child and Family Services Act, Consolidation of](#). Last consulted on 30 January 2025.

¹³⁵ Yukon. (2008). Child and Family Services Act (SY 2008, c. 1). Retrieved from: [SY 2008, c 1 | Child and Family Services Act | CanLII](#). Last consulted on 31 January 2025.

1.2.6 CROATIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 132 of the Family Act; Article 7 of the Protection from Domestic Violence Act.	Any person.	Knowledge of cases of a violation of a child's personal or property rights, which includes, physical or mental violence, sexual abuse, neglect or negligent treatment, abuse or exploitation of a child, exposure of a child to domestic violence.

Rules on professional confidentiality. The Law on the Protection of Patients' Rights determines the rights of patients when using health care and the manner of protecting and promoting these rights. In this regard a 'patient' is considered 'any person, sick or healthy, who requests or is provided with a certain measure or service for the purpose of preserving and improving health, preventing illness, treatment or health care and rehabilitation'.¹³⁶

According to Article 25 of the Law on the Protection of Patient's Rights every patient has the right to confidentiality of information relating to the state of his or her health in accordance with the regulation on professional confidentiality and protection of personal data. However, the patient has the right to give an oral or written statement about the persons who can be informed about his admission to an inpatient health institution as well as about his health condition. At the same time, the patient may also appoint persons to whom he prohibits the provision of such data.¹³⁷ The obligation of medical confidentiality is also mentioned in the Code of Medical Ethics and Deontology.¹³⁸

Except in cases defined by law or deemed by the criminal investigation authority to carry more weight, violations of the obligation of medical confidentiality can result in fines ranging from 10.000,00 HRK to 50.000,00 HRK.¹³⁹

Exceptions to professional confidentiality. According to Article 2 (14) of the Code of Medical Ethics and Deontology, everything disclosed to a physician while treating a patient is considered part of confidentiality. A physician must maintain that confidentiality even before the patient's family if the patient should request so, and even after the patient's death, unless maintaining the confidentiality could endanger the health and/or lives of others. Maintaining confidentiality also concerns all other systems which have access to the patient's information for processing and storage.

There may be certain interests that outweigh the interest of preserving medical confidentiality. The legislator has not specifically defined these interests but leaves it to the criminal investigation authority to assess, on a case-by-case basis, whether an interest outweighs the interest of confidentiality. To determine which interest prevails, the investigative authority must weigh the competing interests. Although the criteria for

¹³⁶ Čizmić, J. (2008). Pravo pacijenata na obavještenost, s posebnim osvrtom na zaštitu tajnosti podataka o zdravstvenom stanju pacijenta. Zbornik Pravnog fakulteta Sveučilišta u Rijeci, 29(1), 227-275. Retrieved from: [cizmic-29-1-2008.pdf](#). Last consulted on 14 January 2025.

¹³⁷ Article 25 (2) of the Law on the Protection of Patients' Rights.

¹³⁸ Croatian Medical Chamber Assembly (n.d.). Code of Medical Ethics and Deontology (Consolidated text). Retrieved from: . Last consulted on 14 January 2025.

¹³⁹ Article 41 of the Law on the Protection of Patient's Rights.

this assessment are generally not predetermined, it can be assumed that the protection of a third party's life, health, or safety constitutes an interest that outweighs the interest of confidentiality.¹⁴⁰

Mandatory reporting obligation. According to Article 132 of the Family Act, everyone is obliged to report to the Croatia Social Welfare Institute the violation of a child's personal or property rights.

In addition, Article 7 of the Protection from Domestic Violence Act states that health workers, employees in social welfare institutions, persons employed in educational institutions, professional workers employed in religious institutions or humanitarian organizations, and all other professionals who come into contact with victims of domestic violence in their work shall be obliged to report to the police or the State Attorney's Office the commission of domestic violence of which they have become aware in the performance of their duties.

Coverage of the reporting. The reporting obligation mentioned in Article 132 of the Family Act applies to every person who has knowledge about the violation of a child's personal or property rights.¹⁴¹

The reporting obligation mentioned in Article 7 of the Protection from Domestic Violence Act applies to health workers, employees in social welfare institutions, people employed in educational institutions, professional workers employed in religious institutions or humanitarian organizations, and all other professionals who encounter victims of domestic violence in their work.¹⁴²

Requirements for the state of mind of the reporter. According to Article 132 of the Family Act, every person has the obligation to report the violation of a child's personal or property rights, which includes, physical or mental violence, sexual abuse, neglect or negligent treatment, abuse or exploitation of a child, exposure of a child to domestic violence. The violation needs to be reported to the Croatia Social Welfare Institute, which will be obliged to examine the report and take the necessary measures for the protection of the personal or property rights of the child.

The reporting obligation pursuant to Article 7 of the Protection from Domestic Violence Act applies whenever the mandated reporters have become aware of the victim's domestic violence in the performance of their duties. The report must be directed to the police or to the public prosecutor's office.

Protections for the reporter. The violations of children's personal or property rights can be reported to the Ombudsperson for Children using several means, such as a phone line, post and e-mail. The report to the Ombudsperson for Children can also be done anonymously.¹⁴³

Consequences/penalties for not reporting. Under Article 204 of the Criminal Procedure Act, everyone is obligated to report a criminal offense for which proceedings are initiated ex officio, which have been reported to them or of which they have become aware.¹⁴⁴ The failure to report the preparation of a criminal offence or failure to report a committed crime may, under specific circumstances, result in a criminal offence which may be punished pursuant to Article 301 and 302 of the Criminal Code.¹⁴⁵

¹⁴⁰ Croatian Medical Association, Croatian Society for Gynaecology and Obstetrics. (2010). Medical secrecy and medical documentation. Retrieved from: [Liječnička tajna i medicinska dokumentacija](#). Last consulted on 14 January 2025.

¹⁴¹ Zakon.hr. (2025). Obiteljski zakon. Zakon.hr. Retrieved from: [Obiteljski zakon - Zakon.hr](#). Last consulted on 14 January 2025.

¹⁴² Ibid.

¹⁴³ Bojić, I. (May 2023). Mapping child protection systems in the EU (27): Croatia. BaBe – Be Active. Be Emancipated. Retrieved from: [hr - report - mapping child protection systems - 2023.pdf](#). Last consulted on 14 January 2025.

¹⁴⁴ Zakon.hr. (2025). Zakon o kaznenom postupku. Zakon.hr. Retrieved from: [Zakon o kaznenom postupku - Zakon.hr](#). Last consulted on 14 January 2025.

¹⁴⁵ Zakon.hr. (2025). Kazneni zakon. Zakon.hr. Retrieved from: [Kazneni zakon - Zakon.hr](#). Last consulted on 14 January 2025.

1.2.7 CYPRUS

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 35A of the Family Violence Act; Article 30 of the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Act.	Any person.	Awareness of a situation of domestic violence against a child or of a situation of sexual abuse or sexual exploitation of a child or CSAM offences.

Rules on professional confidentiality. According to Section 15 of the Safeguarding and Protection of the Patient's Rights Law, all information about a patient's medical condition, diagnosis, prognosis, treatment, and personal data must be kept confidential, even after the patient's death. This obligation applies to healthcare services providers,¹⁴⁶ or any person working in a medical institution.¹⁴⁷

Exceptions to professional confidentiality. A healthcare services provider or a medical institution may disclose medical information to a third person in certain circumstances. For example, they may disclose medical information if the patient has given written consent. They may also disclose medical information if:

- the information is disclosed to the medical institution providing health care to the patient or to a member of its staff for the purposes of processing, or filing the information, or for notification required by law; or
- there is a legal obligation to this effect; or
- the Board of the Pancyprian Medical Association has decided, after giving both the healthcare services provider and the patient an opportunity to express their views, that the non-disclosure of the information could possibly cause serious harm to other persons' health or physical integrity or have serious impact to the society.¹⁴⁸

At the same time, the medical information can only be disclosed to the extent required by the case, making every effort to keep the identity of the patient confidential and provided that any person receiving the information is subject to the same provisions of Section 15 (1) of the Safeguarding and Protection of the Patient's Rights Law.

¹⁴⁶ According to Section 2 (7) of the Safeguarding and Protection of the Patient's Rights Law a 'healthcare services provider' is 'a doctor, a dentist, a pharmacist, a nurse, a midwife and a member of paramedical personnel, registered or licensed under the relevant law, or, if the profession in question is not regulated by law, is recognized as such, as well as administrative personnel which provides or is involved in the provision of, healthcare services'.

¹⁴⁷ According to Section 2 (10) of the Safeguarding and Protection of the Patient's Rights Law a 'medical institution' is 'any premises where healthcare services are provided, either by an individual or a group of individuals, and includes a hospital, a medical care institution, a health center and any place where healthcare services are provided, belonging to, or controlled by, the Republic or any public corporate or unincorporate body, or local authority, as well as any private medical care institution, as defined by the Private Medical Care Institutions (Control of Establishment and Operation) Law, 2001, including a diagnostic center, a private practice, a clinical laboratory and a pharmacy of the private sector'.

¹⁴⁸ Section 15 (2) of the Safeguarding and Protection of the Patient's Rights Law.

Mandatory reporting obligation. According to the Article 35A of the Family Violence Act every person who becomes aware of a situation of domestic violence against a child must report the situation.¹⁴⁹ In addition, Article 30 of the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Act requires every person who becomes aware of a situation of a child being affected by sexual abuse, sexual exploitation or CSAM offences to report the situation.¹⁵⁰

Coverage of the reporting. The reporting obligations apply to any person, irrespective of their professional capacity, including healthcare services providers and medical institutions. Professionals cannot evade the reporting obligations by claiming they are bound by professional confidentiality.¹⁵¹ Reporting must be made to the Social Welfare Service or the police. A report can also be made through the use of a helpline.

Requirements for the state of mind of the reporter. The reporting obligations apply when a person becomes aware of a situation of domestic violence against a child or of a situation of sexual abuse or sexual exploitation of a child or CSAM offences.

For the purposes of the Family Violence Act, domestic violence is defined as any act, omission, or behavior by one family member that causes physical, sexual, or psychological harm to another family member. This includes violence committed with the intent to engage in non-consensual sexual intercourse or to restrict the victim's freedom.¹⁵²

The terms sexual abuse, sexual exploitation of a child, or CSAM offences under the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Act are much broader and cover also situations where someone other than a family member engages in such acts involving minors.¹⁵³

Protections for the reporter. Anonymous reporting is possible through the helplines.¹⁵⁴ However, due to the reporting obligations imposed on every person, this anonymity may be compromised if it becomes necessary to demonstrate compliance with the reporting requirements.

¹⁴⁹ CyLaw. (14 January 2025). Ο περί Βίας στην Οικογένεια (Πρόληψη και Προστασία Θυμάτων) Νόμος του 2000 - 119(I)/2000 - 35A - Παράλειψη πολίτη να καταγγείλει περιπτώσεις βίας. CyLaw. Retrieved from: [Ο περί Βίας στην Οικογένεια \(Πρόληψη και Προστασία Θυμάτων\) Νόμος του 2000 - 119\(I\)/2000 - 35A - Παράλειψη πολίτη να καταγγείλει περιπτώσεις βίας](#). Last consulted on 14 January 2025.

¹⁵⁰ CyLaw. (14 January 2025). Ο Περί της Πρόληψης και της Καταπολέμησης της Σεξουαλικής Κακοποίησης, της Σεξουαλικής Εκμετάλλευσης Παιδιών και της Παιδικής Πορνογραφίας Νόμος του 2014 - 91(I)/2014 - 30 - Αναφορά υποψίας σεξουαλικής εκμετάλλευσης και κακοποίησης παιδιών και προώθηση καταγγελίας. CyLaw. Retrieved from: [Ο Περί της Πρόληψης και της Καταπολέμησης της Σεξουαλικής Κακοποίησης, της Σεξουαλικής Εκμετάλλευσης Παιδιών και της Παιδικής Πορνογραφίας Νόμος του 2014 - 91\(I\)/2014 - 30 - Αναφορά υποψίας σεξουαλικής εκμετάλλευσης και κακοποίησης παιδιών και προώθηση καταγγελίας](#). Last consulted on 14 January 2025.

¹⁵¹ Article 30 (3) of the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Act.

¹⁵² Article 3 (1) of the Family Violence Act.

¹⁵³ CyLaw. (14 January 2025). Ο Περί της Πρόληψης και της Καταπολέμησης της Σεξουαλικής Κακοποίησης, της Σεξουαλικής Εκμετάλλευσης Παιδιών και της Παιδικής Πορνογραφίας Νόμος του 2014 - 91(I)/2014. CyLaw. Retrieved from: [Ο Περί της Πρόληψης και της Καταπολέμησης της Σεξουαλικής Κακοποίησης, της Σεξουαλικής Εκμετάλλευσης Παιδιών και της Παιδικής Πορνογραφίας Νόμος του 2014 - 91\(I\)/2014](#). Last consulted on 14 January 2025.

¹⁵⁴ Association for the Prevention and Handling of Violence in the Family. (14 January 2025). Helpline 1440: Oral report – written complaint. Retrieved from: [Oral Report – Written Complaint – Association for the Prevention and Handling of Violence in the Family](#). Last consulted on 14 January 2025; Hope For Children CRC Policy Center (14 January 2025). Helpline 1466: Hope for children – Αρχική. Retrieved from: [Hope For Children - Αρχική](#). Last consulted on 14 January 2025.

Consequences/penalties for not reporting. Failure to report a case of domestic violence against a minor is considered an offence and can lead to conviction, imprisonment and a fine.¹⁵⁵

Anyone who fails to report a case of sexual abuse, sexual exploitation of children, or CSAM offences may be sentenced to up to 15 years of imprisonment, a fine of up to 20.000,00 EUR, or both. When determining the sentence, the court shall consider it an aggravating circumstance if the individual who failed to report or pursue a complaint is a teacher, social services officer, practicing lawyer, member of the police force, or a health professional, such as a psychiatrist, doctor of any specialty, nurse, psychologist, or any other related professional.¹⁵⁶

¹⁵⁵ Article 35A of the Family Violence Act.

¹⁵⁶ Article 30 (1) and (2) of the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Act.

1.2.8 CZECHIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 367 and 368 of the Criminal Code; Section 10 and 10a of the Act on the Social and Legal Protection of Children.	Section 368 of the Criminal Code: every individual except attorneys or their employees, nor to clergy of registered churches or victim support providers under specific circumstances. Section 367 of the Criminal Code: any individual.	Section 368 of the Criminal Code: learning of criminal offenses, such as grievous bodily harm, abuse of a child to produce pornography, abuse of a person entrusted to his/her care, in a credible manner. Section 367 of the Criminal Code: learning of the fact that another is preparing or committing one of the criminal offenses such as grievous bodily harm, rape, sexual abuse, abuse of a child for the production of pornography, abuse of a person entrusted to him, in a credible manner.

Rules on professional confidentiality. According to Section 51 of the Health Services Act, the provider of health services is obligated to maintain professional confidentiality regarding all information learned in connection with the provision of health services. This obligation applies to healthcare workers and other professionals in relation to the practice of their profession. It also extends to healthcare professionals or other professionals who are no longer actively practicing their profession, as well as information obtained during their former employment in the provision of health services.¹⁵⁷

Additionally, the confidentiality requirement applies to individuals acquiring fitness for the job of a healthcare worker or other professional, persons mentioned in Section 65, paragraph 2, who consult medical records without patient consent, members of specialized committees under the Act on Specific Health Services, persons referred to in Section 46, paragraph 1, point g, and other individuals involved in activities under other legislation aimed at gathering information about a patient's health status or related information.

Exceptions to professional confidentiality. The Health Services Act includes certain exceptions to the obligation of professional confidentiality. For example, the confidentiality obligation does not apply in the following situations:

- When the transmission of information is necessary to ensure continuity of health services.

¹⁵⁷ Czech Republic. (6 November 2011). 372/2011 Coll. On health services and terms (Health Services Act). Retrieved from [Machine Translation of "Health Services Act" \(Czech Republic\)](#). Last consulted on 14 January 2025.

- When the healthcare provider is released from the obligation by the patient or the patient's legal guardian and communicates the information or facts within the scope of the waiver.
- When the disclosure or reporting of information is permitted by this Act or other laws, unless the Act or other laws allow the communication of information without the patient's consent.
- When information is communicated for the purposes of criminal proceedings, as prescribed by criminal procedure laws.
- When information is communicated as part of a statutory duty to prevent or report the commission of an offense.¹⁵⁸

Furthermore, a violation of confidentiality is not considered to occur when data or other facts are communicated as necessary to protect the provider's own rights in criminal, civil, arbitration, or administrative proceedings, or when disclosed to a court or other authority in proceedings related to a dispute between the provider, their employee, the patient, or another person claiming compensation or protection of personality in connection with health services.

In such cases, the provider is entitled to submit expert testimony or medical records to support their defense or claim. This also applies to the communication of information for individuals referred to in Section 64, paragraph 1. Additionally, communicating data or evidence by a healthcare professional who is a member of a chamber is not considered a breach of confidentiality, provided it is necessary for proceedings conducted by authorities in that chamber.

Mandatory reporting obligation. Section 368 of the Criminal Code establishes the obligation to report specific criminal offenses, such as grievous bodily harm,¹⁵⁹ torture and other inhuman and cruel treatment,¹⁶⁰ trafficking in human beings,¹⁶¹ deprivation of liberty,¹⁶² hostage-taking,¹⁶³ abuse of a child for the production of pornography,¹⁶⁴ abuse of a person entrusted to his/her care,¹⁶⁵ and other severe crimes listed in the Code.¹⁶⁶

In addition, Section 367 of the Criminal Code establishes the obligation to take timely action to prevent the preparation or commission of specific criminal offenses, including grievous bodily harm,¹⁶⁷ torture and other inhuman and cruel treatment,¹⁶⁸ trafficking in human beings,¹⁶⁹ deprivation of liberty,¹⁷⁰ abduction under Section 172 par. 2 and 3, rape,¹⁷¹ sexual abuse,¹⁷² abuse of a child for the production of pornography,¹⁷³ abuse

¹⁵⁸ Section 51 (2) of the Health Services Act.

¹⁵⁹ Section 145 of the Criminal Code.

¹⁶⁰ Section 149 of the Criminal Code.

¹⁶¹ Section 168 of the Criminal Code.

¹⁶² Section 170 of the Criminal Code.

¹⁶³ Section 174 of the Criminal Code.

¹⁶⁴ Section 193 of the Criminal Code.

¹⁶⁵ Section 198 of the Criminal Code.

¹⁶⁶ Czech Republic. (9 February 2009). Act No. 40/2009 Coll. Criminal Code Act. Retrieved from: [40/2009 Sb. Trestní zákoník](#). Last consulted on 14 January 2025.

¹⁶⁷ Section 145 of the Criminal Code.

¹⁶⁸ Section 149 of the Criminal Code.

¹⁶⁹ Section 168 of the Criminal Code.

¹⁷⁰ Section 170 of the Criminal Code.

¹⁷¹ Section 185 of the Criminal Code.

¹⁷² Section 187 of the Criminal Code.

¹⁷³ Section 193 of the Criminal Code.

of a person entrusted to him,¹⁷⁴ and other offenses specified in this Code. Prevention can be achieved by timely reporting the crime to the public prosecutor, the police, or, in the case of a soldier, to a superior.

Moreover, under Section 10 of the Act on the Social and Legal Protection of Children, state authorities, schools, healthcare providers, and facilities intended for children are required to report any facts indicating that a child is at risk as defined in § 6, without undue delay, to the municipal authority with extended competence.

Institutional facilities admitting children must also promptly notify the relevant municipal authority based on the child's residence or the facility's location if the residence is unknown. Upon request, the reporting party must be informed within 30 days whether the municipal authority has determined that the child is at risk based on the reported facts. Importantly, the obligation to report cannot be circumvented by invoking confidentiality under other legal provisions, ensuring the timely identification and protection of vulnerable children.¹⁷⁵

Coverage of the reporting. Any individual who learns of the criminal offenses listed in Section 368 of the Criminal Code in a credible manner must report them without delay to the public prosecutor, the police, or, in the case of a soldier, to a superior.

The obligation does not apply to attorneys or their employees who acquire such information in connection with legal practice, nor to clergy of registered churches who learn of offenses under the seal of confession or similar religious confidentiality. Victim support providers are also exempt from reporting crimes like human trafficking and deprivation of liberty if the information is obtained while assisting victims.

In addition, the obligation to prevent a crime under Section 367 of the Criminal Code applies to any individual who learns that another is preparing or committing one of the criminal offenses mentioned under that section.

The reporting obligation under Section 10 of the Act on the Social and Legal Protection of Children applies to state authorities, schools, healthcare providers, facilities intended for children and institutional facilities admitting children.

Requirements for the state of mind of the reporter. The obligation to report under Section 368 of the Criminal Code applies when an individual learns of the criminal offenses listed in that section, such as grievous bodily harm, abuse of a child to produce pornography, abuse of a person entrusted to his/her care, in a credible manner.

The obligation to prevent a crime under Section 367 of the Criminal Code applies to any individual who learns that another is preparing or committing one of the criminal offenses mentioned under that section, such as grievous bodily harm, abduction under Section 172 par. 2 and 3, rape,¹⁷⁶ sexual abuse,¹⁷⁷ abuse of a child for the production of pornography, abuse of a person entrusted to him, in a credible manner.

¹⁷⁴ Section 198 of the Criminal Code.

¹⁷⁵ Czech Republic. (9 February 2009). Act No. 40/2009 Coll. Criminal Code Act. Retrieved from: [359/1999 Sb. Zákon o sociálně-právní ochraně dětí](#). Last consulted on 14 January 2025.

¹⁷⁶ Section 185 of the Criminal Code.

¹⁷⁷ Section 187 of the Criminal Code.

Pursuant to Section 10 of the Act on the Social and Legal Protection of Children, state authorities, schools, healthcare providers, and facilities intended for children are required to report any facts indicating that a child is at risk as defined in § 6, without undue delay, to the municipal authority with extended competence.

Institutional facilities admitting children must also promptly notify the relevant municipal authority based on the child's residence or the facility's location if the residence is unknown.

In that regard, Section § 6 of the Social and Legal Protection of Children Law, protection primarily applies to children at risk due to various circumstances, including those who have been victims of, or are suspected of, or are subjected to, criminal offenses that endanger their life, health, freedom, dignity, moral development, or property (e).

Protections for the reporter. Under the Act on the Social and Legal Protection of Children, state authorities, authorized individuals, schools, healthcare providers, and other child-related facilities, must promptly notify the municipal authority with extended powers if they become aware of concerns involving children outlined in Section 6. Institutional facilities admitting a child must also report this to the relevant municipal authority without delay. Confidentiality obligations under special legal regulations cannot be used to withhold such notifications.

There are two hotlines which provide support to children and individuals in crisis. The Safety Line (hotline: 116 111) offers free, anonymous assistance. Callers are not required to disclose personal information such as their name, address, or school unless they choose to. The service emphasizes inclusivity, with no judgment based on personal preferences, beliefs, or circumstances.¹⁷⁸

The Trust Line serves both children and adults, offering 24/7 phone support via 241 484 149 or 777 715 215, and additional options such as Skype, and email advice at problem@ditekrize.cz. Its mission is to provide professional psychosocial assistance, focusing on crisis situations involving children at risk, including abuse, neglect, or other threats to healthy development. The hotline also supports families and caregivers dealing with urgent, critical situations.

Services include social, legal, psychological, and educational counseling, as well as free legal advice. Support is extended to children, their family members, and other caregivers, including adoptive or foster parents, as well as institutions like schools and healthcare facilities. Users can access the services anonymously, though anonymous use may be time limited.¹⁷⁹

Consequences/penalties for not reporting. Failure to comply with the obligation under Section 368 of the Criminal Code can result in a prison sentence of up to three years, unless a lighter penalty is prescribed for the offense.¹⁸⁰ However, a person is not punishable for failing to report if doing so would endanger themselves or a close relative with death, bodily harm, other serious harm, or criminal prosecution.

Failure to prevent the crimes specified under Section 367 of the Criminal Code can result in a prison sentence of up to three years, unless a lighter punishment is prescribed for the specific offense. Exceptions to this obligation exist when taking preventive action would cause significant difficulty or endanger the person or their close relatives with death, bodily harm, serious harm, or criminal prosecution. However, this exception

¹⁷⁸ Linka bezpečí. (2025). Linka bezpečí | Pomáháme dětem a studentům. Retrieved from: [Linka bezpečí | Pomáháme dětem a studentům](#). Last consulted on 14 January 2025.

¹⁷⁹ Dětské krizové centrum. (2025, January 14). Krizová pomoc – Dětské krizové centrum. Retrieved from: [Krizová pomoc – Dětské krizové centrum](#). Last consulted on 14 January 2025.

¹⁸⁰ Czech Republic. (9 February 2009). Act No. 40/2009 Coll. Criminal Code Act. Retrieved from: [40/2009 Sb. Trestní zákoník](#). Last consulted on 14 January 2025.

does not apply if the crime involves treason, terrorism, genocide, or other particularly grave offenses as specified in the Act, even if reporting could lead to the criminal prosecution of a close relative.

Under Section 59 and 59c of the Act on the Social and Legal Protection of Children, offenses include failing to notify the municipal authority when taking a child into care with the intention of permanent custody,¹⁸¹ or failing to fulfill the obligation to report cases involving children at risk.¹⁸² Fines for such offenses can reach up to 50.000,00 CZK, with higher penalties of up to 200.000,00 CZK for certain other violations.

¹⁸¹ Section 59 (1) (d) of the Act on the Social and Legal Protection of Children.

¹⁸² Section 59 (c) (1) of the Act on the Social and Legal Protection of Children.

1.2.9 DENMARK

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 133 and 135 of the Children's Act.	Section 133 of the Children's Act: any person providing public services or holding public office. Section 135 of the Children's Act: any person.	Section 133 of the Children's Act: awareness of or having reason to believe that a child or young person under the age of 18 may need support or has been subjected to abuse. Section 135 of the Children's Act: awareness that a child or young person under the age of 18 is being subjected to neglect or degrading treatment by parents or other educators or is living in conditions that endanger his or her health or development.

Rules on professional confidentiality. According to Section 40 of the Health Act, a patient has the right to have healthcare professionals observe silence about what they experience or suspect during their profession regarding health conditions and other confidential information, subject to the rules in this Act. Healthcare professionals are authorized under special legislation to carry out healthcare tasks and people who act under their responsibility. The obligation of professional confidentiality applies correspondingly to students who, as part of a health science or health professional education, participate in the treatment of a patient without being an assistant.¹⁸³

Exceptions to professional confidentiality. With the patient's consent, healthcare professionals may disclose information to other healthcare professionals about the patient's health conditions and other confidential information in connection with the treatment of the patient or the treatment of other patients.¹⁸⁴

Disclosure of that information may, for example, also take place without the patient's consent when:

- It is necessary for the sake of a current course of treatment for the patient, and the disclosure considers the patient's interests and needs.
- The disclosure includes a letter of discharge from a doctor employed in the hospital service to the patient's general practitioner or the general practitioner who has referred to the patient for hospital treatment.

¹⁸³ See link: [eLov - Ikke flere gratis sidevisninger](#). Last consulted on 14 January 2025.

¹⁸⁴ Section 41 (1) of the Health Act.

- Disclosure is necessary for the legitimate pursuit of obvious public interest or for essential reasons for the patient, including a patient who is unable to safeguard his/her own interests, the healthcare professional or others.
- The disclosure is made to the patient's general practitioner by a doctor who acts as a substitute for the patient.¹⁸⁵

Disclosure outside the exceptions outlined in the Health Act may result in fines or imprisonment of up to four months, unless a higher penalty applies under other legislation.¹⁸⁶

Mandatory reporting obligation. Reporting obligations are laid down in the Children's Act.¹⁸⁷ Section 135 of this Act states that anyone who becomes aware that a child or young person under the age of 18 is subjected to neglect or degrading treatment by parents or other educators or is living in conditions that endanger his or her health or development, has a duty to notify the municipality. It is thus a general duty to inform that applies to all citizens.

On the other hand, Section 133 of the Children's Act states that people who perform public service or public office must notify the municipal council if, in the course of the performance of their service or office, they become aware of or have reason to believe that a child or young person under the age of 18 may need support or has been subjected to abuse.

Coverage of the reporting. Reporting neglect of degrading treatment of children is a general obligation, applicable to any person who observes or receives information about it. For any person providing public services or holding public office, such as doctors, nurses, health visitors, midwives, psychologists, and other authorized healthcare professionals, a stricter obligation to notify applies. Healthcare professionals cannot assume that someone else has informed the municipality about a child in difficulty, nor can they depend on the child or young person to do so themselves.¹⁸⁸

Requirements for the state of mind of the reporter. The reporting obligation pursuant to Section 135 of the Children's Act applies when a person becomes aware that a child or young person under the age of 18 is being subjected to neglect or degrading treatment by parents or other educators or is living in conditions that endanger his or her health or development.

On the other hand, the reporting obligation pursuant to Section 133 of the Children's Act applies when the person who performs a public service or public office becomes aware or has a reason to believe that:

- A child or young person under the age of 18 may need support under this Act; a child may need support under this Act immediately after birth due to circumstances of the parents-to-be; a child or young person under the age of 18 may need support under this Act due to the child's or young person's illegal absence from school or failure to fulfil compulsory education; or a child or young person under the age of 18 has been subjected to abuse. In that regard, neglect encompasses four primary subtypes:

¹⁸⁵ Section 41 (2) of the Health Act.

¹⁸⁶ Section 271 of the Health Act.

¹⁸⁷ Denmark. (25 January 2024). LBK nr 83 of 25/01/2024: Bekendtgørelse af barnets lov. Retrieved from: [Bekendtgørelse af barnets lov](#). Last consulted on 14 January 2025.

¹⁸⁸ Sundhed.dk. (18 January 2024). Overgreb og omsorgssvigt hos børn - Lægehåndbogen på sundhed.dk. Retrieved from: [Overgreb og omsorgssvigt hos børn - Lægehåndbogen på sundhed.dk](#). Last consulted on 14 January 2025.

- Physical neglect refers to the failure to provide necessities such as adequate food, clothing, shelter, hygiene, and appropriate protection or supervision.
- Emotional neglect involves the absence of love, security, affection, emotional support, or psychological assistance when needed, with exposure to intimate partner violence also being considered a form of neglect.
- Educational and developmental neglect occurs when a child's educational needs are unmet, including a lack of follow-up on school attendance or addressing learning challenges.
- Medical neglect entails delayed or denied access to healthcare services, potentially causing harm to the child's physical or mental well-being.

The reporting obligations extend to various forms of abuse, including physical, psychological and sexual abuse. The latter contains situations where children or young people under the age of 18 are involved in sexual activities beyond their developmental understanding or legal capacity to consent.¹⁸⁹

Protections for the reporter. Under Section 135 of the Children's Act, there is no specific requirement for the form a notification must take. Notifications can be submitted either orally or in writing to the municipality, and in cases of written notification, it is often possible to notify electronically through the municipality's website. Furthermore, individuals have the option to submit a notification anonymously.

As mentioned above, Section 133 of the Children's Act outlines a stricter obligation to notify. Unlike the general obligation to notify, this stricter applies when there is reason to believe that a child or a young person under the age of 18's health or development is threatened. The obligation of professional confidentiality is secondary to the duty of notification, meaning professionals cannot withhold a notification on confidentiality grounds. While it is always possible to notify anonymously, the municipality is obliged to investigate the report and will notify the police if they deem it necessary.¹⁹⁰

In addition, the Save the Children Internet hotline ensures full anonymity for submitted reports. Report It processes daily reports from anonymous individuals regarding sexual abuse material involving persons under 18. These reports are managed in accordance with guidelines developed in collaboration with the Danish National Police and approved by the Attorney General.¹⁹¹

Consequences/penalties for not reporting. Section 210a of the Children's Act establishes that regulations related to the duty to notify under Section 133(3) may apply sections 156 and 157 of the Criminal Code to employees in independent schools. Section 156 of the Criminal Code states that a public servant who fails to fulfill their duties or follow a lawful order can be fined or imprisoned for up to 4 months. If the person is in a managerial role, the penalty can increase to up to 1 year. Section 157 of the Criminal Code covers gross or repeated negligence in performing duties, with similar penalties, increasing to 1 year of imprisonment for managerial staff.¹⁹²

¹⁸⁹ Sundhed.dk. (18 January 2024). Overgreb og omsorgssvigt hos børn - Lægehåndbogen på sundhed.dk. Retrieved from: [Overgreb og omsorgssvigt hos børn - Lægehåndbogen på sundhed.dk](#). Last consulted on 14 January 2025.

¹⁹⁰ Ibid; Copenhagen Citizen Service. (2025, January 14). Report concern for a child or a young person. Retrieved from: [Report concern for a child or a young person | International.kk.dk](#). Last consulted on 14 January 2025.

¹⁹¹ Red Barnet. (14 January 2025). ReportIt - Red Barnet. Retrieved from: [ReportIt - Red Barnet](#). Last consulted on 14 January 2025.

¹⁹² Legal Desk. (2025). Straffeloven. Retrieved from: [Straffeloven](#). Last consulted on 14 January 2025.

1.2.10 ESTONIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 59 (1) of the Child Protection Act.	Any person.	Suspicion or knowledge of a child who needs protection or assistance.

Rules on professional confidentiality. Confidentiality rules for health care providers are governed by the Health Services Organization Act.¹⁹³ This Act applies to health care providers, which are health care professionals, such as doctors, dentists, nurses and midwives if they are registered with the Health Board or legal people providing health services.¹⁹⁴

Section 4 of the Health Services Organization Act grants health care providers, who have the obligation to maintain confidentiality arising from law, the right to process personal data required for the provision of a health service, including sensitive personal data, without the permission of the data subject.¹⁹⁵

Exceptions to professional confidentiality. Data relating to the state of health of a data subject who is in hospital may be transmitted to or the data may be accessed by those closest to him or her, except if the data subject has prohibited access to the data or transmission of the data or a body conducting an investigation has prohibited access to the data or transmission of the data in the interest of preventing a criminal offence, or apprehending a criminal offender or ascertaining the truth in a criminal proceeding.¹⁹⁶

In addition, Section 59-3 grants patients the right to prohibit access to their health data.^{197 198} In that regard, a health care provider shall, on the basis, of the wishes expressed by the patient, prohibit immediate access to the personal data of the patient. In certain circumstances, however, health data may nonetheless be disclosed if it is allowed by the law and if the disclosure has been done lawfully.¹⁹⁹

The disclosure of the health data can be done:

- if necessary for the protection of the health of the patient;
- if necessary for the protection of public health, namely, the health of other persons;
- if necessary for the allocation of public funds, such as for disability pensions and other financial support in the context of the economic well-being of the country;
- if necessary for medical science;

¹⁹³ Estonia. (9 May 2001). Health Services Organisation Act (RT I 2001, 50, 284). Retrieved from: [Health Services Organisation Act–Riigi Teataja](#). Last consulted on 14 January 2025.

¹⁹⁴ Section 3 (1) and 4 of the Health Services Organization Act.

¹⁹⁵ Section 4-1 (1) of the Health Services Organization Act.

¹⁹⁶ Section 4-1 (2) of the Health Services Organization Act.

¹⁹⁷ According to Section 3-1 of the Health Services Organization Act, a 'patient' means 'a physical person who has expressed his or her wish to receive health services or who receives health services'.

¹⁹⁸ Section 59-3 of the Health Services Organization Act.

¹⁹⁹ See for example Section 59-3 (5), (5-1) and (6) of the Health Services Organization Act.

- if necessary for the prevention, investigation and prosecution of crime.²⁰⁰

Mandatory reporting obligation. The Child Protection Act imposes a reporting obligation on all persons who know of a child who is in need of protection or assistance.²⁰¹

Coverage of the reporting. This obligation applies to all persons, without any restrictions based on age. Protection applies to every child, which is defined as any individual below the age of eighteen years, and if the age of a person is unknown but believed to be below eighteen, they are considered a minority until proven otherwise.²⁰²

Requirements for the state of mind of the reporter. Every person is required to immediately notify social services departments, police or some other body aiding if the person knows of a child who needs protection or assistance.²⁰³

According to Section 32 of the Child Protection Act a child in need of immediate assistance is the child in a situation which endangers his or her life or health or the child who endangers his or her health and development through his or her own behavior or actions.²⁰⁴ In addition, the child in need of protection from sexual abuse is the child who needs protection from all forms of sexual exploitation, such as the inducement of a child to engage in sexual activity, exploitative use of children in prostitution and exploitative use of children for pornographic purposes.²⁰⁵

The failure to report, however, cannot be justified by the lack of certainty as to whether the suspicion of the child's need for assistance or protection is sufficiently substantiated, or by the fear that the notification may appear to be blaming the family or stigmatizing the child.

The social services departments have the right and are required to act immediately, regardless of the region or group to which the child belongs. The objective of assistance is to ensure the child's security, development and well-being, considering the needs and wishes of the child, and to support the child's development into an independent adult.²⁰⁶

Protections for the reporter. The reporter of a child in need of assistance or protection may remain anonymous, i.e. he or she does not have to give a name to the social services departments, police or some other body aiding. However, due to anonymity, the reliability and controllability of the message may suffer, and thus the possibility of assisting and protecting the child.

Data on who reported a child in need of assistance or protection will not be disclosed except in criminal proceedings. The basic principles of data protection must be applied to the data of the person who reported a child in need (i.e. name, contact number, connection with the child, etc.). Therefore, should the child or

²⁰⁰ Human Rights Guide. (14 January 2025). Disclosure & communication of medical data. Retrieved from: [Disclosure & Communication of medical data](#). Last consulted on 14 January 2025.

²⁰¹ Section 59 (1) of the Child Protection Act. Estonia. (n.d.). Republic of Estonia Child Protection Act. Retrieved from: [Republic of Estonia Child Protection Act–Riigi Teataja](#). Last consulted on 14 January 2025.

²⁰² Section 2 of the Child Protection Act.

²⁰³ A report may also be done by contacting the child helpline 116 111.

²⁰⁴ Estonia. (n.d.). Republic of Estonia Child Protection Act. Retrieved from: [Republic of Estonia Child Protection Act–Riigi Teataja](#). Last consulted on 14 January 2025.

²⁰⁵ Section 33 (1) of the Child Protection Act.

²⁰⁶ Section 58 of the Child Protection Act.

the legal representative ask who reported the child's need for assistance, the data of the reporter will not be released.²⁰⁷

Consequences/penalties for not reporting. The failure to report cannot be justified by the lack of certainty as to whether the suspicion of the child's need for assistance or protection is sufficiently substantiated, or by the fear that the notification may appear to be blaming the family or stigmatizing the child. In case of doubt, people are encouraged to consult a child protection worker of the social services departments or the child helpline 116 111.²⁰⁸

However, the consequences of a failure to report are not mentioned in the provisions of the Child Protection Act. On the other hand, Section 13 of the Criminal Code states that '*a person shall be held responsible for an omission if the person was legally required to act*',²⁰⁹ which can lead to pecuniary punishment and/or imprisonment.²¹⁰

²⁰⁷ Laste Ombudsman, & Andmekaitse Inspektsioon. (January 2021). JUHEND - abivajavast lapsest teatamine ja andmekaitse (p. 20). Retrieved from: [JUHEND - abivajavast lapsest teatamine ja andmekaitse \(jaanuar 2021\).pdf](#). Last consulted on 14 January 2025.

²⁰⁸ Ibid, p. 10.

²⁰⁹ Estonia. (6 June 2001). Penal Code (RT I 2001, 61, 364). Retrieved from: [Penal Code–Riigi Teataja](#). Last consulted on 14 January 2025.

²¹⁰ Section 144-146 of the Criminal Code.

1.2.11 FINLAND

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 25 of the Child Welfare Act.	Certain professionals, including social and healthcare services, day care services, education services and youth services.	Discovery that there is a child for whom it is necessary to investigate the need for child welfare on account of the child's need for care, circumstances endangering the child's development of the child's behavior or when they have cause to suspect based on circumstances that have come to their knowledge of a sexual offence against children.

Rules on professional confidentiality. According to Section 17 of the Health Care Professionals Act, a health care professional may not disclose to a third party without permission a private or family secret of which he or she has become aware by virtue of his or her position or duties.

For the purposes of this Act, a 'health care professional' means every person who has obtained the right to practice a profession or a license to practice a profession or every person who is entitled to use the professional title of a health care professional laid down in a government decree.²¹¹ The obligation of professional confidentiality remains after the termination of the profession.²¹² Failure to comply with this obligation may result in sanctions imposed by the National Welfare and Health Supervisory Authority.²¹³

Exceptions to professional confidentiality. The Health Care Professionals Act also provides for an exception to the obligation of professional confidentiality. In their professional activities, health care professionals must comply with what is prescribed by the National Supervisory Authority for Welfare and Health or Regional State Administrative Agency based on the relevant provisions and regulations. Notwithstanding confidentiality provisions, health care professionals are obliged to provide notifications, explanations and reports requested by the National Supervisory Authority for Welfare and Health or the Regional State Administrative Agency that are necessary for the performance of their duties laid down in the Health Care Professionals Act.²¹⁴

According to Section 25 of the Child Welfare Act, certain professionals, including health care professionals, are, notwithstanding professional confidentiality provisions, obliged to make a report under certain

²¹¹ Ministry of Social Affairs and Health, Finland. (1994, June 28). Health Care Professionals Act No. 559/1994 (Section 2). Retrieved from: [Laki terveydenhuollon ammattihenkilöistä](#). Last consulted on 14 January 2025.

²¹² Section 17 of the Health Care Professionals Act.

²¹³ A health care professional may be sanctioned under Section 26 of the Health Professions Act for misconduct by the National Welfare and Health Supervisory Authority if it finds that the professional fails to comply with the obligation in Section 17.

²¹⁴ Section 19 (2) of the Health Care Professionals Act.

circumstances, namely (as discussed below) sexual offences (against children) and certain other crimes punished with more than 2 years of custodial sentence.²¹⁵

Mandatory reporting obligation. While in Finland most people have the right to report a child in need of welfare, Section 25 of the Child Welfare Act establishes reporting obligations for certain professionals. According to this Section, certain professionals have a duty to notify the municipal body responsible for social services without delay and notwithstanding confidentiality provisions if, in the course of their work, they discover that there is a child for whom it is necessary to investigate the need for child welfare on account of the child's need for care, circumstances endangering the child's development, or the child's behavior.²¹⁶

The same professionals have an obligation, notwithstanding confidentiality provisions, to notify the police when they have cause to suspect based on circumstances that have come to their knowledge an act punishable under Chapter 20 of the Criminal Code,²¹⁷ which includes sexual offences against children.

Under the Child Welfare Act, a 'child' means every person under 18 years of age.²¹⁸

Coverage of the reporting. The obligations pursuant to Section 25 of the Child Welfare Act apply to persons employed by, or in a position of trust for:

- Social and health-care services and child day care,
- Education services,
- Youth services,
- Police services,
- Criminal Sanction Agency,
- Fire and rescue services,
- Social welfare and health care service providers,
- Education or training providers,
- A parish or other religious community,
- A reception center and organization center referred to in Section 3 of the Child Welfare Act on Reception of People Seeking International Protection,
- A unit engaged in emergency response center activities,
- A unit engaged in morning and afternoon activities for schoolchildren.

²¹⁵ Section 25 of the Child Welfare Act. Finlex. (13 April 2007). Child Welfare Act 417/2007 - Section 25. Retrieved from: [Barnskyddslag 417/2007 - Uppdaterad lagstiftning - FINLEX®](#). Last consulted on 14 January 2025.

²¹⁶ Section 25 of the Child Welfare Act.

²¹⁷ Article 25 (3) of the Child Welfare Act.

²¹⁸ Section 6 of the Child Welfare Act.

The obligation also applies to all people working in a principal or contractor relationship or as independent professionals and all health care professionals.²¹⁹

Requirements for the state of mind of the reporter. The mandated reporters must report if in the course of their work they discover that there is a child for whom it is necessary to investigate the need for child welfare on account of the child's need for care, circumstances endangering the child's development, or the child's behavior.²²⁰

In that regard, Section 4 of the Child Welfare Act mentions that child welfare must promote the favorable development and wellbeing of the child. Child welfare must provide support in child upbringing and care for parents, custodians and other people responsible for childcare and upbringing. Child welfare must be aimed at preventing child and family problems and intervening sufficiently early if problems are found.²²¹

The mandated reports also must report when they have cause to suspect based on circumstances that have come to their knowledge an act punishable under Chapter 20 of the Criminal Code,²²² which includes sexual offences against children. The mandated reporters are therefore obliged to report without delay if they suspect sexual offenses, such as rape,²²³ sexual abuse,²²⁴ sexual exploitation of children,²²⁵ or enticing children for sexual purposes.^{226 227}

Protections for the reporter. Reports can be made in writing, by phone, or in person to the municipal social services. To protect the reporter's confidentiality, email reporting is discouraged for those who are not professionals as defined in Section 25 of the Child Welfare Act. A specific form for reporting is available online, though its use is optional. For professionals, however, it is recommended to submit reports in writing to ensure all information is accurately documented.

In cases of suspected sexual offenses against a child, reports should be made directly to the police. In addition, the report must be filed in person at a police station.²²⁸

Consequences/penalties for not reporting. Failure to comply with the duty to report can result in criminal penalties. Section 10 of the Criminal Code specifies that *'anyone who knows of (...) rape, aggravated rape, rape of a child, aggravated rape of a child, aggravated sexual abuse of a child (...) but fails to notify the authorities or the person at risk in a timely manner while the offence can still be prevented, shall be subject to a fine or imprisonment of up to six months for failure to report a serious offence'*.

²¹⁹ Article 25 (1) of the Child Welfare Act.

²²⁰ Section 25 of the Child Welfare Act.

²²¹ Section 4 of the Child Welfare Act.

²²² Article 25 (3) of the Child Welfare Act.

²²³ Section 12 of the Criminal Code states the following: *'a person who has sexual intercourse with a child under the age of 16 shall be sentenced to imprisonment for a minimum of two and a maximum of ten years for rape of a child. A person who has sexual intercourse with a child who has reached the age of 16 but not 18 years of age shall also be convicted of rape of a child, if the offender is the child's parent or is in a position like that of a parent. Attempting is also punishable'*. Finlex. (19 December 1889). Penal Code 39/1889 - Strafflag. Retrieved from: [Strafflag 39/1889 - Uppdaterad lagstiftning - FINLEX®](#). Last consulted on 14 January 2025.

²²⁴ Section 14 of the Criminal Code.

²²⁵ Section 16 of the Criminal Code.

²²⁶ Section 18 of the Criminal Code.

²²⁷ Section 12-22 of the Criminal Code.

²²⁸ Jaakola, A.-M., Frostell, K., Vainio, K., Alinikula, I., Pirjatanniemi, E., & Anis, M. (May 2023). Mapping child protection systems in the EU (27) Finland. Institute for Human Rights, Åbo Akademi University, & University of Turku. Retrieved from: [fi - report - mapping child protection systems - 2023.pdf](#). Last consulted on 14 January 2025.

However, this obligation does not apply if the person required to report would have to name their spouse or former spouse, current cohabitant, sibling, direct ancestor or descendant, or any individual with whom they share a close, family-like relationship.²²⁹

²²⁹ Section 10 (2) of the Criminal Code.

1.2.12 FRANCE

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 434-3 of the Criminal Code; Articles R. 4127-43 and R. 4127-44 of the Public Health Code.	Any person, including doctors and healthcare professionals.	Knowledge of the deprivation, ill-treatment or sexual assault or abuse of a minor or a person who is unable to protect himself or herself because of his or her age, illness, infirmity, physical or mental deficiency or pregnancy.

Rules on professional confidentiality. Confidentiality rules for prevention services and treatments are governed by specific regulations and laws. For example, the Public Health Code establishes the duty of professional confidentiality, binding on all doctors and healthcare professionals under the conditions set by law. The duty of confidentiality covers all information that a doctor or a healthcare professional learns in the course of their work, including not only what has been directly entrusted to them, but also what they have seen, heard or understood.²³⁰

In France, violation of professional confidentiality is punishable under Article 226-13 of the Criminal Code.²³¹

Exceptions to professional confidentiality. There are exceptions to the professional confidentiality. It shall not apply in cases where the law requires or authorizes the disclosure of the secret. In addition, Article 226-13 of the Criminal Code does, for example, not apply to:

- To anyone who informs the judicial, medical or administrative authorities of ill-treatment, deprivation or abuse, including sexual assault or mutilation, of which he or she has become aware, and which has been inflicted on a minor or a person who is unable to protect himself or herself because of his or her age or physical or psychological disability;²³²
- To the doctor or any other health professional who brings to the attention of the Public Prosecutor or the unit for the collection, processing and evaluation of worrying information relating to minors at risk or who are at risk of being so, or who bring to the attention of the unit any abuse, ill-treatment or deprivation that he has observed, on a physical or psychological level, in the exercise of his profession and which allows him to presume that physical, sexual or psychological violence of any kind has been committed.²³³

²³⁰ Article L.1110-4 and R.4127-4 of the Public Health Code. Conseil National de l'Ordre des Médecins. (n.d.). Article L.1110-4 and R.4127-4 of the Public Health Code. Retrieved from: <https://www.conseilnational.medecin.fr/sites/default/files/codedeont.pdf>. Last consulted on 14 January 2025.

²³¹ Article 226-13 of the Criminal Code states the following: 'The disclosure of information of a secret nature by a person who is the custodian of such information, either by virtue of his status or profession, or by reason of a temporary function or mission, is punishable by one year's imprisonment and a fine of 15.000,00 euros'. Légifrance. (n.d.). Code pénal: Paragraphe 1 : De l'atteinte au secret professionnel (Articles 226-13 à 226-14). Retrieved from: [Paragraphe 1 : De l'atteinte au secret professionnel \(Articles 226-13 à 226-14\) - Légifrance](#). Last consulted on 14 January 2025.

²³² Article 226-14, 1° of the Criminal Code.

²³³ Article 226-14, 2° of the Criminal Code.

Mandatory reporting obligation. Article 434-3 of the Criminal Code contains a general obligation for every person who has knowledge of the deprivation, ill-treatment or sexual assault or abuse of a minor or a person who is unable to protect himself or herself because of his or her age, illness, infirmity, physical or mental deficiency or pregnancy, to report to the judicial or administrative authorities or continues to inform those authorities until such offences have been committed.²³⁴

Under the Public Health Code, if a doctor determines whether a person, they are treating is a victim of abuse or deprivation, he must implement the most appropriate means to protect him or her by exercising caution and circumspection. In the case of a minor under the age of fifteen or a person who is unable to protect himself or herself because of his or her age or physical or psychological state, he or she must report to the judicial, medical or administrative authorities, except in special circumstances which he or she assesses in conscience.²³⁵

Coverage of the reporting. As mentioned above, specific reporting obligations are outlined for certain professionals within their respective codes and regulatory frameworks. The Public Health Code requires doctors to report, in certain circumstances, to the judicial, medical or administrative authorities. The obligation specified in Article 434-3 of the Criminal Code, however, to report to judicial or administrative authorities applies to all individuals.

Requirements for the state of mind of the reporter. The general reporting obligation under Article 434-3 of the Criminal Code is triggered as soon as an individual has knowledge of the deprivation, ill-treatment or sexual assault or abuse of a minor or a person who is unable to protect himself or herself because of his or her age, illness, infirmity, physical or mental deficiency or pregnancy.

For doctors, the reporting obligation outlined in the Public Health Code applies when they determine that a minor under the age of fifteen or a person unable to protect themselves due to their age or physical or mental condition is a victim of abuse or deprivation. Doctors can report using a specially designated form.²³⁶ The French National Authority for Health provides guidelines for identifying child abuse, which can be used by all healthcare professionals.

In its factsheet, the French National Authority for Health defines 'child abuse' as forcing or inducing the minor to engage in sexual activities, with or without physical contact, and/or sexually exploiting the minor. The incidents may be either recent or from the past and might only come to light after they have ended. This could occur through physical and psychological examination of the minor or through the accidental disclosure, confiding in a third party, or a deliberate and intentional revelation by the minor. Such disclosures are sometimes inconsistent; the minor may retract or alter their statement.²³⁷

Protections for the reporter. A report can be made through the national hotline 119. This is the national number dedicated to the prevention and protection of children in danger or at risk, which guarantees the

²³⁴ Article 434-3 of the Criminal Code. See link: [Article 434-3 - Code pénal - Légifrance](#). Last consulted on 14 January 2025. Légifrance. (n.d.). Article 434-3 - Code pénal. Retrieved from: Article 434-3 - Code pénal - Légifrance. Last consulted on 14 January 2025.

²³⁵ Articles R. 4127-43 and R. 4127-44 of the Public Health Code.

²³⁶ Conseil National de l'Ordre des Médecins. (n.d.). MODELE D'INFORMATION PREOCCUPANTE Enfants et adolescents en danger ou risque de danger À destination des médecins. Retrieved from: [cnom modele information preoccupante.pdf](#). Last consulted on 14 January 2025.

²³⁷ Haute Autorité de Santé (HAS). (2017, July). Fiche Mémo Maltraitance chez l'enfant : repérage et conduite à tenir. Retrieved from: [fiche memo maltraitance enfant.pdf](#). Last consulted on 14 January 2025.

confidentiality of the information of the reporter.²³⁸ However, due to the reporting obligations imposed by specific regulations and laws, this confidentiality may be compromised if it becomes necessary to demonstrate compliance with the reporting requirements.

Consequences/penalties for not reporting. Failure to comply with the general obligation to report cases of abuse of sexual assault or molestation is, under Article 434-3 of the Criminal Code, punishable by three years' imprisonment and a fine of 45.000,00 EUR. Penalties are increased to 5 years' imprisonment and a fine of 75.000,00 EUR when the failure to provide information is committed to the detriment of a minor aged under 15.²³⁹ Doctors who do not comply with the provisions of Articles R. 4127-43 and R. 4127-44 of the Public Health Code may be subject to three years' imprisonment and a fine of 45.000,00 EUR.

In addition, the Criminal Code also provides for offences of failure to prevent crime or failure to provide assistance. While these provisions do not impose reporting obligations *per se*, the relevant sections in the Criminal Code do establish a legal duty to act. In certain cases, this duty may lead eventually to reporting.

According to Article 223-6 of the Criminal Code, any person who can prevent a crime or an offense against the physical integrity of a minor under fifteen, through immediate action without risking harm to themselves or others, and voluntarily refrains from doing so, may be punished with up to seven years of imprisonment and a fine of 100.000,00 EUR. The same penalties apply to anyone who knowingly fails to provide assistance to a minor under fifteen in danger, when such assistance could be rendered without risk to themselves or others, either directly or by seeking help from others.²⁴⁰

This provision may also apply to doctors and other healthcare professionals bound by professional confidentiality who are confronted with such situations. While the required actions do not necessarily constitute an obligation to breach professional confidentiality, the obligation to provide assistance takes precedence over professional confidentiality.²⁴¹

²³⁸ Le portail de l'institution. L'État, les Départements et les Associations au service de la prévention et de la protection de l'enfance (n.d.), Service National d'Accueil Téléphonique de l'Enfance en Danger. Retrieved from: [119](#). Last consulted on 14 January 2025.

²³⁹ Article 434-3 of the Criminal Code.

²⁴⁰ The penalty, however, is five years of imprisonment and a fine of 75.000,00 EUR if the individual whose physical integrity is at risk or being violated is over fifteen years of age. Légifrance. (n.d.). Article 223-6 - Code pénal. Retrieved from: [Article 223-6 - Code pénal - Légifrance](#). Last consulted on 14 January 2025.

²⁴¹ Lafourcade, M., & Dartigue, G. (May 2023). Mapping child protection systems in the EU (27) France (p. 93). Institut Français des droits et libertés. Retrieved from: [fr - report - mapping child protection systems - 2023.pdf](#). Last consulted on 14 January 2025.

1.2.13 GERMANY

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
No, but there is a possibility to report.	Section 8a, 8b and 47 of the Social Code, Section 4 of the Act on Cooperation and Information in Child Protection.	Any person.	Suspicion of child endangerment, including neglect, psychological abuse, physical abuse and sexual violence.

Rules on professional confidentiality. The rules regarding confidentiality are outlined in Section 203 of the Criminal Code. This section states that individuals, such as doctors, psychologists, social workers, and others, who have access to someone's personal or business secrets due to their profession, are legally obligated to keep those secrets confidential.²⁴²

Exceptions to professional confidentiality. Unlawfully disclosing someone's secret, including secrets related to personal life or business trade secrets, can result in imprisonment for up to one year or a fine. However, there are exceptions to this rule. Under Section 203 (3) of the Criminal Code, sharing secrets is not considered a violation if disclosed to professional assistants, trainees, or others involved in the work to the extent necessary for performing their duties.

Additionally, Section 34 of the Criminal Code states that if there is a present danger to life, liberty or another legal interest that cannot be averted otherwise, individuals may act to avoid the danger without being deemed unlawful. The act must be an adequate means to avert the danger, and the protected interest must substantially outweigh the one interfered with.

A reporting right. At present, there is no reporting obligation in Germany. However, according to Section 8a of the Social Code, anyone can report suspected child endangerment to the local child and youth welfare authority. The authority evaluates whether there are substantial grounds to suspect endangerment and proceeds to initiate an investigation if deemed necessary.²⁴³

Section 8b of the Social Code states that people who are in professional contact with children or adolescents are entitled to advice from an experienced specialist in the assessment of a child's well-being endangerment in individual cases vis-à-vis the local youth welfare agency and whether to report. The specific protection needs of children and adolescents with disabilities shall be considered in professional counselling.²⁴⁴

If professionals are unable to secure the child's safety through collaboration with the family, they may notify the local child and youth welfare authority. Under Section 47, public child welfare authorities and the competent authority should exchange information promptly about any events or developments that could threaten the welfare of children and adolescents.²⁴⁵

²⁴² Germany. (13 November 1998). Criminal Code (Strafgesetzbuch – StGB), as last amended by Article 2 of the Act of 22 November 2021. Federal Law Gazette I, p. 4906. Retrieved from: [German Criminal Code \(Strafgesetzbuch – StGB\)](#). Last consulted on 14 January 2025.

²⁴³ Germany. (26 June 1990). Sozialgesetzbuch (SGB) - Achtes Buch (VIII) - Kinder- und Jugendhilfe, § 8a Schutzauftrag bei Kindeswohlgefährdung. BGBl. I, p. 1163. Retrieved from: [§ 8a SGB 8 - Einzelnorm](#). Last consulted on 14 January 2025.

²⁴⁴ Germany. (26 June 1990). Sozialgesetzbuch (SGB) - Achtes Buch (VIII) - Kinder- und Jugendhilfe, § 8b Fachliche Beratung und Begleitung zum Schutz von Kindern und Jugendlichen. BGBl. I, p. 1163. Retrieved from: [§ 8b SGB 8 - Einzelnorm](#). Last consulted on 14 January 2025.

²⁴⁵ Germany. (26 June 1990). Sozialgesetzbuch (SGB) - Achtes Buch (VIII) - Kinder- und Jugendhilfe, § 47 Melde- und Dokumentationspflichten, Aufbewahrung von Unterlagen. BGBl. I, p. 1163. Retrieved from: [§ 47 SGB 8 - Einzelnorm](#). Last consulted on 14 January 2025.

Moreover, Section 4 of the Act on Cooperation and Information in Child Protection provides that if professionals such as doctors, dentists, midwives, and psychologists, in the exercise of their professional activity become aware of weighty indications of a threat to the welfare of a child or adolescent, they shall discuss the situation with the child or adolescent and the legal guardians and, if necessary, work with the legal guardians to make use of assistance, provided that this does not call into question the effective protection of the child or adolescent.

They are also entitled to seek advice from specialists at the public youth welfare agency, with any shared data pseudonymized beforehand. If the threat persists or the initial efforts fail, professionals may report the situation to the Youth Welfare Office, sharing necessary data while informing the affected parties unless doing so endanger the child. The Youth Welfare Office must provide feedback on whether the reported threat has been confirmed, and actions taken. These provisions also apply, with adjustments, to employees of customs authorities, and Land law may regulate data-compliant intercollegiate exchanges for child protection evaluations.²⁴⁶

Coverage of the reporting. Anyone can report suspected child endangerment to the local child and youth welfare authority.

Requirements for the state of mind of the reporter. Reporting under the Social Code is possible in case of suspected child endangerment, which includes neglect, psychological abuse, physical abuse and sexual violence. Pursuant to Section 4 of the Act on Cooperation and Information in Child Protection reporting is possible if a professional mentioned under this section has, in the exercise of their professional activity, become aware of weighty indications of a threat to the welfare of a child or adolescent.

Protections for the reporter. Anonymous reporting is possible to the local child and youth welfare authority.²⁴⁷ The child and youth hotline, online consultation, and parents' telephone provide free and anonymous support. Children, adolescents, parents, and caregivers can receive confidential advice and guidance.²⁴⁸

Consequences/penalties for not reporting. There are no specific penalties for failure to report child abuse since reporting is not mandatory.

However, Article 323c of the Criminal Code states that anyone who fails to render assistance in the event of an accident or common danger or distress, although this is necessary and reasonable under the circumstances, without considerable danger to himself and without violating important duties, shall be punished with imprisonment of up to one year or with a fine. Anyone who, in these situations, obstructs a person who is providing or intends to provide assistance to a third party shall also be punished.²⁴⁹

In other words, Section 323c of the Criminal Code makes it a punishable offence to fail to provide the necessary and possible help. If a crime is imminent or in the process of being committed, it is an accident or at least a necessity for the victim. Anyone who has knowledge of this and can provide help is then obliged to do so. When it comes to the abuse of children, for example, one help that is always possible is to report it to the local child and youth welfare authority, the omission of which would be punishable under current law.²⁵⁰

²⁴⁶ Germany. (22 December 2011). Act on Cooperation and Information in Child Protection (KKG), Federal Law Gazette I, p. 2975, as last amended by Article 2 (4) of the Act of 7 November 2024 (Federal Law Gazette 2024 I No. 351). Retrieved from: [KKG - Gesetz zur Kooperation und Information im Kinderschutz](#). Last consulted on 14 January 2025.

²⁴⁷ The Youth Welfare Office (n.d.). Support that arrives. Retrieved from: [Das Jugendamt. Unterstützung, die ankommt. - Das Jugendamt. Unterstützung, die ankommt.](#) Last consulted on 14 January 2025.

²⁴⁸ NummergegenKummer. (n.d.). Kostenfreie Beratung für Eltern, Kinder und Jugendliche. Retrieved from: [Kostenfreie Beratung für Eltern, Kinder und Jugendliche](#). Last consulted on 14 January 2025.

²⁴⁹ Germany. (n.d.). Strafgesetzbuch (StGB), § 323c Unterlassene Hilfeleistung; Behinderung von hilfeleistenden Personen. Retrieved from: [§ 323c StGB - Einzelnorm](#). Last consulted on 14 January 2025.

²⁵⁰ Deutscher Juristinnenbund. (n.d.). Stellungnahme der Strafrechtskommission des djb zu den Entwürfen zur Reform des Sexualstrafrechts. Retrieved from: [St 03_03 Sexualstrafrecht.doc](#). Last consulted on 14 January 2025.

1.2.14 GREECE

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 4 of Law 4837/2021; Article 13 and 28 of the Code of Medical Ethics; Article 232 of the Criminal Code.	Article 4 of Law 4837/2021: child protection bodies which are defined as the social welfare institutions of public and private law, which provide organized social care services for the protection of minors, including minors with disabilities. Article 232 of the Criminal Code: every citizen.	Law 4837/2021: knowledge of any incident of child abuse, including physical or emotional abuse, sexual abuse, neglect, negligent treatment, or exploitation for commercial or other purposes. Article 232 of the Criminal Code: reliable information of the ongoing or eminent execution of a felony.

Rules on professional confidentiality. Article 13 of Law 3418/2005 ('Code of Medical Ethics') states that doctors in general are bound by absolute professional confidentiality for any information that falls under their perception or is disclosed by the patient or third parties in the context of the exercise of their professional duties and relates to the patients or their relatives.

To ensure effective compliance with the duty of professional confidentiality, doctors must supervise their assistants and associates or other people that support them in their duties and must take all necessary measures to preserve confidentiality even after the cessation or termination of their professional activities. Moreover, the duty of professional confidentiality does not cease after the death of the patient.²⁵¹ Specific reference to psychiatrists is also made in the Code of Medical Ethics under Article 28, where it is specified that the therapeutic relationship is built upon the principles of confidentiality, mutual trust and support.²⁵²

As far as psychologists are concerned, Article 9 of Law 991/1979 on the Practice of the Profession of Psychologist in Greece and other provisions, dictates that they shall apply absolute professional confidentiality for what they learn, or perceive during the exercise of their professional duties.²⁵³ Furthermore, the Code of Deontology of the Association of Greek Psychologists stipulates that psychologists have a primary obligation towards their patients to observe absolute confidentiality as regards the information that comes to their knowledge relevant to the patient's personal life, even if not directly communicated by the patients themselves.²⁵⁴

²⁵¹ Greece (2005), Law 3418/2005 (OG A' 287/28-11-2005), 28 November 2005. Greece. (2005). Law 3418/2005 (OG A' 287/28-11-2005). Retrieved from: [Νόμος 3418/2005 - ΦΕΚ 287/Α/28-11-2005 \(Κωδικοποιημένος\) - ΥΓΕΙΑ](#). Last consulted on 14 January 2025.

²⁵² Ibid.

²⁵³ Greece (1979), Law 991/1979 (OG A' 278/20-12-1979), 20 December 1979. See link: [Νόμος 991/1979 - ΦΕΚ 278/Α/20-12-1979 \(Κωδικοποιημένος\) - ΕΠΑΓΓΕΛΜΑΤΑ - ΤΕΧΝΕΣ](#). Last consulted on 14 January 2025. Greece. (1979). Law 991/1979 (OG A' 278/20-12-1979). Retrieved from: [Νόμος 991/1979 - ΦΕΚ 278/Α/20-12-1979 \(Κωδικοποιημένος\) - ΕΠΑΓΓΕΛΜΑΤΑ - ΤΕΧΝΕΣ](#). Last consulted on 14 January 2025.

²⁵⁴ Association of Greek Psychologists. (n.d.). Code of Ethics – S.E.P. Retrieved from: [Κώδικας Δεοντολογίας – Σ.Ε.Ψ. – Σύλλογος Ελλήνων Ψυχολόγων](#). Last consulted on 14 January 2025.

The confidentiality rules for psychotherapists are established in the Code of Ethics of the National Organization for Psychotherapists. Principle 4 of this Code obliges psychotherapists to respect the confidentiality of all information they learn from individuals in the context of their professional activities.²⁵⁵

The Criminal Code addresses breach of professional confidentiality in Article 371. This law stipulates that breach of confidentiality by professionals such as doctors, midwives, nurses, pharmacists and other functionaries or professionals to whom private secrets are habitually entrusted by virtue of their profession or capacity, as well as their assistants who disclose private secrets, who have entrusted them with them or who have learned them by reason of their profession or capacity may be punished by imprisonment for up to one year or a fine.²⁵⁶

Exceptions to professional confidentiality. The act shall, however, not be unjust and shall go unpunished under Article 371 of the Criminal Code if the offender intended to perform a duty or to safeguard a justified essential interest, public or of himself or someone else, which could not otherwise be safeguarded.²⁵⁷

Additional exceptions are explicitly outlined in the various specific laws and codes. For example, Article 13 of the Code of Medical Ethics provides that lifting the duty of professional confidentiality is permitted when:

- The doctor aims to fulfill a legal duty. A legal duty exists when disclosure is required by specific law, such as in cases of birth, death, infectious diseases, etc., or by general law, such as the obligation to timely notify the authorities, when the doctor learns in a reliable manner that a felony is being investigated or that its execution is ongoing. The notification shall take place at a time that it is still possible to prevent further execution or the final result of the felony;
- The doctor aims to protect a legal or other justified, essential public interest or interest of the doctor himself or herself or of a third party, which cannot be protected otherwise;
- There is a situation of force majeure or defense;
- The person concerned consents to it, unless his or her relevant statement is invalid, as in the case where it is based on deception, fraud, threat, physical or psychological violence, or if such lifting constitutes an affront to human dignity.

For psychiatrists, Article 28 of the Code of Medical Ethics provides that a breach of the duty of professional confidentiality is permitted when adherence to the duty of professional confidentiality could result in serious physical or mental harm to the sufferer from mental disorders or to a third party.

The Code of Deontology of the Association of Greek Psychologists allows psychologists to deviate from the duty of professional confidentiality when they consider that the patient's life or the bodily integrity of third parties is in danger. In such cases, the psychologist must notify exclusively the competent persons or bodies, such as family members, legal guardians and judicial authorities.²⁵⁸

²⁵⁵ National Association of Psychotherapy of Greece. (2022). Code of Conduct. Retrieved from: [Κώδικας Δεοντολογίας της Εθνικής Εταιρείας Ψυχοθεραπείας Ελλάδος](#). Last consulted on 14 January 2025.

²⁵⁶ Article 371, par. 1 of the Criminal Code. Lawspot. (2019). Άρθρο 371 - Ποινικός Κώδικας (Νόμος 4619/2019) - Παραβίαση επαγγελματικής εχεμύθειας. Retrieved from: [Άρθρο 371 - Ποινικός Κώδικας \(Νόμος 4619/2019\) - Παραβίαση επαγγελματικής εχεμύθειας | Νομοθεσία | Lawspot](#). Last consulted on 14 January 2025.

²⁵⁷ Article 371, par. 4 of the Criminal Code.

²⁵⁸ Article 4 of the Code of Deontology of the Association of Greek Psychologists.

Psychotherapists may also disclose any information to third parties only with the consent of the patient or those legally responsible for them. An exception is the existence of conditions from which there could be a risk to the patient himself or to others. In such cases, the legal persons responsible for the patient or the legal authorities, i.e. the public prosecutor, must be informed. Psychotherapists should inform their clients of the legal limits of confidentiality. Consent to disclosure to others should normally be obtained in writing from the person concerned.²⁵⁹

Moreover, Greece has incorporated into the national legal order the Lanzarote Convention, which refers to the obligation to take the necessary legislative or other measures to ensure that the confidentiality rules imposed by internal law on certain professionals called upon to work in contact with children do not constitute an obstacle to the possibility, for those professionals, of their reporting to the services responsible for child protection any situation where they have reasonable grounds to believe that a child is the victim of sexual exploitation or sexual abuse.

It is allowed for those who have a duty of confidentiality and collaborate with children in the course of their work, to report to the competent authority, by way of derogation from the obligation of confidentiality, any situation in which they have reasonable grounds to suspect that a child is a victim of sexual exploitation or abuse.²⁶⁰

Mandatory reporting obligation. Article 4 of Law 4837/2021 on the prevention and treatment of cases of abuse and neglect of minors, on the other hand, obliges child protection bodies to report any incident of abuse of a minor that comes to their attention in any way.²⁶¹

Doctors and psychiatrist are bound by the Code of Medical Ethics to report crimes that require quick intervention or that could result in serious physical or mental harm to their patient or to a third party.²⁶² The Code of Deontology of the Association of Greek Psychologists allows psychologists to notify competent persons or bodies, such as family members, legal guardians and judicial authorities when they consider that the patient's life or the bodily integrity of their patient or third parties is in danger.²⁶³

As mentioned above, psychotherapists may also disclose any information where there could be a risk to the patient himself or to others. In such cases, the legal persons responsible for the patient or the legal authorities, i.e. the public prosecutor, must be informed.²⁶⁴

Besides, Article 232 of the Criminal Code contains the obligation of every citizen to timely notify the authorities about the ongoing or eminent execution of a felony, in case they have obtained reliable

²⁵⁹ Principle 4 of the Code of Ethics of the National Organization for Psychotherapists.

²⁶⁰ Article 12 of the Lanzarote Convention. Council of Europe. (2007). CETS 201 - Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Retrieved from: [CETS 201 - Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse](#). Last consulted on 14 January 2025; Article 5 and Article 2 of Chapter 1 of Law 3727/2008 ('Ratification and implementation of the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, measures to improve living conditions and relieve congestion in detention facilities'). e-nomothesia.gr. (2025). Τράπεζα Πληροφοριών Νομοθεσίας. Retrieved from: [e-nomothesia.gr | Τράπεζα Πληροφοριών Νομοθεσίας](#). Last consulted on 14 January 2025.

²⁶¹ Law 4837/2021. (2021). Law on the prevention and treatment of cases of abuse and neglect of minors. Retrieved from: [Kodiko](#). Last consulted on 14 January 2025.

²⁶² Article 13 and 28 of the Code of Medical Ethics.

²⁶³ Article 4 of the Code of Deontology of the Association of Greek Psychologists.

²⁶⁴ Principle 4 of the Code of Ethics of the National Organization for Psychotherapists.

information. The notification shall take place at a time when it is still possible to prevent further execution or the result of the felony.²⁶⁵

Coverage of the reporting. The obligation to report any incident of abuse of a minor pursuant to Article 4 of Law 4837/2021 on the prevention and treatment of cases of abuse and neglect of minors applies to child protection bodies which are defined as the social welfare institutions of public and private law, which provide organized social care services for the protection of minors, including minors with disabilities.²⁶⁶ In particular, the child protection bodies, through the child protection officer, are obliged to notify without delay to the competent authorities.²⁶⁷ Child protection officers are appointed in each unit of the child protection bodies.²⁶⁸

Doctors and psychiatrist must report crimes that require quick intervention or that could result in serious physical or mental harm to their patient or to a third party.²⁶⁹ Psychologists, on the other hand, are allowed to report when they consider that the patient's life or the bodily integrity of their patient or third parties is in danger.²⁷⁰ Psychotherapists may also disclose any information where there could be a risk to the patient himself or to others.²⁷¹

The reporting obligations mentioned in Article 232 of the Criminal Code apply to every citizen, with a report being directed to the public prosecutor or to any investigating officer.

Requirements for the state of mind of the reporter. The reporting obligation mentioned in Law 4837/2021 on the prevention and treatment of cases of abuse and neglect of minors encompasses any incident of child abuse, including physical or emotional abuse, sexual abuse, neglect, negligent treatment, or exploitation for commercial or other purposes. Reporters are required to have knowledge of any incident of abuse, regardless of where it takes place, committed on persons under the age of 18.²⁷²

Article 232 of the Criminal Code contains the obligation of every citizen to timely notify the authorities about the ongoing or eminent execution of a felony, in case they have obtained reliable information.²⁷³

Protections for the reporter. It is possible to make an anonymous report through the following hotlines:

- The National Center for Social Solidarity has established the National SOS Hotline for child protection '1107' which operates every day, all day long and free of charge and is charged by psychologists and social workers that provide counselling and support. When receiving the anonymous report on child neglect or abuse, the hotline informs in written and without undue delay the competent prosecutor and other services that it deems necessary, e.g. social care facilities, police, etc.²⁷⁴

²⁶⁵ Greek Laws. (2013). Penal Code - Article 232. Retrieved from: [Greek Laws: Ποινικός Κώδικας - Άρθρο 232](#). Last consulted on 14 January 2025.

²⁶⁶ Article 3, d) Law 4837/2021 on the prevention and treatment of cases of abuse and neglect of minors.

²⁶⁷ Article 4 (2) Law 4837/2021 on the prevention and treatment of cases of abuse and neglect of minors.

²⁶⁸ Article 5, par. 1 Law 4837/2021.

²⁶⁹ Article 13 and 28 of the Code of Medical Ethics.

²⁷⁰ Article 4 of the Code of Deontology of the Association of Greek Psychologists.

²⁷¹ Principle 4 of the Code of Ethics of the National Organization for Psychotherapists.

²⁷² Article 3, b) Law 4837/2021 on the prevention and treatment of cases of abuse and neglect of minors.

²⁷³ Greek Laws. (2013). Penal Code - Article 232. Retrieved from: [Greek Laws: Ποινικός Κώδικας - Άρθρο 232](#). Last consulted on 14 January 2025.

²⁷⁴ E.K.K.A. (2025). Child protection. Retrieved from: [E.K.K.A. Εθνικό Κέντρο Κοινωνικής Αλληλεγγύης - ΠΑΙΔΙΚΗ ΠΡΟΣΤΑΣΙΑ](#). Last consulted on 14 January 2025.

- The National SOS Hotline '1056' operated by the non-profitable organization 'The Smile of the Child'. The hotline is staffed exclusively by specialized psychologists and social workers and is available every day, all day long, free of charge and nationwide. The hotline receives anonymous reports about children at risk (e.g. abuse, trafficking, unaccompanied children).²⁷⁵

Professionals that report to competent authorities must disclose their identity. However, Article 6 of Law 4837/2021 mentions nonetheless that the child protection officer, as well as the other staff of the child protection institutions who report an incident of abuse, will not be charged, sued, disciplined, dismissed, or subjected to any other kind of sanctions or adverse treatment, for the incident they reported in the performance of their duties, unless they knowingly made an untrue report.²⁷⁶

Consequences/penalties for not reporting. If it is found that the child protection officer failed to notify without delay the reports of abuse referred to the competent authorities under Law 4837/2021, a fine of 5.000,00 EUR is imposed on the child protection body, which by the same decision is obliged to replace the child protection officer. In the event of a repeated infringement, within three years of the first infringement first detected, the fine shall be doubled.²⁷⁷

Lastly, Article 232 of the Criminal Code contains the obligation of every citizen to timely notify the authorities about the ongoing or eminent execution of a felony, in case they have obtained reliable information. The notification should take place at a time when it is still possible to prevent further execution or the result of the felony. If such notification was omitted and the felony was committed or at least attempted, the punishment foreseen is imprisonment of up to 3 years or a fine.

²⁷⁵ ΕΠΙΣΚΕΦΘΕΙΤΕ ΤΟ GOV.GR (2025). 1056 - Εθνική Τηλεφωνική Γραμμή SOS. Retrieved from: [1056 - Εθνική Τηλεφωνική Γραμμή SOS](#). Last consulted on 14 January 2025.

²⁷⁶ Greece. (2021). Law No. 4837: Prevention and treatment of cases of abuse and neglect of minors, "Kypseli" program to upgrade the quality of services provided in infant, infant, and kindergartens, provisions for the promotion of foster care and adoption, "Personal Assistant for People with Disabilities," and other provisions. Government Gazette A 178/1.10.2021. Retrieved from: [Wet 4837/2021 \(gecodificeerd\) - Staatscourant A 178/01.10.2021](#). Last consulted on 14 January 2025.

²⁷⁷ Article 11 Law 4837/2021.

1.2.15 HUNGARY

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 24 Eüak.; Section 17 Gyvt.	Doctors and other healthcare service providers and certain official bodies providing services relating to child protection, such as personal care providers, public education institutions, the police, the Public Prosecutor's Office, etc.	Section 24 (3) Eüak: suspicion that injury or illness of the child is a result of abuse, or neglect, or awareness of circumstances indicating abuse or neglect of the child. Section 17 (2) Gyvt.: acquiring information regarding the endangerment of a child or abuse or neglect of a child, that the child is subjected to other risk factors, or in the event of a serious risk factor of the child's own making.

Rules on professional confidentiality. The provisions regarding the obligation of professional confidentiality for healthcare professionals, including psychologists and psychotherapists are encompassed in the Eütv.

Section 25 (1) regulates the right of patients to medical privacy, stipulating that persons involved in the healthcare of patients should disclose information that comes to their knowledge, in particular patients medical and personal data, only to those entitled to receive them and that they should handle said information in accordance with the applicable legislation. Paragraph 2 stipulates that patients have the right to make a statement about who can be informed about their illness or its likely outcome, and who is excluded from partial or full access to their health data.²⁷⁸

The abovementioned obligation of professional confidentiality is reinforced under Section 7 (1) Eüak., stipulating that the controllers and processors of health data must keep medical information secret.²⁷⁹ Pursuant to Section 8 Eüak. patient care providers – which includes the general practitioners, or other persons involved in the treatment to the patient, professional healthcare employees, and pharmacists – are also bound by professional confidentiality in relation to other patient care providers who are not involved in the treatment of the patient concerned. Section 35 Eüak. extends the obligation of confidentiality to health data that was disclosed to the controller during their activities in a non-medical institution as well.

Apart from the abovementioned provisions, professional confidentiality is part of every code of ethics and conduct of every relevant association of healthcare professionals.²⁸⁰ For example, the code of ethics of the

²⁷⁸ Act CLIV of 1997 on Health. Hungary. (1997). Act CLIV of 1997 on Health. Retrieved from: [Eütv. - 1997. évi CLIV. törvény az egészségügyről - Hatályos Jogszabályok Gyűjteménye](#). Last consulted on 14 January 2025.

²⁷⁹ Hungary. (1997). Act XLVII of 1997 on the Processing and Protection of Health and Related Personal Data. Retrieved from: [Eüak. - 1997. évi XLVII. törvény az egészségügyi és a hozzájuk kapcsolódó személyes adatok kezeléséről és védelméről - Hatályos Jogszabályok Gyűjteménye](#). Last consulted on 14 January 2025.

²⁸⁰ The obligation of confidentiality is also described under point 5.1. of SzEK in relation to psychologists and point V.1. of PEK.

Hungarian Medical Association ('MOK') defines the malicious breach of professional confidentiality as a disciplinary offence.²⁸¹

Exceptions to professional confidentiality. Section 25 (3) Eütv. regulates that health data of a patient concerned shall be disclosed even in the absence of the patient's consent, if such disclosure is required by law, or is necessary to protect the life, physical integrity and health of others. Paragraph 4 allows for the disclosure of health data to the person providing further care or assistance to the patient, if the lack of knowledge of the relevant data might lead to harm in the health of the patient concerned.

Section 7 (2) Eüak. also stipulates that the controller is not bound by confidentiality if the transfer of health data has been authorized in writing by the data subject, or their legal representative, or if such transfer is required by law. Section 23 Eüak. Also, it regulates that health data can be transferred upon official requests from certain official bodies, such as the court, prosecution and investigation authorities, forensic experts, etc.

As exceptions to the general rules of professional confidentiality, Section 24 Eüak. contains reporting obligations for doctors or healthcare service providers providing treatment to the patient in case the patient concerned is suspected of having been a victim of a criminal act.

Mandatory reporting obligation. The obligation to report is regulated under Section 24 Eüak., and Section 17 Gyvt.

Section 24 (1) Eüak contains the obligation for doctors or healthcare service providers to report to the police the personal data of the patient in case a person suffered an injury that takes more than eight days to heal, if it is presumed that such injury stems from a criminal act, which might constitute a felony of aggravated battery under Section 164 (2) Btk., which is subject to public prosecution.

Paragraph 3 mentions that upon first treatment of a minor – with regards to Section 17 Gyvt. as well – the assigned doctor or a healthcare service provider must without haste inform the competent child welfare service, if it is suspected that the injury or illness of the child is a result of abuse, or neglect, or if they become aware of circumstances indicating abuse or neglect of the child.

The obligation to report is defined under section 17 (2) Gyvt. applies to certain official bodies providing services relating to child protection.²⁸² If such a body acquires information regarding the endangerment of a child, it should notify child protection services; if it acquires information regarding the abuse or neglect of a child, that the child is subjected to other risk factors, or in the event of a serious risk factor of the child's own making, it shall initiate official proceedings.

Coverage of the reporting. The reporting obligation under section 17 (2) Gyvt. applies to certain official bodies providing services relating to child protection. This includes, for example, health care providers, personal care providers, public education institutions, the police, the Public Prosecutor's Office, etc. Reporting initiatives can also be taken by any citizen and any civil society organization representing the interests of children.²⁸³

²⁸¹ Magyar Orvosi Kamara. (n.d.). Etikai kódex [Code of Ethics]. Retrieved from: [Magyar Orvosi Kamara - Etikai kódex](#). Last consulted on 14 January 2025.

²⁸² Hungary. (1997). Act XXXI of 1997 on the Protection of Children and Guardianship Administration (Gyvt.). Retrieved from: [Gyvt. - 1997. évi XXXI. törvény a gyermekek védelméről és a gyámügyi igazgatásról - Hatályos Jogszabályok Gyűjteménye](#). Last consulted on 14 January 2025.

²⁸³ Section 17 (1) and (2) Gyvt.

Requirements for the state of mind of the reporter. The obligation to report under Section 24 (3) Eüak applies when the doctor or healthcare service provider suspects that injury or illness of the child is a result of abuse, or neglect, or if they become aware of circumstances indicating abuse or neglect of the child.

The obligation to report under section 17 (2) Gytv. applies when an official body acquires information regarding the endangerment of a child or acquires information regarding the abuse or neglect of a child, that the child is subjected to other risk factors, or in the event of a serious risk factor of the child's own making. In this sense, a child shall mean any minor who has not yet reached the age of eighteen.²⁸⁴

The obligation to report will be more significant if the perceived circumstance the child is subjected to constitutes a heightened risk of endangerment. Such circumstances indicating a heightened risk of endangerment are:

- circumstances indicating sexual abuse, physical abuse or neglect, as they are determined in a separate ministerial decree,
- if the child attempted suicide, or has not been given healthcare treatment, basic child welfare services, professional child protection services, or psychic help.

Section 11/A of Decree No 15/1998 lists the circumstances indicating the above-mentioned heightened risk of endangerment. These circumstances are, for example circumstances indicating the sexual abuse of a child, non-accidental injury to the child's orifices caused by external impact, the pregnancy of a child under the age of 14, including where it is established that the unborn child was conceived before the age of 14 in the case of a pregnant child over the age of 14, etc.

Protections for the reporter. Pursuant to Section 17 (2a) Gytv., child welfare service providers and guardianship authorities must keep the data of the institution or of the person making the signal or initiative due to child abuse or neglect in a closed manner, even in the absence of a specific request aimed thereto.

Pursuant to Section 99 (1) évi XC, the court, the prosecution service and the investigating authority must keep the identification data of the person reporting a crime confidential.²⁸⁵ In other words, while the specific legislation does not include specific provisions for anonymous reporting, any identifying data provided during a report is treated confidentially.

Consequences/penalties for not reporting. Section 17 (4) Gytv. attaches disciplinary repercussions to failing to fulfil the obligation described under Section 17 (2) Gytv. The cited legal provision regulates that should someone bound by an obligation to report under Section 17(2) Gytv. fail to do so, the guardianship authority – either ex officio or upon notification – shall notify the disciplinary authority and suggests starting a disciplinary procedure against them.

Section 17 (4a) to (4c) Gytv. attach criminal consequences to failing to fulfil the signaling obligation determined under Section 17 (2) without undue delay, or within three working days, if it concerns a

²⁸⁴ Section 5 of the Child Protection Act: '(a) children: Act V of 2013 on the Civil Code (hereinafter: Civil Code) a minor within the meaning of Section 2:10 (1)'. Section 2:10 of the Civil Code: '(1) A minor is a person who has not attained the age of eighteen years. A minor shall attain majority on marriage'.

²⁸⁵ Article 99 (1) évi XC states: 'The court, the prosecution service, and the investigating authority shall order, upon a motion, the name, birth name, place and date of birth, mother's name, nationality, ID number, home address, contact address, the actual place of residence, service address, and electronic contact details of the aggrieved party, the party with a pecuniary interest, the other interested party, and the aide to any such person, to be processed confidentially (hereinafter "confidential data processing")'. See link: [Code of Criminal Procedure](#). Last consulted on 14 January 2025.

heightened risk of endangerment. These criminal consequences are embodied in Section 209/A Btk., which provides that any person, who breaches the obligation specified under Section 17 (4a) to (4c) Gylv., in relation to a circumstance indicating a heightened risk of a child being endangered, shall be punished by imprisonment for up to two years for the misdemeanor of *'failure to notify child protection'*.

1.2.16 IRELAND

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Children First Act 2015; Section 2 of the Criminal Justice Act 2012.	Children First Act 2015: certain mandated reporters, including healthcare professionals such as psychologists and psychotherapists, social and youth workers. Section 2 of the Criminal Justice Act 2012: any person.	Children First Act 2015: knowledge, belief, or reasonable grounds to suspect that a child has been harmed, is being harmed, or is at risk of being harmed. Section 2 of the Criminal Justice Act 2012: knowledge or belief that a Schedule 1 offence, has been committed by another person against a child.

Rules on professional confidentiality. Professional confidentiality is governed by a combination of ethical guidelines, legal frameworks, and professional regulations. From a legal perspective, confidentiality is shaped by the GDPR, the constitutional right to privacy under Article 40 of the Irish Constitution, Article 8 of the European Convention on Human Rights, and established case law. Additionally, contractual obligations may also mandate confidentiality.²⁸⁶

The Medical Council, for instance, emphasizes confidentiality as a cornerstone of the doctor-patient relationship in its Guide to Professional Conduct and Ethics for Registered Medical Practitioners. It supports trust and confidence and reassures patients that they can safely reveal information that is required to provide appropriate medical care.²⁸⁷

Similarly, psychotherapists adhere to confidentiality standards set out by the Irish Association for Counselling and Psychotherapy and the Irish Council for Psychotherapy. Principle 1 of the Irish Association for Counselling and Psychotherapy Code of Ethics and Practice requires practitioners to respect clients' privacy, ensuring no information that could identify them is shared without consent. This responsibility includes safeguarding against inadvertent breaches within overlapping confidential networks.²⁸⁸

Exceptions to professional confidentiality. Information can be disclosed in specific circumstances, typically for direct patient care with consent, when legally required or in public interest. Consent, whether implied or explicit, is usually required for sharing information, such as referring patients or communicating with third parties like solicitors.

²⁸⁶ MDU. (2024, January 8). Confidentiality and disclosure in the Republic of Ireland. Retrieved from: [Confidentiality and disclosure in the Republic of Ireland - The MDU](#). Last consulted on 14 January 2025.

²⁸⁷ Comhairle na nDochtúirí Leighis. (2024). Guide to professional conduct & ethics for registered medical practitioners (9th ed.). Retrieved from: [guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf](#). Last consulted on 14 January 2025.

²⁸⁸ Irish Association for Counselling and Psychotherapy. (n.d.). Code of ethics and practice for counsellors/psychotherapists. Retrieved from: [The Irish Association Code of Ethics](#). Last consulted on 14 January 2025.

Information can only be disclosed without consent in specific and limited circumstances. When disclosure is required by law or justified in the public interest, patients should be informed unless doing so would compromise the purpose of the disclosure.

Disclosure is legally obligated in situations such as:

- A court order issued by a judge.
- Requirements from a tribunal or statutory body established by law.
- Compliance with specific legislation.
- Obligations under infectious disease regulations.
- When knowing or reasonably believing that a crime involving sexual assault or violence has been committed against a child or vulnerable person.

In exceptional cases, disclosure may be warranted to protect individuals or society from significant harm, such as risks from serious communicable diseases or severe crimes. This requires carefully balancing the duty of confidentiality with the benefits to others or the broader public interest. Disclosure should be made solely to the appropriate authority or individual, with the information limited to what is strictly necessary to fulfill the intended purpose.²⁸⁹

Mandatory reporting obligation. Specifically, regarding children, persons under the age of 18 years except for those who are or have been married, the Children First Act 2015 imposes a legal duty on certain mandated persons to report concerns or suspicions of child abuse, including child sexual abuse, to the Child and Family Agency (Tusla). This reporting obligation aims to protect and promote the welfare of children and provide appropriate intervention and support for victims of child sexual abuse. Failure to fulfill this reporting obligation may result in legal consequences.²⁹⁰

On the other hand, Section 2 of the Criminal Justice Act 2012 foresees a general obligation to report. It states that any person needs to report as soon as it is practicable to do so to a member of the Garda Síochána.²⁹¹

Coverage of the reporting. The reporting obligation applies to a range of professionals, as outlined in Schedule 2 of the Children First Act 2015. This includes healthcare professionals such as psychologists and psychotherapists, teachers, social and youth workers, and members of the Garda Síochána (Irish police force), among others. Section 2 of the Criminal Justice Act 2012, on the other hand, applies to any person.

²⁸⁹ Comhairle na nDochtúirí Leighis. (2024). Guide to professional conduct & ethics for registered medical practitioners (9th ed.). Retrieved from: [guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf](#). Last consulted on 14 January 2025.

²⁹⁰ The mandated person is not required to make a report if they know or believe that a child aged 15 years or more but less than 17 years is engaged in sexual activity with a partner who is not more than 2 years older, and there is no material difference in capacity or maturity between the parties engaged in the sexual activity, and the relationship between them is not intimidatory or exploitative. Government of Ireland. (2015). Children First Act 2015. Retrieved from: [Children First Act 2015](#). Last consulted on 14 January 2025.

²⁹¹ Government of Ireland. (2012). Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Section 2. Retrieved from: [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012, Section 2](#). Last consulted on 14 January 2025.

Requirements for the state of mind of the reporter. The reporting obligation under the Children First Act 2015 is triggered when a mandated person knows, believes, or has reasonable grounds to suspect that a child has been harmed, is being harmed, or is at risk of being harmed based on information they receive, acquire, or become aware of in the course of their employment or profession as a mandated person.

In that regard, harm means, in relation to a child, assault, ill-treatment or neglect of the child in a manner that seriously affects or is likely to seriously affect the child's health, development or welfare, or sexual abuse of the child, whether caused by a single act, omission or circumstance or a series or combination of acts, omissions or circumstances, or otherwise.²⁹²

According to Section 2 of the Criminal Justice Act 2012, the general obligation to report applies if:

- he or she knows or believes that an offence, that is a Schedule 1 offence, has been committed by another person against a child; and
- he or she has information which he or she knows or believes might be of material assistance in securing the apprehension, prosecution or conviction of that other person for that offence.²⁹³

The offences under Schedule 1 include various types of offences against children, including for example rape, sexual assault, aggravated sexual assault and endangerment.²⁹⁴

Protections for the reporter. Mandated persons are required to include their identity when submitting a report of a mandated concern, as anonymous reporting does not comply with the obligations set out in the Children First Act.²⁹⁵

Consequences/penalties for not reporting. Failure to report may result in the offense of 'withholding information on offenses against children and vulnerable persons' under the Criminal Justice Act 2012. This offense carries penalties, including fines or imprisonment depending on the gravity of the circumstances.²⁹⁶

²⁹² Government of Ireland. (2015). Children First Act 2015, Section 2. Retrieved from: [Children First Act 2015, Section 2](#). Last consulted on 14 January 2025.

²⁹³ Government of Ireland. (2012). Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Section 2. Retrieved from: [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012, Section 2](#). Last consulted on 14 January 2025.

²⁹⁴ Government of Ireland. (2012). Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Schedule 1. Retrieved from: [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012, Schedule 1](#). Last consulted on 14 January 2025.

²⁹⁵ Tusla - Child and Family Agency. (3 February 2025). How do I report a concern about a child? Retrieved from: [How do I report a concern about a child?Tusla - Child and Family Agency](#). Last consulted on 3 February 2025.

²⁹⁶ Government of Ireland. (14 January 2025). Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012, Section 7. Retrieved from: [Criminal Justice \(Withholding of Information on Offences against Children and Vulnerable Persons\) Act 2012, Section 7](#). Last consulted on 14 January 2025.

1.2.17 ITALY

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 361, 362 and 365 of the Criminal Code.	Healthcare professionals working in private practice, public officials, individuals providing public services, local social services operators, family counselling services operators, family homes operators.	Awareness of a prosecutable crime ex officio, which includes sexual violence against minors, CSAM offences, and abuse within the family.

Rules on professional confidentiality. Healthcare professionals are required to maintain strict confidentiality.

Under Article 10 of the Code of Medical Ethics, a physician must maintain confidentiality regarding everything entrusted to them or of which they become aware during their professional practice. The physician must also inform their collaborators of the obligation of professional confidentiality.²⁹⁷

In addition, Article 11 of the Code of Ethics for Psychologists mentions that psychologists are strictly bound by professional confidentiality. Therefore, they do not disclose news, facts or information learned due to their professional relationship, nor do they inform about the professional services planned or carried out.²⁹⁸

Breaching professional confidentiality is considered a disciplinary offense and, in severe cases, can lead to a criminal offense punishable by the State.

According to Article 622 of the Criminal Code, anyone who, by virtue of their status, office, profession, or skill becomes aware of a secret and discloses it without just cause, or uses it for their own or another's benefit, shall be punished if such conduct may cause harm, with imprisonment for up to one year or a fine.

The penalty is increased if the act is committed by administrators, general managers, officers responsible for preparing corporate accounting documents, statutory auditors, or liquidators, or by those who perform the statutory audit of the company. However, the offense is prosecutable only upon complaint by the injured party.²⁹⁹

Exceptions to professional confidentiality. Professional confidentiality is a cornerstone of healthcare practice in Italy, but there are several exceptions where confidentiality may be overridden.

According to Article 10 of the Code of Medical Ethics, disclosure of patient information is allowed when justified by a legitimate cause, such as fulfilling a legal obligation (e.g., reporting to judicial authorities,

²⁹⁷ Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri. (16 December 2006). Codice di Deontologia Medica. Retrieved from: [Documento2](#). Last consulted on 14 January 2025.

²⁹⁸ Consiglio Nazionale Ordine Psicologi. (n.d.). Testo vigente del Codice Deontologico degli Psicologi Italiani. Retrieved from: [Testo vigente del Codice Deontologico degli psicologi italiani - CNOP](#). Last consulted on 14 January 2025.

²⁹⁹ See Article 622, Criminal Code. Italy. (1930). Royal Decree No. 1398 of 19 October 1930, Approval of the final text of the Criminal Code. Gazzetta Ufficiale. Retrieved from: [Gazzetta Ufficiale](#). Last consulted on 14 January 2025.

mandatory health reports, notification of infectious diseases, or other mandatory certifications). Furthermore, physicians are permitted to share a patient's health situation with other medical professionals, such as general practitioners or specialists, to ensure continuity of medical care. In addition, a physician can disclose information when the patient has given explicit consent for such disclosure.³⁰⁰

Psychologists are strictly bound by professional confidentiality, except under specific circumstances outlined in the following articles. Article 12 of the Code of Ethics for Psychologists allows for exceptions when the psychologist obtains valid and demonstrable consent from the person receiving the service. However, psychologists must carefully consider whether disclosing information is necessary, prioritizing the psychological protection of the individual.

In addition, Article 13 of the Code of Ethics for Psychologists highlights further exceptions, such as when a psychologist is legally obligated to report certain information to judicial authorities. In such cases, the psychologist is required to limit disclosure to only what is strictly necessary for the legal obligation. Additionally, confidentiality may be partially or fully waived if there is a serious risk to the life or health of the person or others. Article 14 of the Code of Ethics for Psychologists specifies that, when working with groups, psychologists must inform respondents about confidentiality rules and ensure that individuals respect each other's privacy.

In collaborative settings with other professionals bound by confidentiality, Article 15 of the Code of Ethics for Psychologists allows psychologists to share information, but only to the extent necessary and with the consent of the person receiving the service.

From a criminal procedural standpoint, healthcare professionals cannot be compelled to testify about matters covered by professional confidentiality, except in situations where they are obligated to report to the judicial authority.³⁰¹

Mandatory reporting obligation. All people who exercise a healthcare profession have an obligation to report the most serious crimes to the Judicial Authority or to an authority that is required to report to the judicial authority, such as the police. These crimes are those that can be prosecuted without a request from the victim (i.e. *ex officio*).³⁰² However, healthcare professionals are not obligated to report if doing so would expose their patient to criminal prosecution.³⁰³ A similar reporting obligation exists for public officials, public service officers, and social workers.³⁰⁴

Coverage of the reporting. The reporting obligation applies to healthcare professionals working in private practice, public officials (such as teachers or social workers), individuals providing public services (such as doctors and other healthcare professionals), local social services operators, family counselling services operators, family homes operators.

Requirements for the state of mind of the reporter. The reporting obligation is triggered when a public official, for example a social worker, becomes aware, in the course of their duties, of a crime that can be

³⁰⁰ Article 11 and 12 of the Code of Medical Ethics.

³⁰¹ See Article 200, Code of Criminal Procedure. Italy. (n.d.). Italian Code of Criminal Procedure. CanestriniLex. Retrieved from: [Italian-Code-of-Criminal-Procedure-canestriniLex.pdf](#). Last consulted on 14 January 2025.

³⁰² Healthcare professionals must report such crimes if they become aware of them during their profession. See Article 365 of the Criminal Code. Italy. (1930). Royal Decree No. 1398 of 19 October 1930, Approval of the final text of the Criminal Code. Gazzetta Ufficiale. Retrieved from: [Gazzetta Ufficiale](#). Last consulted on 14 January 2025; Article 334 of the Criminal Procedure Code.

³⁰³ Article 365 of the Criminal Code explicitly states that the reporting obligation does not apply when reporting would subject the assisted person to criminal prosecution.

³⁰⁴ See Article 361 and 362 of the Criminal Code and 331 of the Criminal Procedure Code.

prosecuted *ex officio*. For healthcare professionals, the obligation to report is triggered when they provide assistance in cases that may involve characteristics of a prosecutable crime *ex officio*.

In other words, the reporter must be aware of a specific crime, which includes sexual violence against minors, CSAM offences, and abuse within the family. All forms of violence against minors, including witnessing violence, are considered crimes that can be prosecuted *ex officio*.

Protections for the reporter. The mandated reporters are required to provide their names when making a report. However, if anonymous reports are received, the public prosecutor, with the assistance of the police, can still conduct investigations. Those obligated to report are exempt from professional confidentiality, except for priests, and are protected from sanctions.³⁰⁵

Consequences/penalties for not reporting. Failure to report a crime that can be prosecuted *ex officio*, of which one has become aware in the performance of their duties, can result in criminal sanctions. Public officials, public service officers, and healthcare professionals who fail to report such crimes may face fines and disciplinary penalties, including work suspension and other disciplinary measures.³⁰⁶

³⁰⁵ Article 332 - 334 of the Criminal Procedure Code.

³⁰⁶ Article 365 of the Criminal Code

1.2.18 LATVIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 73 of the Law on the Protection of the Children's Rights.	Any person, including employees of healthcare and education institutions, providers of social services, police employees, State and local government officials and employees.	Suspicion of any violation of law against a child and the existence of circumstances which may endanger the life or health of the child or other persons.

Rules on professional confidentiality. The Psychologist Law, specifically Section 12 (3), establishes the principle of confidentiality, stating that psychologists are prohibited from disclosing any data, information identifying a customer or client, or any personal information related to the customer or client that has been obtained through the fulfilment of professional duties.³⁰⁷

Exceptions to professional confidentiality. A psychologist is prohibited from disclosing such information except in specific circumstances provided by laws and regulations. These exceptions include situations where disclosure is necessary to protect the rights and interests of a child or to prevent harm. For example, under Section 16 of the Psychologist Law, a psychologist must immediately, but no later than 24 hours, notify law enforcement or other competent institutions if there are reasonable suspicions that failing to address known circumstances could result in a criminal offense against a person's life, health, morality, or sexual inviolability.³⁰⁸

Additionally, a psychologist may share information with a client, their employer, or other relevant parties only to the extent necessary for professional purposes and exclusively with those closely connected to the case. Such disclosures must remain within the professional context, and the psychologist is required to inform all relevant parties about the confidentiality restrictions inherent to their role.³⁰⁹

Section 14 further reinforces the duty of confidentiality, prohibiting psychologists from disclosing client information to third parties unless explicitly allowed by laws or regulations.

Mandatory reporting obligation. There is a mandatory reporting obligation in Latvia for the protection of children's rights.

Section 70 of the Law on the Protection of the Children's Rights emphasizes the responsibility of individuals and institutions tasked with protecting children's rights to provide assistance to any child in need. This obligation requires a thorough evaluation of the child's specific needs and the circumstances of their situation. If there is uncertainty about a person's age, they must be treated as a minor until their age is verified, ensuring they receive the necessary support and care.

Under Section 73 of the Law on the Protection of the Children's Rights, every individual has the obligation to immediately notify the police, the Child Protection Centre, the Orphan's and Custody Court, or social services of any violation of law against a child and also if the person suspects that a child is in possession of objects, substances, or materials, or that such circumstances exist which may endanger the life or health of the child or other persons.

³⁰⁷ Saeima. (2017). Psihologu likums [Psychologists Law]. Latvijas Vēstnesis, 75. Retrieved from: [Psihologu likums](#). Last consulted on 14 January 2025.

³⁰⁸ Section 16 (4) of the Psychologist Law.

³⁰⁹ Section 16 (3) of the Psychologist Law.

Employees of healthcare and education institutions, providers of social services, police employees, State and local government officials and employees, and also other persons the performance of work or service duties whereof affects or might affect the rights and legal interests of a child and who are aware of the violation of the rights of a child and fail to notify the authorities, shall be held disciplinarily or otherwise liable for failure to notifying as laid down in the law.³¹⁰

Coverage of the reporting. The reporting obligations apply to any person and to employees of healthcare and education institutions, providers of social services, police employees, State and local government officials and employees.

Protection applies to any person, without any restrictions based on age. A child is defined as a person who has not attained 18 years of age, except for those who have been declared of legal age or have entered a marriage before reaching 18 years of age.

Requirements for the state of mind of the reporter. The reporting obligation is triggered when suspecting any violation of law against a child or the existence of circumstances that may endanger the life or health of the child or others. If there are reasonable grounds to suspect a violation of a child's rights or circumstances endangering their well-being, immediate reporting is necessary.

Protections for the reporter. There is a national police hotline (110) where people can report offences against children. This hotline is anonymous.³¹¹

There is also the Child and Adolescent Helpline (116 111) of the State Inspectorate for the Protection of the Rights of the Child, which is a free 24-hour helpdesk providing professional psychological assistance and support in crisis situations. The hotline is designed to provide psychological help to children and adolescents, as well as support in crisis situations. Reporting is also anonymous here.³¹²

Consequences/penalties for not reporting. Failure to fulfil the reporting obligation can result in disciplinary or other forms of liability for individuals who are aware of a violation of a child's rights but fail to notify the relevant authorities, as specified in the Law on the Protection of Children's Rights.

However, this applies only to employees of healthcare and education institutions, providers of social services, police employees, State and local government officials, and other individuals whose work or service duties affect or may affect the rights and legal interests of a child.³¹³

³¹⁰ Saeima. (1998). Bērnu tiesību aizsardzības likums [Law on the Protection of the Rights of the Child]. Latvijas Vēstnesis, 199/200. Retrieved from: [Bērnu tiesību aizsardzības likums](#). Last consulted on 14 January 2025.

³¹¹ Valsts policija. (2020, June 13). Kā ziņot policijai [How to report to the police]. Retrieved from: [Kā ziņot policijai | Valsts policija](#). Last consulted on 14 January 2025.

³¹² Child Helpline International. (2022). Latvia: Uzticības Talrunis – Child and Adolescent Helpline 116 111. Retrieved from: [Latvia: Uzticības Talrunis – Child and Adolescent Helpline 116 111 – Child Helpline International](#). Last consulted on 14 January 2025.

³¹³ Section 73 (2) of the Law on the Protection of the Children's Rights.

1.2.19 LITHUANIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 29 (3) and Article 35 (3)(2) of the Law on the Framework of Protection of the Rights of the Child of the Republic of Lithuania; Article 238 of the Criminal Code.	Any person, regardless of their profession.	Reasonable information that an offence has been or may have been committed against a child/person under the age of 18.

Rules on professional confidentiality. Article 8 of the Law on Patients' Rights and Compensation for Damage to Health of the Republic of Lithuania establishes the right of individuals to inviolability of their private life.³¹⁴ According to this Article, information about the facts of the patient's life may be collected only with patient's consent and only if necessary for diagnosing, treating the disease or nursing the patient.

Any information about the patient's stay in a health care institution, his treatment, state of health, diagnosis, prognoses and treatment, as well as any other personal information about the patient shall be considered confidential even after the death of the patient. After the patient's death, his testamentary and statutory heirs, spouse, parents and children shall be entitled to receive information.³¹⁵

According to Article 10, a patient also has the right to anonymous health care. Patients who are at least 16 years old and suffer from a list of diseases established by the Government or an authority authorized by it have the right to receive health care services without disclosing their identity. The procedure for the provision of health care services without disclosure of the person's identity is regulated by the Government or an authority authorized by it. According to the Order approved by the Minister of Health of the Republic of Lithuania these diseases do not include sexual preference disorders.³¹⁶

In addition, Article 45 (1) (7) of the Law on Health Care Institutions of the Republic of Lithuania, a personal healthcare institution is obliged to protect the confidentiality of a patient's medical information, except in instances where disclosure is permitted by law, or the patient has consented to the release of their medical details.³¹⁷

Article 52 (3) of the Law on the Health System of the Republic of Lithuania stipulates that it is prohibited for public, complementary and alternative health care professionals to violate the confidentiality of a person's private life or of the personal health information that constitutes a personal health secret and that they have learned about in the course of performing their professional duties, except in cases provided for by law.³¹⁸

A person who without the consent of a person, publishes, uses or exploits for the benefit of another person information about the private life of another person, if he or she has obtained such information by virtue of his or her office or profession or in the course of performing a temporary task, or has collected such information in the course of committing an offence provided for in Articles 165-167 of the Criminal Code of

³¹⁴ Law on Patients' Rights and Compensation for Damage to Health of the Republic of Lithuania (Official Gazette, 23.10.1996, No. 102-2317).

³¹⁵ Article 8 (3) Law on Patients' Rights and Compensation for Damage to Health of the Republic of Lithuania.

³¹⁶ Official Gazette, 27-02-2010, No. 24-1151.

³¹⁷ Law on Health Care Institutions of the Republic of Lithuania (Official Gazette, 12.07.1996, No. 66-1572).

³¹⁸ Law on the Health System of the Republic of Lithuania (Official Gazette, 17.08.1994, No. 63-1231)

the Republic of Lithuania, shall be punished by a fine or restriction of liberty or arrest penalty or imprisonment for up to three years.

A legal person shall also be liable for an offence under this Article. A person shall be liable for an offence under this Article only if there is a complaint by the victim or a statement by his legal representative or a request by the public prosecutor.³¹⁹

Exceptions to professional confidentiality. Article 8 (4) of the Law on Patients' Rights and Compensation for Damage to Health of the Republic of Lithuania states that confidential information may be disclosed to other persons only subject to the patient's written consent specifying the grounds for disclosing such information and the purposes of its use, unless the patient has indicated in the medical records, in a signed document, the specific person entitled to receive such information, as well as the scope and conditions of disclosure of such information. The patient shall have the right to specify the persons to whom confidential information may not be disclosed.

People directly involved in the treatment, care or medical examination of the patient may be provided with confidential information without the patient's consent if and to the extent necessary to protect the patient's interests. If the patient is considered incapable of making a reasonable assessment of his or her own interests and consent is lacking, confidential information may be disclosed to the patient's representative, spouse, cohabitant, parent, adopter or adult child to the extent necessary to protect the patient's interests. If the designated people are not available or cannot be contacted as quickly as necessary, confidential information may be disclosed to an adult sibling of the patient, or an adult grandchild or grandparent of the patient, upon their request, to the extent necessary to protect the patient's interests.³²⁰

In addition, Article 9 stipulates that confidential information may be disclosed without the patient's consent in accordance with the procedure established by legal acts to state institutions which are entitled under laws of the Republic of Lithuania to obtain confidential information about the patient, as well as to the persons specified in paragraph 8 of Article 23 of this Law. Confidential information may be disclosed to these people only on their written request specifying the grounds for this request for confidential information, the purposes of its use and the scope of the required information. In all cases the disclosure of confidential information must conform to the principles of reasonableness, fairness and priority of the patient's rights and interests. Any unlawful collection and use of confidential information about the patient shall entail liability in accordance with the procedure established by legal acts.

The patient's right to privacy shall be ensured based on the assumption that the patient's interests and well-being outweigh the public interests. The application of this provision may be restricted in the cases specified by laws when necessary for the protection of public security, crime prevention, public health or the rights and freedoms of other people. Health care institutions must immediately notify law enforcement institutions of the injured patients to whom the injury could have been caused by a criminal act.

Article 13 (3) of the Law on Health Care Institutions of the Republic of Lithuania mentions that the institutions of the national health care system of the Republic of Lithuania are obliged to provide written information, including confidential information, about the patient and the services provided to the patient in accordance with the procedure and on the grounds established by the Law on Compensation for the Damage to the Patient's Rights and Health and other legal acts.

³¹⁹ Article 168 of the Criminal Code of the Republic of Lithuania (Official Gazette, 25.10.2000, No. 89-2741).

³²⁰ Article 8 (4) the Law on Patients' Rights and Compensation for Damage to Health of the Republic of Lithuania.

Moreover, Article 52 (3) of the Law on the Health System of the Republic of Lithuania stipulates that disclosure is only allowed in cases provided for by law.

Mandatory reporting obligation. In Lithuania, there is a reporting obligation of criminal offenses or any form of violence against children. Article 29 (3) of the Law on the Framework of Protection of the Rights of the Child of the Republic of Lithuania stipulates that a natural or legal person who learns or has reasonable information about a child who has been the victim of an offence provided for in the Criminal Code of the Republic of Lithuania and who may need assistance in this respect, shall inform the police or the State Service for the Protection of the Rights of the Child and the Office for the Rights of the Child and Adoption or a territorial division authorized by it.³²¹

Pursuant to Article 35 (3) (2), employees of educational, personal health care, child rights protection, social services, law enforcement and other institutions and bodies, non-governmental organizations whose work is related to the upbringing, education, care or safety of children shall be obliged to immediately inform the police or the State Agency for the Protection of Children's Rights and Adoption, or who have substantiated information about a criminal offence against a child referred to in Article 29 (1), shall be obliged to immediately inform the police or the State Agency for the Protection of Children's Rights and Adoption or a territorial body authorized by it about the committed or potentially committed criminal offence.

The State Office for the Protection of the Rights of the Child and Adoption, or the territorial department authorized by it, upon discovering that an offence against a child referred to in Article 29 (1) has been committed or may have been committed, shall immediately take the measures referred to in Article 36 (5) of this Law.

In addition, Article 238 of the Criminal Code provides that a person who, without a valid reason, fails to report to a law enforcement body or a court a very serious crime that he or she knows has been committed or is about to be committed shall be punished by community service or a fine or by arrest or deprivation of liberty for up to one year.³²²

Coverage of the reporting. The reporting obligation applies to all individuals, regardless of their profession.

Requirements for the state of mind of the reporter. The reporting obligation applies when a person has reasonable information that an offence has been or may have been committed against a child, which is defined as any person under the age of 18. No distinction is made between offences. The law and other legislation do not define the criteria for the validity of information.

However, according to Article 236 of the Criminal Code of the Republic of Lithuania, anyone who falsely accuses an innocent person of committing a crime before a body or official authorized to initiate criminal proceedings, if this has led to the initiation of criminal proceedings against that person, or who reports a crime which is known to be unrelated, shall be punished by community service or a fine or imprisonment for up to two years.

Protections for the reporter. A report can be made anonymously. However, an anonymous message may be left unexamined. In the cases provided by the Law on Public Administration, the requests of individuals may not be considered (for example, if it is not possible to identify the person who submitted the request, if the

³²¹ Article 29 (3) of the Law on the Framework of Protection of the Rights of the Child of the Republic of Lithuania (Official Gazette, 12.4.1996, No. 33-807).

³²² Infolex. (2000). Lietuvos Respublikos baudžiamasis kodeksas (Žin., 2000, Nr. 89-2741). Retrieved from: [Baudžiamasis kodeksas](#). Last consulted on 14 January 2025.

content of the request is not specific, unclear, etc.). In the case of anonymous reports, the reporter may not be informed about the progress of the examination of the event and the decisions made.³²³

Consequences/penalties for not reporting. According to Article 75 of the Code of Administrative Offences of the Republic of Lithuania, failure to inform the State Office for Protection of Children's Rights and Adoption, the police or the Prosecutor's Office about violations of children's rights by parents, other legal representatives of the child and other persons shall be punished by a warning or a fine of 30 to 120 euro for the heads of educational, upbringing, health care and other institutions and establishments under the supervision of the child, other employees and other persons.

Knowingly providing false information to the State Agency for the Protection of Children's Rights and Adoption on the need to protect the rights and interests of a minor shall be punishable by a fine of 30 to 140 euros.³²⁴

In addition, Article 238 of the Criminal Code provides that a person who, without a valid reason, fails to report to a law enforcement body or a court a very serious crime that he or she knows has been committed or is about to be committed shall be punished by community service or a fine or by arrest or deprivation of liberty for up to one year. Close relatives and family members of the offender shall not be held liable for failing to report a crime.

The Criminal Code establishes a link between the seriousness of a crime and the penalty for an intentional crime. Intentional crime is considered serious if it is punishable by more than 10 years' imprisonment.³²⁵ In the context of this analysis, such offences are rape of a minor (under 14 years of age),³²⁶ and sexual abuse of a minor.³²⁷

³²³ ePolicija.lt. (2025). Report to the police. Retrieved from: [ePolicija.lt](https://epolicija.lt). Last consulted on 14 January 2025.

³²⁴ Article 75 of the Code of Administrative Offences of the Republic of Lithuania (Register of Legal Acts, 10.7.2015, No. 11216). Republic of Lithuania. (2015). Article 75 of the Code of Administrative Offences of the Republic of Lithuania (Register of Legal Acts, No. 11216). Retrieved from: [XII-1869 Lietuvos Respublikos administracinių nusižengimų kodekso patvirtinimo, įsigaliojimo ir įgyvendini...](#). Last consulted on 14 January 2025.

³²⁵ Article 11 (6) of the Criminal Code.

³²⁶ Article 149 (4) of the Criminal Code.

³²⁷ Article 150 (4) of the Criminal Code.

1.2.20 LUXEMBOURG

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 410-1 and Article 140 of the Criminal Code; Article 23 (2) of the Code of Criminal Procedure.	Any person.	Knowledge of a person exposed to a serious danger.

Rules on professional confidentiality. The Act of 26 March 1992 on the practice and enhancement of certain health professions, establishes the duty of professional confidentiality for individuals practicing these professions, including nurses, psychiatric nurses, social workers, occupational therapists, and others.³²⁸

In addition, the Appendix to the Code of Ethics for Certain Healthcare Professions emphasizes the obligation of professional confidentiality.³²⁹ It states that all healthcare professionals, regardless of their specific profession, are bound by professional confidentiality as defined by the law. This means that healthcare professionals must maintain strict confidentiality regarding all information they become aware of during their professional activities.

Exceptions to professional confidentiality. Healthcare professionals may deviate from professional confidentiality in cases authorized by law. However, if healthcare professionals become aware that a minor, a disabled person, a person deprived of their liberty, or any other person is exposed to serious danger or is a victim of abuse or deprivation, they have the obligation to take appropriate steps to protect the person and, if necessary, alert the competent authorities.³³⁰

Mandatory reporting obligation. According to Article 410-1 of the Criminal Code, any person who, without serious danger to himself or to others, voluntarily refrains from coming to the aid or providing assistance to a person exposed to a serious danger, or to a fine of between 251,00 and 10.000,00 EUR, or by one of these penalties only, shall be punished by imprisonment for a period of eight days to five years and a fine of between 251 euros and 10,000 euros, or by one of these penalties only, or because this situation has been described to him by those who request his intervention. There is no offence when the person requested has taken all the necessary steps to provide assistance through specialized services.³³¹

In addition, it is also a punishable crime, seen as obstruction of justice if someone has some information on a possible crime. Article 140 of the Criminal Code states that anyone who has knowledge of a crime whose effects can still be prevented or limited, or whose perpetrators are likely to commit new crimes that could be prevented, fails to inform the judicial or administrative authorities is punishable by a prison sentence of one to three years and a fine of between 251,00 and 45.000,00 EUR.

³²⁸ Article 15 of the Act of 26 March 1992 on the practice and enhancement of certain health professions: *‘Persons exercising one of these professions and students in training are bound by professional secrecy under the conditions and subject to the reservations set out in article 458 of the criminal code’*. See link: [TEXTE COORDONNÉ de la loi modifiée du 26 mars 1992 sur l'exercice et la revalorisation de certaines profess... - Strada lex Luxembourg](#). Last consulted on 14 January 2025.

³²⁹ Article 15 of the Appendix Code of Ethics for Certain Healthcare Professions. See link: [A - N° 184 / 18 octobre 2010](#). Last consulted on 14 January 2025.

³³⁰ Article 16 of the Appendix Code of Ethics for Certain Healthcare Professions.

³³¹ See link: [Journal officiel du Grand-Duché de Luxembourg](#). Last consulted on 14 January 2025.

The following are excepted from the foregoing provisions, except in the case of crimes committed against minors:

- the direct relatives and their spouses, as well as the siblings and their spouses, of the perpetrator or accomplice of the crime;
- the spouse of the perpetrator or accomplice of the crime, or the partner within the meaning of the amended Act of 9 July 2004 on the legal effects of certain partnerships;
- persons bound by professional confidentiality and referred to in article 458 of the Criminal Code.³³²

There is also a mandatory reporting obligation for professionals who work with children. According to Article 23 (2) of the Code of Criminal Procedure,³³³ any person working with children as part of their profession, including legal authorities, public officers, officials, and employees or agents responsible for a public service mission, must report any events likely to constitute a crime or offense immediately to the public prosecutor.

This obligation applies regardless of any rules regarding confidentiality or professional confidentiality that may be applicable to them. They should report the matter to the public prosecutor's office, the child protection services, or the Grand-Ducal Police, depending on the nature of the abuse and the urgency of the situation.³³⁴ It is essential to provide accurate and detailed information in the report, including the facts observed, what the child has said, and relevant personal details.

Coverage of the reporting. The obligations pursuant to Article 410-1 and 140 of the Criminal Code apply to any person.

The reporting obligation under Article 23 (2) of the Code of Criminal Procedure covers all professionals who work with children, whether they are obliged or appointed by virtue of public or private law, in particular in the fields of education, health and public assistance. The protection applies to any individual below the age of 18 years.

Requirements for the state of mind of the reporter. According to Article 410-1 of the Criminal Code, any person must report, unless it causes serious danger to himself or others, in case of knowledge of a person exposed to a serious danger.

The report under Article 23 (2) of the Code of Criminal Procedure encompasses various types of child abuse and child sexual abuse. Sexual abuse includes both physical and non-physical forms, such as rape, indecent assault, sexual harassment, corruption of children, child endangerment, and public indecency. The reporting is based on the professional's suspicion or knowledge of events that may constitute a crime or offense.

³³² Article 140 (2) of the Criminal Code.

³³³ Article 23(2) of the Code of Criminal Procedure states: 'Any legal authority, public officer or official, and any employee or agent responsible for a public service mission – whether they are obliged or appointed by virtue of the provisions of public or private law – who, while performing their duties, gain knowledge of events likely to constitute a crime or offence, are required to provide notification of such events immediately to the public prosecutor and to provide this magistrate with all information, reports and documents relevant to the case, notwithstanding any rules regarding confidentiality or professional secrecy that may be applicable to them'. Grand-Duché de Luxembourg. (2020). Code de procédure pénale (Journal officiel, 20 March 2020). Retrieved from: [Code de procédure pénale - Legilux](#). Last consulted on 14 January 2025.

³³⁴ Article 7 of the Child Protection Law of 10 August 1992, as amended, also states that the juvenile court judge or the public prosecutor must be informed of any suspicion that a child is in danger.

If professionals notice signs of distress or suspect that a child has been or is a victim of sexual abuse, they should liaise with others in their institution and external specialists and should report this child to the public prosecutor's office (if applicable, the child protection department).

Protections for the reporter. Any person must report, unless it would serious danger to himself or others, in case of knowledge of a person exposed to a serious danger. The person can decide to contact the police by visiting the police station or in writing, the public prosecutor's office - youth protection in writing or the Youth and Guardianship Court in writing. Reporting here is not anonymous.³³⁵

In addition, a report of various types of child abuse and child sexual abuse can also be made on the 'BeeSecureStopline' website. The reports made on this website are not anonymous.³³⁶ There is also helpline 2060 1060 for anyone who experiences, resorts to or witnesses domestic or gender-based violence, where a report can be made anonymously.³³⁷

Consequences/penalties for not reporting. Failure to report may under Article 410-1 of the Criminal Code lead to punishment by imprisonment for a period of eight days to five years and a fine of between 251 euros and 10,000 euros, or by one of these penalties only.

Article 140 of the Criminal Code states that anyone who has knowledge of a crime whose effects can still be prevented or limited, or whose perpetrators are likely to commit new crimes that could be prevented, fails to inform the judicial or administrative authorities is punishable by a prison sentence of one to three years and a fine of between 251,00 and 45.000,00 EUR.

³³⁵ La Justice du Grand-Duché de Luxembourg. (2025). Service central d'assistance sociale - le service de la protection de la jeunesse. Retrieved from: [Service central d'assistance sociale - le service de la protection de la jeunesse - Aides et informations - La Justice - Luxembourg](#). Last consulted on 14 January 2025.

³³⁶ BEE SECURE Stopline. (2025). Report. Retrieved from: [Report - BEE SECURE Stopline](#). Last consulted on 14 January 2025.

³³⁷ Le Gouvernement du Grand-Duché de Luxembourg. (2025). Violence.lu. Retrieved from: [Violence.lu](#). Last consulted on 14 January 2025.

1.2.21 MALTA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 9 (1) of the Minor Protection (Alternative) Act.	Any professional.	Knowledge of an act causing or which may cause significant harm to a minor or which constitutes a criminal offence on a minor or has knowledge that a minor needs care.

Rules on professional confidentiality. According to Article 257 of the Criminal Code, anyone who, by virtue of their status, profession, or office, has become the keeper of a secret entrusted to them, and who discloses this secret shall, upon being found guilty, be liable to a fine not exceeding 4687,47 EUR or imprisonment for a period not exceeding two years, or both such fine and imprisonment.³³⁸

In addition, Article 3 of the Professional Secrecy Act further emphasizes the duty of professional confidentiality.³³⁹ It specifies that professionals falling within the scope of Article 257 include regulated medical professionals, advocates, notaries, legal procurators, social workers, psychologists, and others. Failure to comply can result in fines up to €46,587.47 or imprisonment for up to two years.

Exceptions to professional confidentiality. The obligation of professional confidentiality does not apply in cases where the law obliges them to inform public authority.

In addition, notwithstanding the provisions of any other law, it shall be a valid defense to demonstrate that the disclosure was made to a competent public authority in Malta or abroad investigating an act or omission committed in Malta which constitutes an offense, or if the act occurred abroad under equivalent circumstances that would constitute an offense in Malta:

- One of the offenses referred to in Article 22(2)(a)(i) of the Dangerous Drugs Ordinance.
- One of the offenses referred to in Article 120A(2)(a)(i) of the Medical and Allied Professions Ordinance.
- An offense of money laundering as defined under the Prevention of Money Laundering Act.³⁴⁰

Mandatory reporting obligation. Malta has a mandatory reporting obligation in cases of suspected child abuse.

Any person who has reason to believe that a minor is suffering, or is at risk of suffering, significant harm, may report the circumstances according to which it holds such reason to the Child Protection Director or the

³³⁸ LEĠIŻLAZZJONI MALTA. (2025). Kodiċi Kriminali. Retrieved from: [LEĠIŻLAZZJONI MALTA](#). Last consulted on 14 January 2025.

³³⁹ Malta. (1994). ACT No. XXIV of 1994: Professional Secrecy Act. Retrieved from: [act-24-of-94-professional-secrecy-act.pdf](#). Last consulted on 14 January 2025.

³⁴⁰ Article 257 of the Criminal Code.

Executive Police provided that any reports received by the Executive Police shall be forwarded to the Child Protection Director without delay. This does not contain a reporting obligation.³⁴¹

However, professionals who have knowledge of an act causing or which may cause significant harm to a minor or which constitutes a criminal offence on a minor or have knowledge that a minor needs care must immediately report to the Child Protection Director or the Executive Police and no such reporting made in good faith may constitute a criminal or any right of action under any law whatsoever.³⁴²

Coverage of the reporting. The reporting obligation covers any professional who has knowledge of an act causing or which may cause significant harm to a minor or which constitutes a criminal offence on a minor or has knowledge that a minor needs care. For this purpose, a child is defined as a person under the age of eighteen years.

Requirements for the state of mind of the reporter. The obligation to report is triggered when the mandated reporter has knowledge of an act causing or which may cause significant harm to a minor or which constitutes a criminal offence on a minor or has knowledge that a minor needs care.

For the Child Protection (Alternative Care) Act, 'significant harm' includes abuse, neglect, harassment, ill treatment, exploitation, abandonment, exposure, trafficking, fear of violence and female genital mutilation as defined and provided for in Book First of the Criminal Code. It also includes being a victim of domestic violence as defined and provided for in the Gender-based Violence and Domestic Violence Act.³⁴³

Protections for the reporter. All reports made according to the Minor Protection (Alternative) Act and to whomever they might have been made, shall be deemed as if protected by professional confidentiality, if not already so protected by any law, and notwithstanding any other provision of any law said reports shall not be made accessible to the public, whether in their entirety or in part.³⁴⁴

Consequences/penalties for not reporting. Any professional who fails to take any action, including the filing of a report, when necessary, shall be guilty of an offence and - upon being found guilty - shall be subject to imprisonment for a period of not less than three months and not more than nine months, or a fine of not more than 5.000,00 EUR, or to both fine and imprisonment.³⁴⁵

³⁴¹ Article 9 (1) of the Minor Protection (Alternative) Act. See link: [LEĠĠLAZZJONI MALTA](#). Last consulted on 14 January 2025.

³⁴² Article 9 (2) of the Minor Protection (Alternative) Act.

³⁴³ Article 9 (5) of the Minor Protection (Alternative) Act.

³⁴⁴ Article 9 (6) of the Minor Protection (Alternative) Act.

³⁴⁵ Article 9 (4) of the Minor Protection (Alternative) Act.

1.2.22 NORWAY

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 21 of the Health Personnel Act; Section 13-2 of the Act relating to Children's Welfare Services.	<p>Section 21 of the Health Personnel Act: health personnel and health institutions.</p> <p>Section 13-2 of the Act relating to Children's Welfare Services: anyone performing service or working for an administrative agency, as well as professionals in health, mental health, health and care services, family welfare and private schools.</p>	<p>Section 21 of the Health Personnel Act: reason to believe that a child is being maltreated at home or subjected to serious neglect.</p> <p>Section 13-2 of the Act relating to Children's Welfare Services: reason to believe that a child is or will be abused, severely neglected, or exposed to serious deficiencies in care; when a child with a life-threatening illness or disability does not receive necessary treatment or education; when a child is exploited for human trafficking; or when a child exhibits serious behavioral issues, such as repeated offenses, problematic drug use, or distinctly normless behavior.</p>

Rules on professional confidentiality. In Norway, health professionals, including psychotherapists, are bound by professional confidentiality protected by law. The main legislation governing professional confidentiality in Norway is the Health Personnel Act and the Patient Rights Act.

Section 21 of the Health Personnel Act contains the general rule regarding the duty of confidentiality and states that healthcare personnel should prevent others from accessing or learning about information relating to people's health or medical conditions or other personal information that they learn about in their capacity as healthcare personnel.³⁴⁶ Article 3-6 of the Patients' Rights Act further emphasizes the protection of medical and health-related information, stating that it should be treated in accordance with current provisions on confidentiality.³⁴⁷

³⁴⁶ Norway. (1999). Act of 2 July 1999 No. 64 relating to Health Personnel etc. Retrieved from: [Act of 2 July 1999 No. 64 relating to Health Personnel etc. - regjeringen.no](https://lov-19990702-063-eng.doc). Last consulted on 14 January 2025.

³⁴⁷ Norway. (1999). Act of 2 July 1999 No. 63 relating to Patients' Rights (the Patients' Rights Act). Retrieved from: [Microsoft Word - lov-19990702-063-eng.doc](https://lov-19990702-063-eng.doc). Last consulted on 14 January 2025.

In addition, under the Act relating to Children's Welfare Services, anyone performing service or work under the Act is bound by a duty of confidentiality. This includes personal details such as place and date of birth, personal identity number, citizenship, marital status, occupation, residence, and workplace.³⁴⁸

Exceptions to professional confidentiality. There are specific legal exceptions to the duty of confidentiality. For instance, Section 23 of the Health Personnel Act permits the sharing of confidential information when exceptional private or public interests justify it. Additionally, Chapter 6 outlines circumstances where disclosure is mandatory, such as providing necessary information to a supervising authority.

Under the Patient's Right Act, the obligation of confidentiality can be waived if the person entitled to confidentiality consents or if health personnel provide information that is subject to a legal duty of disclosure. In such cases, the person to whom the information relates should be informed, to the extent circumstances warrant that the information has been provided and of the nature of the information in question.³⁴⁹

Under the Act relating to Children's Welfare Services, information about a person's residence may be disclosed if such disclosure will not damage confidence in the child welfare service to provide such information. Additionally, information may be shared with other administrative bodies or professionals governed by the Health Personnel Act when necessary for tasks under the Act.

Furthermore, there is a duty to report to the child welfare service in situations where a child is at risk, overriding professional confidentiality.³⁵⁰

Mandatory reporting obligation. Under Section 33 of the Health Personnel Act, health personnel are obligated to remain vigilant for situations that may require intervention by the children's welfare service.

Despite the general duty of confidentiality outlined in Section 21 of the Health Personnel Act, health personnel must proactively inform the children's welfare service when there is reason to believe that a child is being maltreated at home or subjected to serious neglect. This obligation also extends to cases where a child exhibits prolonged and severe behavioral problems.

Health personnel are also required to provide such information upon request from agencies responsible for implementing the Act relating to Children's Welfare Services. To ensure compliance, health institutions must designate a specific individual responsible for the release of such information.³⁵¹

In addition, Section 13-2 of the Act relating to Children's Welfare Services establishes a duty for anyone performing service or work for an administrative agency to notify the child welfare service without undue delay, even if bound by confidentiality, in specific cases of concern.³⁵²

Coverage of the reporting. The reporting obligation under Section 21 of the Health Personnel Act applies to health personnel and health institutions.

³⁴⁸ Norway. (2021). The Child Welfare Act (Child Welfare Act), LOV-2021-06-18-97. Ministry of Children and Families. Retrieved from: [Lov om barnevern \(barnevernsloven\) - Kapittel 13. Taushetsplikt, opplysningsplikt og adgang til å gi opplysninger - Lovdata](#). Last consulted on 14 January 2025.

³⁴⁹ Article 3-6 of the Patients' Rights Act.

³⁵⁰ Section 13-2 Act relating to Children's Welfare Services.

³⁵¹ Norway. (1999). Act of 2 July 1999 No. 64 relating to Health Personnel etc. Retrieved from: [Act of 2 July 1999 No. 64 relating to Health Personnel etc. - regjeringen.no](#). Last consulted on 14 January 2025.

³⁵² Norway. (2021). The Child Welfare Act (Child Welfare Act), LOV-2021-06-18-97. Ministry of Children and Families. Retrieved from: [Lov om barnevern \(barnevernsloven\) - Kapittel 13. Taushetsplikt, opplysningsplikt og adgang til å gi opplysninger - Lovdata](#). Last consulted on 14 January 2025.

Health personnel are under the Act of 2 July 1999 No. 64 relating to Health Personnel defined as individuals with authorization under Section 48 or a license under Section 49, those performing health-related activities in health services or pharmacies, and students or trainees conducting such activities during their training. Health care encompasses preventive, diagnostic, therapeutic, health-preserving, and rehabilitative acts performed by health personnel, while health institutions refer to entities governed by the Specialist Health Service Act and the Municipal Health Services Act. Section 48 details the categories of health personnel eligible for authorization, including medical practitioners, nurses, midwives, psychologists, social educators and various other professionals. Authorization requires passing a recognized examination, completing practical training, and meeting other conditions such as age and fitness for the profession. License under Section 49 may be granted to those who do not qualify for authorization but meet suitability requirements, with conditions set by the Ministry. Licenses and authorizations can also be extended to individuals with equivalent foreign qualifications or based on mutual recognition agreements. These provisions ensure that health personnel operate with the necessary qualifications to safeguard patient safety.

Health institutions should appoint one person who is responsible for reporting to the children's welfare service.³⁵³

In addition, Section 13-2 of the Act relating to Children's Welfare Services applies to anyone performing service or working for an administrative agency.³⁵⁴ This obligation extends to professionals covered by laws such as the Health Personnel Act, Mental Health Care Act, and others, as well as mediators, private individuals performing public tasks, and those working on behalf of organizations.

Professionals who act pursuant to the Health Personnel Act, the Mental Health Care Act, the Health and Care Services Act, the Family Counselling Offices Act and the Private Schools Act are also obliged to provide information pursuant to this provision. The same applies to mediators in matrimonial matters and private individuals who perform tasks for the state, county authorities or municipalities, and those who perform such tasks on behalf of organizations.

Requirements for the state of mind of the reporter. Under Section 21 of the Health Personnel Act, health personnel must proactively inform the children's welfare service when there is reason to believe that a child is being maltreated at home or subjected to serious neglect. This obligation also extends to cases where a child exhibits prolonged and severe behavioral problems.

The reporting obligation under Section 13-2 of the Act relating to Children's Welfare Services applies in the following situations:

- when there is reason to believe that a child is or will be abused, exposed to serious deficiencies in daily care or exposed to other serious neglect;
- when there is reason to believe that a child has a life-threatening or other serious illness or injury and does not come for examination or treatment;
- when there is reason to believe that a child with a disability or a child in need of special assistance will not have his or her special need for treatment or education met;

³⁵³ Section 33 of the Act of 2 July 1999 No. 64 relating to Health Personnel.

³⁵⁴ Norway. (2021). The Child Welfare Act (Child Welfare Act), LOV-2021-06-18-97. Ministry of Children and Families. Retrieved from: [Lov om barnevern \(barnevernsloven\) - Kapittel 13. Taushetsplikt, opplysningsplikt og adgang til å gi opplysninger - Lovdata](#). Last consulted on 14 January 2025.

- when a child has shown serious behavioral problems by committing serious or repeated offences, by problematic use of drugs, or by having shown other forms of distinctly normless behavior;
- when there is reason to believe that a child is or will be exploited for human trafficking.

Section 1-2 of the Act relating to Children's Welfare Services states that the provisions outlined in the Act should be applied in respect of children under the age of 18.

Protections for the reporter. The Child Welfare Service must review reports of concern, including anonymous reports, as soon as possible and no later than one week after receipt. It must assess whether the report warrants an investigation under Section 2-2 Act relating to Children's Welfare Services and determine if immediate follow-up is required. If a report is dismissed without investigation, the dismissal must be justified in writing, including professional assessments, except for obviously unfounded reports, which do not require justification.³⁵⁵

Parties involved in a case have the right to access case documents and may request copies. Limitations on access under Section 19 of the Public Administration Act do not apply to these documents. However, parties are not entitled to information that reveals the identity of anonymous witnesses or the child's address in cases where the child resides at a hidden address or where such a claim has been made.³⁵⁶

There is also the national helpline for victims of sexual abuse (800 57 000), which is available free of charge across Norway and operates 24/7. It provides support, advice, and guidance not only to victims but also to relatives and public sector professionals.

Callers can seek help, advice, answers to questions, or simply someone to listen to, and assistance is available in locating additional services in their area. Calls can be made anonymously, and the staff, who primarily speak Norwegian, can also provide support in English. They are bound by a duty of confidentiality, disclosing personal information only with consent or in cases of imminent risk to life or safety.³⁵⁷

Consequences/penalties for not reporting. Individuals who believe their rights under the Health Personnel Act have been violated may request an assessment from the supervising authority.³⁵⁸ The Norwegian Board of Health has the authority to issue warnings to health personnel for intentional or negligent breaches that compromise patient safety or the health service's integrity.³⁵⁹

In severe cases, the Board may revoke authorizations, licenses, or certificates of specialist training due to professional incompetence, misconduct, substance abuse, or other disqualifying conditions.³⁶⁰ Alternatively, authorizations may be restricted to specific activities under supervision.³⁶¹

³⁵⁵ Section 2-1 of the Act relating to Children's Welfare Services.

³⁵⁶ Section 14-6 of the Act relating to Children's Welfare Services.

³⁵⁷ Dinutvei.no. (2025). The helpline for victims of sexual abuse – 800 57 000. Retrieved from: [The helpline for victims of sexual abuse - 800 57 000 - Dinutvei.no](https://www.dinutvei.no/en/the-helpline-for-victims-of-sexual-abuse-800-57-000-dinutvei.no). Last consulted on 14 January 2025.

³⁵⁸ Section 55 of the Health Personnel Act.

³⁵⁹ Section 56 of the Health Personnel Act.

³⁶⁰ Section 57 of the Health Personnel Act.

³⁶¹ Section 59 of the Health Personnel Act.

Anyone who intentionally or by gross negligence contravenes the provisions of this Act, or who aids and abets thereto, may also be punished by fines or a term of imprisonment not exceeding three months. Public prosecution will be instituted if it is in the public interest or by petition by the Norwegian Board of Health.³⁶²

Under the Child Welfare Act, the County Governor holds the authority to issue orders and sanctions to ensure compliance with the Act's provisions. The County Governor may direct the Norwegian Agency for Children, Youth and Family Affairs or private actors performing tasks under the Act to rectify non-compliance. If irresponsible operations are identified at an institution or center, the County Governor may require corrective action or the closure of operations. Before issuing an order, a reasonable timeframe must be provided for rectification. Appeals against such orders can be submitted to the Norwegian Board of Health Supervision.³⁶³

Lastly, Section 196 of the Criminal Code imposes a duty to avert or report certain criminal acts.³⁶⁴ A penalty of a fine or imprisonment for a term not exceeding one year shall be applied to any person who fails to report or seek to avert by other means a criminal act or the consequences thereof at a time when this is still possible, and it appears certain or most likely that the act has been or will be committed.

This provision specifically applies to offenses such as aggravated bodily harm,³⁶⁵ abuse in close relationships,³⁶⁶ aggravated abuse in close relationships,³⁶⁷ sexual assault,³⁶⁸ abuse of an unequal power relationship,³⁶⁹ sexual assault on a child under 14 years of age,³⁷⁰ and sexual activity between closely connected persons.³⁷¹

These sections address severe crimes with significant penalties. For instance, sexual assault under Section 291 of the Criminal Code carries penalties of up to 10 years of imprisonment for acts involving violence, threats, or the exploitation of individuals unable to resist. Section 299 applies harsher penalties, up to 10 years, for sexual activity with children under 14 years of age, emphasizing the protection of minors.

³⁶² Section 67 of the Health Personnel Act.

³⁶³ Section 17-5 of the Act relating to Children's Welfare Services.

³⁶⁴ Lovdata. (2025). The Penal Code - Part II. Criminal acts. Retrieved from: [The Penal Code - Part II. Criminal acts - Lovdata](#). Last consulted on 14 January 2025.

³⁶⁵ Section 274 of the Criminal Code.

³⁶⁶ Section 282 of the Criminal Code.

³⁶⁷ Section 283 of the Criminal Code.

³⁶⁸ Section 291 of the Criminal Code.

³⁶⁹ Section 295 of the Criminal Code.

³⁷⁰ Section 299 of the Criminal Code.

³⁷¹ Section 314 of the Criminal Code.

1.2.23 THE NETHERLANDS

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	The Reporting Code (under the Compulsory Reporting Code for Domestic Violence and Child Abuse Act) has made reporting mandatory in case of suspicions of acute and structural unsafety to Veilig Thuis.	Professionals in the sectors of healthcare, education, day-care, social support, youth services and justice.	Suspicion of acute and/or structural danger of children.

Rules on professional confidentiality. Medical professionals, including doctors, nurses, midwives, psychiatrists, physiotherapists, and psychologists, are bound by medical professional confidentiality. According to Article 88 of the Individual Healthcare Professions Act, these professionals are obligated to maintain confidentiality regarding any information entrusted to them or that they have acquired during their profession.³⁷² This duty of confidentiality is reinforced by Article 457 of Book 7 of the Civil Code.³⁷³

Similarly, youth care providers are subject to professional confidentiality as outlined in Article 7.3.11 (1) of the Youth Act.³⁷⁴

Breach of professional confidentiality is considered a serious offense and may lead to legal consequences. Under Article 272 of the Criminal Code, individuals who knowingly violate a secret they are obligated to keep by virtue of their profession can face imprisonment of up to one year or a fine. However, prosecution for this offense requires the complaint of the affected person.³⁷⁵

Exceptions to professional confidentiality. Article 457 of Book 7 of the Civil Code contains certain exceptions to medical professional confidentiality. This article states that the care provider must ensure that people other than the patient are not provided with information about the patient or with access to or copies of the documents referred to in article 7:454 without the patient's consent. Information or access to and copies of documents shall be provided only as far as no other person's privacy is infringed thereby. Information or access to and copies of documents may be provided regardless of the restrictions referred to in the preceding sentences if this is required by or pursuant to an Act of Parliament.

According to Article 7.3.11 (1) of the Youth Act, youth care providers must ensure that information about the person under their care is not disclosed to anyone without the person's consent, except when required by law. Any disclosure must be made in a manner that respects the privacy of others.

Mandatory reporting obligation. In certain cases, there is a mandatory reporting obligation. The obligation to report arises when there are suspicions of child abuse or domestic violence. Organizations working with children and adults must have a reporting code in place, as mandated by the Compulsory Reporting Code for

³⁷² Wet op de beroepen in de individuele gezondheidszorg. (2025). Wetten.nl. Retrieved from: [wetten.nl - Regeling - Wet op de beroepen in de individuele gezondheidszorg - BWBRO006251](https://wetten.nl/Regeling-Wet%20op%20de%20beroepen%20in%20de%20individuele%20gezondheidszorg-BWBRO006251). Last consulted on 14 January 2025.

³⁷³ Dutch Civil Code. (2025). Book 7 Particular agreements. Last consulted on 14 January 2025. Retrieved from: [Dutch Civil Law](https://dutchcivillaw.nl/). Last consulted on 14 January 2025.

³⁷⁴ Jeugdwet, Art. 7.3.11. (2025). Artikel 7.3.11 Jeugdwet. Last consulted on 14 January 2025. Retrieved from: [Art. 7.3.11 Jw - Artikel 7.3.11 Jeugdwet - wetten.legaltools.nl](https://wetten.legaltools.nl/artikel/7.3.11-jeugdwet). Last consulted on 14 January 2025.

³⁷⁵ Criminal Code (Netherlands). (2012). Criminal Code. Act of 3 March 1881. Retrieved from: [Netherlands CC am2012 en.pdf](https://netherlands.cc/am2012/en.pdf). Last consulted on 14 January 2025.

Domestic Violence and Child Abuse Act.³⁷⁶ However, it is important to note that the reporting code itself does not impose an obligation to report. Instead, it provides guidelines for assessing whether a report should be made. In 2019, the reporting code was amended to make reporting mandatory in cases of suspecting child abuse or domestic violence if the danger is acute (i.e. direct danger) and if the danger is structural (i.e. persistent danger). The report must be made to 'Veilig Thuis', a specialized service for reporting domestic violence and child abuse.³⁷⁷

Coverage of the reporting. The obligation to report applies to professionals in various sectors, including healthcare, education, day-care, social support, youth services, and justice. There are no age restrictions regarding the age of protection. The protection applies to any child under the age of 18.

Requirements for the state of mind of the reporter. To trigger the reporting obligation, professionals must suspect acute or structural danger. Acute danger refers to immediate physical danger or the absence of basic care for dependent children. Structural danger pertains to recurring or continuous unsafe events and situations within families or households³⁷⁸.

Child abuse, as defined by the Dutch Youth Act, encompasses any threatening or violent interaction of a physical, psychological, or sexual nature imposed by parents or other individuals in a position of authority, resulting in serious harm or the threat of harm to the child's physical or psychological well-being.³⁷⁹

Protections for the reporter. Anonymous reporting is possible to 'Veilig Thuis', allowing any individual to report their concerns without revealing their identity.³⁸⁰ However, professionals with a duty to report will have to provide evidence of their report to avoid possible consequences.

Consequences/penalties for not reporting. Although not specifically mentioned within the Compulsory Reporting Code for Domestic Violence and Child Abuse Act, the failure to report suspected child abuse can have certain consequences. Professionals may face disciplinary action within their respective organizations, and the failure to report may also lead to legal repercussions. It can be considered a violation of the duty of care and may result in prosecution.

³⁷⁶ Ministerie van Volksgezondheid, Welzijn en Sport. (2013). Wet van 14 maart 2013 tot wijziging van diverse wetten in verband met de invoering van de verplichting voor bepaalde instanties waar professionals werken en voor bepaalde zelfstandige professionals om te beschikken over een meldcode voor huiselijk geweld en kindermishandeling en de kennis en het gebruik daarvan te bevorderen, onderscheidenlijk die meldcode te hanteren (verplichte meldcode huiselijk geweld en kindermishandeling). Staatsblad 2013, 142. Retrieved from: [Staatsblad 2013, 142 | Overheid.nl > Officiële bekendmakingen](#). Last consulted on 14 January 2025.

³⁷⁷ Netherlands Enterprise Agency, RVO. (2025). Reporting child abuse and domestic violence. Business.gov.nl. Retrieved from: [Reporting child abuse and domestic violence | Business.gov.nl](#). Last consulted on 14 January 2025.

³⁷⁸ Nederlands Jeugdinstituut. (2025). Afwegen en beslissen bij vermoedens van kindermishandeling. Retrieved from: [Afwegen en beslissen bij vermoedens van kindermishandeling | Nederlands Jeugdinstituut](#). Last consulted on 14 January 2025.

³⁷⁹ Article 1.1, 4° of the Youth Act. Overheid.nl. (2024). Youth Act (BWBR0034925). Retrieved from [wetten.nl - Regeling - Jeugdwet - BWBR0034925](#). Last consulted on 14 January 2025.

³⁸⁰ Veilig Thuis. (z.d.). Bel Veilig Thuis. Ook als je twijfelt. Retrieved from: [Veilig Thuis](#). Last consulted on 14 January 2025.

1.2.24 POLAND

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 240 of the Criminal Code; Article 304 of the Code of Criminal Procedure; Article 12 of the Act of 29 July 2005.	Any person, including psychologists, psychotherapists, physicians and other health care personnel.	Credible knowledge of the commission, attempted commission or preparation for the criminal acts, e.g. the crime of rape including the rape of a minor under the age of 15, crime of taking advantage of the helplessness or insanity of another person, or the crime of sexual abuse of a minor under the age of 15.

Rules on professional confidentiality. In Poland, there exists different legal obligations to maintain professional confidentiality in the context of medical and psychological practices.

With respect to psychologists, confidentiality is governed by the Act of 8 June 2001 on the Profession of Psychologist and the Professional Self-Government of Psychologists.³⁸¹ Article 14 of this Act mandates that psychologists must maintain the confidentiality of any client-related information obtained during their professional practice. This obligation of professional confidentiality may not be limited in time.

For psychotherapists, professional confidentiality is regulated by the Act of 19 August 1994 on mental health protection.³⁸² According to Article 50 thereof, psychotherapists are obliged to keep secret everything of which they become aware in connection with the performance of their activities. Statements involving an admission of having committed a criminal offence shall not be recorded in the records relating to the examination or course of treatment of a person in respect of whom action under this Act has been taken.³⁸³

This rule also applies to documentation concerning examinations conducted at the request of an authorized body. There is also a prohibition of interrogation of persons bound to confidentiality,³⁸⁴ according to which it shall not be permitted to interrogate persons obliged to maintain confidentiality as witnesses for statements made by the patient as to the commission by him of a criminal offence. The same prohibition applies to physicians performing expert witness activities.

³⁸¹ Journal of Laws. (2019). Act on the profession of psychologist and the professional self-government of psychologists (consolidated text, Act of 8 June 2001). Retrieved from: [Ustawa o zawodzie psychologa i samorządzie zawodowym psychologów - zawód psych.](#). Last consulted on 14 January 2025.

³⁸² Journal of Laws. (2024). Act of 19 August 1994 on mental health protection (consolidated text, Journal of Laws 2024.917). Retrieved from: [Ochrona zdrowia psychicznego. - Dz.U.2024.917 t.j. - OpenLEX](#). Last consulted on 14 January 2025.

³⁸³ Article 51 of the Act of 19 August 1994 on mental health protection.

³⁸⁴ Article 52 of the Act of 19 August 1994 on mental health protection.

With respect to physicians in general, the rules of professional confidentiality are laid out in the Act of 5 December 1996 on the professions of physician and dental practitioner.³⁸⁵ According to Article 40 thereof, a doctor shall be obliged to keep confidential information related to a patient and obtained in connection with the practice of his profession, even after the patient's death. The doctor may not make public the data enabling the identification of the patient without the patient's consent.

Exceptions to professional confidentiality. The acts each provide specific exceptions to the obligation of professional confidentiality.

Regarding psychologists, there are only two exceptions, where professional confidentiality will not apply:

- when the health, life of the client or other persons is seriously endangered; or
- in situations provided by laws.³⁸⁶

The exception to the obligation of professional confidentiality of psychotherapists exists with respect to:

- a doctor providing care to a person with mental disorders;
- competent authorities of governmental or self-governmental administration as to the circumstances the disclosure of which is necessary for the performance of social welfare tasks;
- persons co-participating in the performance of social welfare activities, to the extent necessary;
- the Internal Security Agency, the Military Counterintelligence Service, the Intelligence Agency, the Military Intelligence Service, the Central Anti-Corruption Bureau, the Police, the Military Police, the Border Guard, the Penitentiary Service, the State Protection Service and their officers or soldiers authorized in writing to do so, to the extent necessary to carry out security clearance proceedings under the provisions on the protection of classified information;
- a police officer, authorized in writing by the head of an organizational unit of the Police, conducting operational and exploratory activities in the field of search and identification of persons.³⁸⁷

For physicians, exceptions to professional confidentiality only exist insofar as:

- the medical examination has been performed at the request of authorities and institutions authorized under separate acts; in such case, the doctor is obliged to inform only these authorities and institutions about the patient's health condition;
- the observance of confidentiality may constitute a danger for the life or health of the patient or other persons;

³⁸⁵ Journal of Laws. (2024). Act of 5 December 1996 on the professions of doctor and dentist (consolidated text, Journal of Laws 2024.1287). Retrieved from: [Zawody lekarza i lekarza dentysty. - Dz.U.2024.1287 t.j. - OpenLEX](#). Last consulted on 14 January 2025.

³⁸⁶ Article 14 (3) of the Act of 8 June 2001 on the Profession of Psychologist and the Professional Self-Government of Psychologists.

³⁸⁷ Article 50 (2) of the Act of 19 August 1994 on mental health protection.

- the patient or the patient's legal representative consents to the disclosure of the secret, having been informed of the adverse consequences for the patient of its disclosure (in which case the scope of disclosure of confidentiality may be determined by the patient or the patient's legal representative);
- there is a need to provide the necessary information about the patient to the forensic doctor;

there is a need to communicate the necessary information about the patient related to the provision of health services to another doctor or authorized persons participating in the provision of such services;
- this law so provides, one such an example is Article 240 of the Criminal Code.³⁸⁸

Mandatory reporting obligation. First of all there is a general obligation under Article 240 of the Criminal Code to report crimes such as in particular the crime of rape including the rape of a minor under the age of 15, crime of taking advantage of the helplessness or insanity of another person, or the crime of sexual abuse of a minor under the age of 15, if one has credible knowledge of such crime being prepared, attempted or committed. Failure to report can result in the imposition of the penalty of imprisonment (deprivation of liberty) for up to 3 years.³⁸⁹

Moreover, Article 304 of the Code of Criminal Procedure provides that anyone who has learned that a crime prosecuted *ex officio* (i.e. crime prosecuted by the state) has been committed, has a social duty to notify the public prosecutor or the Police (though no criminal liability can result in case of a failure to notify).³⁹⁰

Under Article 12 of the Act of 29 July 2005 on the prevention of domestic violence, persons who, during the performance of their official or professional duties, have a suspicion that a crime of domestic violence (which is prosecuted *ex officio*) has been committed shall immediately notify the Police or the public prosecutor.³⁹¹ This obligation applies to psychologists, psychotherapists, physicians, teachers, etc. Moreover, any person who witnesses domestic violence obliged to notify the Police, the public prosecutor or any other entity working against domestic violence.

In that regard, domestic violence is defined as a single or repeated intentional act or omission, using physical, psychological, or economic advantage, that violates the rights or personal interests of a person subjected to domestic violence (e.g. minors). It encompasses the violation of the victim's dignity, bodily integrity, or freedom, including sexual freedom. Therefore, sexual abuse falls under this definition as well.³⁹²

Coverage of the reporting. The mandatory reporting obligation covers any person, including psychologists, psychotherapists, physicians and other health care personnel.

Requirements for the state of mind of the reporter. The obligation pursuant to Article 240 of the Criminal Code applies when the mandated reporter has credible knowledge of the commission, attempted

³⁸⁸ Article 40 (2) of the Act of 5 December 1996 on the professions of physician and dental practitioner.

³⁸⁹ Journal of Laws. (2024). Article 240 – Punishable failure to report a crime – Penal Code (consolidated text, Journal of Laws 2024.17). Retrieved from: [\[Karalne niezawiadomienie o przestępstwie\] - Art. 240. - Kodeks karny. - Dz.U.2024.17 t.j. - OpenLEX](#). Last consulted on 14 January 2025.

³⁹⁰ Journal of Laws. (2025). Article 304 – Obligation to report a crime – Code of Criminal Procedure (consolidated text, Journal of Laws 2025.46). Retrieved from: [\[Obowiązek zawiadomienia o popełnieniu przestępstwa\] - Art. 304. - Kodeks postępowania karnego. - Dz.U.2024.37 t.j. - OpenLEX](#). Last consulted on 14 January 2025.

³⁹¹ Journal of Laws. (2024). Counteracting domestic violence – Law of 29 July 2005 (consolidated text, Journal of Laws 2024.1673). Retrieved from: [\[Przeciwdziałanie przemocy domowej. - Dz.U.2024.1673 t.j. - OpenLEX\]](#). Last consulted on 14 January 2025.

³⁹² Article 2.

commission or preparation for the criminal acts enumerated therein. The obligation to report applies to the following acts against minors:

- rape of a person under 15 years of age (Article 197, §4 of the Criminal Code);
- incestuous rape (Article 197, § 3, point 3 of the Criminal Code);
- rape with particular cruelty (Article 197, § 4 of the Criminal Code);
- sexual exploitation of dependency or critical position (Article 199 § 2 and §3 of the Criminal Code) sexual exploitation of a minor under 15 years of age (Article 200 of the Criminal Code);
- presenting pornographic content to a minor under 15 years of age, or providing them with objects of such nature, or disseminates pornographic content in a way that enables such a minor to access it (Article 200, §3 of the Criminal Code);
- advertising or promotion of activities involving the dissemination of pornographic content in a manner that allows a minor under 15 years of age to become acquainted with them (Article 200, §5 of the Criminal Code).

The knowledge of the above-mentioned acts must be credible, i.e. certain, such that it deserves confidence. It is not, however, a question of 100% certainty as to the fact that a criminal act has occurred, but of a high degree of probability that such an act has taken place.³⁹³ It should be remembered, however, that a doctor who fails to notify law enforcement authorities in the above-mentioned situations does not commit the above-mentioned offence, if he/she has sufficient grounds to believe that the authority knows about the committed, attempted or planned criminal act.³⁹⁴ The Act on the prevention of domestic violence, on the other hand, speaks about acts of domestic violence that have been committed.

The report must be submitted to the Police, the public prosecutor or – in case of domestic violence – also any other entity working against domestic violence.

Protections for the reporter. In practice, it's more efficient to report in person, in which case the following data of the reporter will be processed: name, surname, place of residence, phone number or e-mail address (alternatively other contact details). Note however, that in accordance with the provisions of the Code of Criminal Procedure, information on the place of residence and place of work of the witness and the victim does not go into the protocol of the pre-trial proceedings. This information is kept in an appendix to the protocol, the content of which is not disclosed to the parties to the proceedings.

Consequences/penalties for not reporting. Failure to report under Article 240 of the Criminal Code results in criminal liability of up to 3 years' imprisonment. In addition to criminal liability, failure to notify may result in a charge of dereliction of duty.

In relation to people holding the status of a public official, failure to comply with the obligation to report may also constitute a breach of official duty and lead to criminal liability under Article 231 of the Criminal Code.³⁹⁵

³⁹³ Article 240 of the Criminal Code.

³⁹⁴ Article 40 (2).

³⁹⁵ Journal of Laws. (2024). Abuse of power by an officer – Article 231 of the Penal Code (consolidated text, Journal of Laws 2024.17). Retrieved from: [\[Nadużycie uprawnień przez funkcjonariusza\] - Art. 231. - Kodeks karny. - Dz.U.2024.17 t.j. - OpenLEX](#). Last consulted on 14 January 2025.

1.2.25 PORTUGAL

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 66 (2) of Law 147/99 of 1 September 1999 for Protecting Children and Young People at Risk.	Any person, including doctors, psychologists and psychotherapists and other healthcare professionals.	Awareness of situations that endanger the life, physical or mental integrity or freedom of a child (i.e. person up to 18 years old).

Rules on professional confidentiality. According to the Code of Ethics for Psychologists, psychologists have a duty to maintain the privacy and confidentiality of their clients' information. This obligation extends to all aspects of the client's information, including the existence of the therapeutic relationship itself. Psychologists should be aware of any ethical or legal restrictions on confidentiality.³⁹⁶

Article 195 of the Criminal Code criminalizes the unauthorized disclosure of another person's secrets. This includes situations where a person reveals confidential information, they became aware of due to their profession, occupation, or role. The penalty for such disclosure can be imprisonment for up to one year or a fine of up to 240 days.³⁹⁷

Exceptions to professional confidentiality. The Code of Ethics for Psychologists foresees that failure to maintain professional confidentiality may be justified whenever it is considered that there is a situation of danger to the client or third parties that may seriously threaten their physical or psychological integrity or any form of mistreatment of children and young people or adults who are particularly defenseless, due to age, functional limitation, illness or other conditions of vulnerability.³⁹⁸

Mandatory reporting obligation. The Law for Protecting Children and Young People at Risk (Law 147/99) establishes the obligation for any person to report dangerous situations involving children (i.e. people up to the age of 18 years). This includes situations that endanger life, physical or mental integrity or freedom of the child or young person.³⁹⁹

Coverage of the reporting. The reporting obligation applies to all individuals, regardless of their profession or occupation. The report should be made to the relevant authorities, such as the Commission for the Protection of Children and Youth, law enforcement entities, or judicial authorities. The principle of subsidiarity suggests that reports should be made to the first-line entities, and if they cannot act adequately or sufficiently, then the CPCJ should be informed.

Requirements for the state of mind of the reporter. Reporting is mandatory for any person who is aware of situations that endanger the life, physical or mental integrity or freedom of the child or young person. The types of child sexual abuse or child sexual abuse material that trigger the reporting obligation are those that involve life-threatening situations or pose a risk to the physical or mental integrity or freedom of the child or young person.

³⁹⁶ Ordem dos Psicólogos Portugueses. (2024). Regulamento n.º 898/2024: Aprova o Código Deontológico da Ordem dos Psicólogos Portugueses (OPP). Diário da República. Retrieved from: [DR224-001-00022-317947799-157_898_2024.pdf](https://dre.pt/DR224-001-00022-317947799-157_898_2024.pdf). Last consulted on 14 January 2025.

³⁹⁷ Diário da República. (15 March 1995). Código Penal - CP, Decreto-Lei n.º 48/95. Diário da República, n.º 63/1995, Série I-A. Retrieved from: [Código Penal - CP | DR](https://dre.pt/Codigo-Penal-CP-DR). Last consulted on 14 January 2025.

³⁹⁸ Principle 2.7 of the Code of Ethics for psychologists.

³⁹⁹ Article 66 (2) Law for Protecting Children and Young People at Risk. Diário da República. (1 September 1999). Lei de proteção de crianças e jovens em perigo - Artigo 66.º, Lei n.º 147/99. Diário da República, n.º 204/1999, Série I-A. Retrieved from: [Lei de proteção de crianças e jovens em perigo - Artigo 66.º | DR](https://dre.pt/Lei-de-protecao-de-criancas-e-jovens-em-perigo-Artigo-66-DR). Last consulted on 14 January 2025.

Protections for the reporter. Anonymous reporting is not possible for professionals. However, the Institute for the Support to the Child has been running a telephone line 'SOS Criança'. This is an anonymous and confidential service for the support of children and youngsters in Portugal.⁴⁰⁰ There is also an e-mail address and personalized service in the social, judicial, and psychological fields. The team is composed of psychologists, social workers, pedagogues, and jurists.

Consequences/penalties for not reporting. Failure to fulfil the reporting obligation can result in disciplinary action for psychotherapists and give rise to a criminal offense.

The Criminal Code includes penalties for failure to render necessary assistance.⁴⁰¹ According to Article 200 of the Criminal Code, whoever, in the event of serious necessity, namely caused by a disaster, accident, public calamity or situation of common danger, which endangers the life, physical integrity or freedom of another person, fails to provide the necessary assistance to remove the danger, whether by personal action or by promoting rescue, shall be punished with imprisonment of up to 1 year or a fine of up to 120 days. If this situation has been created by the person who omits the aid due, the person omitting aid shall be punished with imprisonment of up to 2 years or a fine of up to 240 days.

However, the omission of aid is not punishable when there is a serious risk to the life or physical integrity of the person omitting aid or when, for another relevant reason, the aid is not required.

⁴⁰⁰ Child Helpline International. (n.d.). 20 years, 20 voices: SOS Criança, Portugal. Retrieved from: [20 Years, 20 Voices: SOS Criança, Portugal – Child Helpline International](#). Last consulted on 14 January 2025.

⁴⁰¹ Article 200 of the Criminal Code. Diário da República. (15 March 1995). Código Penal - CP, Decreto-Lei n.º 48/95. Diário da República, n.º 63/1995, Série I-A. Retrieved from: [Código Penal - CP | DR](#). Last consulted on 14 January 2025.

1.2.26 ROMANIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 89 of Law no. 272/2004 on the protection and promotion of the rights of the child; Article 12 of the Methodology of 19 August 2015.	Employees of public or private institutions who, by the nature of their profession, come into contact with children and representatives of the public social assistance service.	Suspicion of abuse, neglect, parental alienation, or ill-treatment, exploitation, or any other form of violence.

Rules on professional confidentiality. In Romania, psychotherapists are bound by professional confidentiality as stipulated in Law no. 213/2004 on the exercise of the psychotherapist profession. This legal framework mandates that psychotherapists maintain the confidentiality of any information obtained during their professional practice. Article 4, paragraph 2 of the law explicitly states that the confidentiality of the psychological act is protected by law and is an obligation of every psychologist.⁴⁰²

The duty of confidentiality extends to all aspects of the psychotherapeutic relationship, encompassing the content of therapy sessions, personal information shared by the client, and any other confidential information acquired by the psychotherapist. Breaching professional confidentiality can result in disciplinary action and legal consequences for the psychotherapist.

According to Article 54 of Law no. 213/2004, psychologists with the right to free practice who violate the provisions of this law and the specific regulations on the exercise of the profession of psychologist or do not comply with the Code of Ethics shall be subject to disciplinary action depending on the seriousness of the misconduct, and may be sanctioned with reprimand, warning, temporary suspension, for an interval of 6-12 months, of the license to practice the profession or definitive withdrawal of the certificate.

Exceptions to professional confidentiality. Psychotherapists are strictly prohibited from disclosing or utilizing this information for any purpose without the explicit consent of the client, except in cases where disclosure is required by law or necessary to prevent serious harm to the client or others.

Mandatory reporting obligation. Article 89 of Law no. 272/2004 on the protection and promotion of the rights of the child ensures that children have the right to be protected from various forms of harm, including abuse, neglect, exploitation, trafficking, illegal migration, abduction, violence, internet pornography, and any other form of violence, regardless of the environment in which they find themselves—be it family, educational, medical, protective institutions, crime investigation, rehabilitation/detention environments, internet, media, workplaces, sports, or community settings.

Furthermore, it establishes that any natural or legal person, as well as the child themselves, has the right to report to the General Directorate of Social Assistance and Child Protection in their county/sector of residence in order to take appropriate measures to protect the child from any form of violence, including sexual violence, physical or mental abuse, parental alienation, ill-treatment, exploitation, abandonment, or neglect.

On the other hand, Article 89 of Law no. 272/2004 provides that employees of public or private institutions who, by the nature of their profession, come into contact with children and suspect abuse, neglect, parental

⁴⁰² Romania. (27 May 2004). Law no. 213/2004 regarding the exercise of the profession of psychologist with the right to free practice, the establishment, organization and functioning of the College of Psychologists of Romania. Official Gazette no. 492 of 1 June 2004. Portal Legislativ. Retrieved from: [LEGE 213 27/05/2004 - Portal Legislativ](#). Last consulted on 14 January 2025.

alienation, or ill-treatment, are obligated to urgently report to the General Directorate of Social Assistance and Child Protection.⁴⁰³

In addition, under Article 12 of the Methodology of 19 August 2015 on the collaboration between the General Directorates of Social Assistance and Child Protection and the public social assistance services, as well as the standard model of the documents developed by them, if a representative of the public social assistance service suspects, at any stage of their involvement, the existence of abuse, neglect, exploitation, or any other form of violence, they are obligated to immediately notify the General Directorate of Social Assistance and Child Protection.⁴⁰⁴

Coverage of the reporting. The reporting obligations apply to employees of public or private institutions who, by the nature of their profession, come into contact with children and representatives of the public social assistance service.

Requirements for the state of mind of the reporter. Under Article 89 of Law no. 272/2004 the reporting obligation is triggered when employees of public or private institutions who, by the nature of their profession, encounter children and suspect abuse, neglect, parental alienation, or ill-treatment.⁴⁰⁵

The reporting obligation under Article 12 of the Methodology of 19 August 2015 is triggered if a representative of the public social assistance service suspects, at any stage of their involvement, the existence of abuse, neglect, exploitation, or any other form of violence.⁴⁰⁶

Protections for the reporter. The Romanian Government established a Child Helpline (119) on January 5, 2022, which serves as a resource for children who feel abused, traumatized, neglected, or victims of any form of violence. It is also available to individuals who are aware of such situations. People who want to report have the option to remain anonymous.⁴⁰⁷

Consequences/penalties for not reporting. Article 266 of the Criminal Code addresses non-reporting and establishes penalties for individuals who, upon becoming aware of criminal acts, fail to immediately report to the authorities.

Specifically, paragraph 1 punishes those who are aware of acts against life or resulting in death, and fail to notify authorities, with imprisonment ranging from one to three years. A specific provision is made for individuals who fail to report crimes such as trafficking, exploitation of vulnerable people, or violations against sexual freedom and integrity when committed against a minor, with a punishment of imprisonment from six months to two years.⁴⁰⁸

⁴⁰³ Romania. (5 March 2014). Law no. 272 of 21 June 2004 (republished) on the protection and promotion of the rights of the child. Official Gazette no. 159. Portal Legislativ. Retrieved from: [LEGE 272 21/06/2004 - Portal Legislativ](#). Last consulted on 14 January 2025.

⁴⁰⁴ Romania. (19 August 2015). Methodology on the collaboration between the General Directorates of Social Assistance and Child Protection and the public social assistance services and the standard model of the documents developed by them. Official Gazette no. 663 of 1 September 2015. Portal Legislativ. Retrieved from: [METODOLOGIE 19/08/2015 - Portal Legislativ](#). Last consulted on 14 January 2025.

⁴⁰⁵ Romania. (5 March 2014). Law no. 272 of 21 June 2004 (republished) on the protection and promotion of the rights of the child. Official Gazette no. 159. Portal Legislativ. Retrieved from: [LEGE 272 21/06/2004 - Portal Legislativ](#). Last consulted on 14 January 2025.

⁴⁰⁶ Romania. (19 August 2015). Methodology on the collaboration between the General Directorates of Social Assistance and Child Protection and the public social assistance services and the standard model of the documents developed by them. Official Gazette no. 663 of 1 September 2015. Portal Legislativ. Retrieved from: [METODOLOGIE 19/08/2015 - Portal Legislativ](#). Last consulted on 14 January 2025.

⁴⁰⁷ Some calls will be answered by psychological counsellors who will offer emotional support. For cases that need police intervention or medical assistance, operators will contact the emergency service, 112. Telefonul Copilului. (14 January 2025). Retrieved from: [Telefonul Copilului](#). Last consulted on 14 January 2025.

⁴⁰⁸ Criminal Code of 17 July 2009 (Law no. 286/2009). (24 July 2009). Official Gazette, No. 510. Retrieved from: [CODUL PENAL 17/07/2009 - Portal Legislativ](#). Last consulted on 14 January 2025.

In addition, Article 267 introduces the omission of notification for civil servants, stipulating that those who become aware of criminal acts in connection with their duties and fail to notify the criminal investigation bodies immediately will be punished with imprisonment from three months to three years or a fine, according to paragraph 1. In cases of negligence, the punishment is reduced to imprisonment from three months to one year or a fine, as per paragraph 2.⁴⁰⁹

⁴⁰⁹ Criminal Code of 17 July 2009 (Law no. 286/2009). (24 July 2009). Official Gazette, No. 510. Retrieved from: [CODUL PENAL 17/07/2009 - Portal Legislativ](#). Last consulted on 14 January 2025.

1.2.27 SLOVAKIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Section 7 (1) Law No. 305/2005 Coll. on Social and Legal Protection of Children and on Amendments to Certain Acts.	Any person, including doctors, psychologists, psychotherapists, social and welfare workers.	Awareness of a violation of a child's right, including psychological or physical violence or sexual abuse.

Rules on professional confidentiality. In Slovakia, the regulation of professional confidentiality for healthcare providers, including doctors and psychotherapists is governed by specific laws and ethical guidelines.

In particular, the regulation of professional confidentiality is primarily outlined in Section 18, paragraph 3 of Act No. 576/2004 on healthcare and on services related to health care and on Amendments to Certain Acts, as the provision states that anyone to whom data from medical records are provided or made available pursuant to this Act is obliged to maintain the confidentiality of it and to ensure their protection so that they are not lost or misused.⁴¹⁰

Exceptions to professional confidentiality. Healthcare providers are, however, allowed to disclose or use information in cases where disclosure is required by law or necessary to protect the patient's health or the health of others.⁴¹¹

Mandatory reporting obligation. The obligation to report cases of sexual abuse of children is outlined in Law No. 305/2005 Coll. on Social and Legal Protection of Children and on Amendments to Certain Acts. Section 7 (1) of the Law states that everyone is obliged to report to warn the authorities for the social and legal protection of children and social guardianship of violations of the rights of the child. The reporting obligation covers all minors, irrespective of whether they have Slovakian citizenship.⁴¹²

Coverage of the reporting. Any person, including doctors, psychologists, psychotherapists, social and welfare workers, should report to the authority of social-legal protection of children and social guardianship in case they become aware of a violation of a child's right.

Requirements for the state of mind of the reporter. The reporting obligation is triggered when the mandated reporter becomes aware of a violation of a child's right. The types of child sexual abuse or child sexual abuse material behavior that trigger the reporting obligation are not explicitly mentioned in Section 7 (1) of the Law No. 305/2005 Coll. on Social and Legal Protection of Children and on Amendments to Certain Acts. However, any violation of the rights of a child falls under the reporting obligation, including psychological or physical violence or sexual abuse.

Protections for the reporter. While the possibility of anonymous reporting is not specifically mentioned in the regulation, Section 96 of the Act No. 305/2005 emphasizes the obligation of employees of the competent authority for social protection of children and social guardianship to maintain confidentiality about the facts

⁴¹⁰ Law of 21 October 2004, No. 576/2004 Coll. (21 October 2004). On healthcare, services related to the provision of healthcare and on the amendment of certain acts. Retrieved from: [576/2004 Z.z. - Zákon o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov](#). Last consulted on 14 January 2025.

⁴¹¹ Ibid.

⁴¹² Act No. 305/2005 Coll. (2005, July 14). Act on Social and Legal Protection of Children and on Social Guardianship and on Amendments to Certain Acts. Retrieved from: [305/2005 Z. z. Zákon o sociálnoprávnej ochrane detí a o sociálnej kuratele | Aktuálne znenie](#). Last consulted on 14 January 2025.

they have learned during the implementation of measures under the Act unless withholding the information would endanger the life or health of children and adults or if required by special regulations.

Consequences/penalties for not reporting. The consequences for not reporting a crime or offence as required by law are outlined in Section 340 of the Criminal Code. Failure to report an offence can result in imprisonment for up to ten years. However, there are exceptions to this penalty. If the reporter can demonstrate that making the report would endanger their own life, the life of a person close to them, or expose them to serious harm or prosecution, they may not be held liable for not reporting. Additionally, individuals who are bound by specific forms of confidentiality, such as confessional confidentiality or statutory duty of confidentiality, may be exempt from the reporting obligation.⁴¹³

⁴¹³ Act No. 300/2005 Coll. (2005, July 2). Criminal Code (as amended). Retrieved from: [300/2005 Z. z. Trestný zákon | Aktuálne znenie](#). Last consulted on 14 January 2025.

1.2.28 SLOVENIA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 6 of the Family Violence Prevention Act.	Authorities, organizations and non-governmental organizations or any individual, particularly healthcare professionals, staff of childcare, educational, and social institutions, as well as providers of activities for children in sports and cultural associations.	Awareness of circumstances based on which it may be concluded that violence is being carried out.

Rules on professional confidentiality. In Slovenia, the confidentiality rules are outlined in Article 51 of the Health Services Act,⁴¹⁴ and Article 18 of the Mental Health Act.⁴¹⁵ According to these provisions, healthcare and mental health providers are obligated to maintain the confidentiality of information regarding a person's medical condition, its causes, circumstances, and consequences.

Exceptions to professional confidentiality. The Health Services Act outlines specific exceptions to the duty of professional confidentiality. Article 52 of the Health Services Act stipulates that a doctor may be released from this duty by the patient themselves or, in the case of minors or individuals under guardianship, by their parents or guardians, or by a court decision, provided it is in accordance with the law.

According to Article 53 of the Health Services Act, without prior patient consent, the treating doctor may share information with the patient's immediate family, guardians, or extramarital partner only if the doctor deems it to be in the patient's best interest. Article 54 of the Health Services Act further states that in cases of patient transfer, relocation, or a change in treating doctor, the previous doctor or health institution is obligated to provide the new doctor with all medical records, but only with the patient's written authorization.

Article 18 of the Mental Health Act includes a provision allowing a provider of mental health programs and services to be exempted from the obligation to maintain confidentiality, as permitted under the law governing patient rights.

Mandatory reporting obligation. According to Article 6 of the Family Violence Prevention Act, authorities and organizations and non-governmental organizations which, in the course of their work, become aware of circumstances on the basis of which it may be concluded that violence is being carried out, shall be obliged to immediately inform the social work center thereof, unless the victim expressly objects to this and there is no suspicion of committing a criminal offence that is prosecuted *ex officio*.

⁴¹⁴ Law on the Medical Service (ZZdrS). (3 December 1999). Official Gazette of the Republic of Slovenia, No 72/06 – Official consolidated text, 15/08 – ZPacP, 58/08, 107/10 – ZPPKZ, 40/12 – ZUJF, 88/16 – ZdZPZD, 40/17, 64/17 – ZZDej-K, 49/18, 66/19, 199/21, 136/23 – ZIUZDS, and 35/24. Retrieved from: [Zakon o zdravniški službi \(ZZdrS\) \(PISRS\)](#). Last consulted on 14 January 2025.

⁴¹⁵ Mental Health Act (ZDZdr). (2008, July 28). Official Gazette of the Republic of Slovenia, No. 77/08, 46/15 – sec. ÚS, 44/19 – sec. US, 109/23 and 136/23 – ZIUZDS. Adopted on 15 July 2008, and effective from 12 August 2008. Retrieved from: [Zakon o duševnem zdravju \(ZDZdr\) \(PISRS\)](#). Last consulted on 14 January 2025. A new law designed to regulate the field of psychotherapy is currently under discussion, which aims to establish clear criteria to ensure high-quality assistance for individuals seeking therapeutic help.

Everyone, particularly healthcare professionals, staff of childcare, educational, and social institutions, as well as providers of activities for children in sports and cultural associations, must, regardless of professional confidentiality rules, immediately notify the social work center, police, or public prosecutor when they suspect that the victim of violence is a child or a person who, due to personal circumstances, is unable to care for themselves.⁴¹⁶

Coverage of the reporting. The reporting obligations apply to authorities, organizations and non-governmental organizations or any individual, particularly healthcare professionals, staff of childcare, educational, and social institutions, as well as providers of activities for children in sports and cultural associations and covers any person below the age of 18 years.

Requirements for the state of mind of the reporter. The reporting obligation is triggered when the mandated reporter becomes aware of circumstances based on which it may be concluded that violence is being carried out.

Article 3 of the Family Violence Prevention Act defines family violence as any form of physical, sexual, psychological, or economic violence exerted by one family member against another. Sexual violence includes any sexual content that is opposed by a family member or if they are forced into engaging in such acts or do not understand their meaning due to their stage of development.

Protections for the reporter. Anonymous reporting is not possible for professionals. However, there are helplines and reporting points available to ensure the protection and support of individuals involved.

For instance, the toll-free telephone helpline TOM (116 111) provides emotional support for children and young people facing various challenges. Anonymity and confidentiality are guaranteed during conversations with the helpline's counsellors.⁴¹⁷ Additionally, ONLINE OP serves as a reporting point for child sexual abuse imagery on the internet, allowing anonymous reporting through the website www.spletno-oko.si.⁴¹⁸

Consequences/penalties for not reporting. Failure to report cases of child abuse can have legal consequences. Article 321 (1) of the Criminal Code stipulates that individuals who fail to inform the competent authority or take necessary measures to avert dangers to human life, the environment, or valuable property may be subject to fines or imprisonment for up to one year.

In addition, pursuant to Article 130 of the Criminal Code, individuals who fail to render aid to another person in an immediate life-threatening situation, even when they could have done so without endangering themselves or others, may face imprisonment for up to one year.⁴¹⁹

⁴¹⁶ Domestic Violence Prevention Act (ZPND). (15 February 2008). Official Gazette of the Republic of Slovenia, No. 16/08, 68/16, 54/17 – ZSV-H and 196/21 – ZDOsk. Accepted on February 1, 2008, and valid from March 1, 2008. Retrieved from: [Zakon o preprečevanju nasilja v družini \(ZPND\) \(PISRS\)](#). Last consulted on 14 January 2025.

⁴¹⁷ Helpline TOM Telefon. (n.d.). Retrieved from: [Helpline TOM Telefon | safe.si](#). Last consulted on 14 January 2025.

⁴¹⁸ Skupaj za zaščito otrok | Spletno oko. (n.d.). Retrieved from: [Skupaj za zaščito otrok | Spletno oko](#). Last consulted on 14 January 2025.

⁴¹⁹ Republic of Slovenia. (2009). Criminal Code (KZ-1). Retrieved from: [Microsoft Word - novi KZ-1 november 2009 prevod parlament ang.doc](#). Last consulted on 14 January 2025.

1.2.29 SPAIN

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Article 13 of Organic Law 1/1996 on the Legal Protection of Minors; Article 15, 16 and 19 of the Organic Law 8/2021 on the Comprehensive Protection of Children and Adolescents against Violence.	Any person or authority, especially those working with minors; Any individual, with additional obligations for professionals working with minors.	Awareness of a situation of a situation of risk or possible helplessness of a minor; For all: signs of a situation of violence (to be interpreted broadly) against a minor if the facts constitute a crime and for professionals also if they become aware of a situation of violence (to be interpreted broadly) that could otherwise result in a threat to the health or safety of the child.

Rules on professional confidentiality. Confidentiality rules play a crucial role in protecting information in the healthcare sector in Spain.

Healthcare professionals, including psychotherapists, are bound by professional confidentiality, known as ‘secreto profesional médico’. According to Article 43 of the Law 33/2011, General Law on Public Health, employees of public and private centers and services, as well as individuals who have access to healthcare data, are obligated to maintain confidentiality.⁴²⁰

A professional who, in breach of his obligation of confidentiality, divulges the secrets of another person shall be punished with imprisonment of one to four years, a fine of twelve to twenty-four months and special disqualification from that profession for a period of two to six years.⁴²¹

Exceptions to professional confidentiality. There are certain exceptions to professional confidentiality:

- When the express authorization of the patient himself is obtained to transfer information relating to his or her health, treatment, intervention, etc. to third parties;
- When the information collected constitutes a crime. In this case, and in accordance with Article 262 of the Criminal Procedure Law ‘those who, because of their positions, professions and trades, become aware of a public offence shall be obliged to report it immediately’;

⁴²⁰ Spain. (2011). Law 33/2011, of 4 October, General Public Health. BOE no. 240, 05/10/2011. Retrieved from: [BOE-A-2011-15623 Ley 33/2011, de 4 de octubre, General de Salud Pública.](#) Last consulted on 14 January 2025.

⁴²¹ Article 199 of the Criminal Code. Spain. (n.d.). Article 199 of the Criminal Code. Retrieved from: [Artículo 199 del Código Penal.](#) Last consulted on 14 January 2025.

- When the professional is required to testify by law, i.e. if the health professional is summoned to trial as a witness or expert. Provided that the disclosure of the information is essential for the proper conduct of the judicial proceedings.
- When there is a real risk to the patient himself or to third parties.⁴²²

Mandatory reporting obligation. Article 13 of Organic Law 1/1996 on the Legal Protection of Minors establishes an obligation to report. Any person or authority, especially those who, by virtue of their profession, trade or activity, detect a situation of risk or possible helplessness of a minor, shall notify the authority or its closest agents, without prejudice to providing the immediate assistance required.⁴²³

Organic Law 8/2021 on the Comprehensive Protection of Children and Adolescents against Violence enhances and expands the obligation to report.⁴²⁴

Under Article 15 of the Organic Law 8/2021, any person who notices signs of a situation of violence against a minor is obliged to report it immediately to the competent authority (e.g., local child protection service or police) and, if the facts could constitute a crime, to the Security Forces and Corps, the Public Prosecutor's Office or the judicial authority, without prejudice to providing the immediate attention that the victim requires.

In addition, Article 16 of the Organic Law 8/2021 foresees an obligation to report for people who, by reason of their position, profession, trade or activity are entrusted with the assistance, care, teaching or protection of children. In case they become aware of a situation of violence exercised on children, they must immediately inform the competent social services and report to the Security Forces and the Public Prosecutor's Office if such violence could result in a threat to the health or safety of the child or person under the age of 18 years.

Organic Law 8/2021 also mentions a duty to report illegal content on the internet. Any natural or legal person who notices the existence of content available on the Internet that constitutes a form of violence against any child or adolescent is obliged to report it to the competent authority (e.g., local child protection service or police) and, if the facts could constitute a crime, to the Security Forces and Corps, the Public Prosecutor's Office or the judicial authority.⁴²⁵

Coverage of the reporting. The reporting obligation applies to any person and to all individuals who are entrusted with the assistance, care, teaching, or protection of children or adolescents. This includes qualified personnel in health centers, schools, sports and leisure centers, child protection and juvenile criminal responsibility centers, asylum and humanitarian care centers, establishments where minors reside, and social services.

⁴²² Versatil. (2017). El deber de secreto profesional médico y sus excepciones. Conversa Tax and Legal. Retrieved from: [EL DEBER DE SECRETO PROFESIONAL MÉDICO Y SUS EXCEPCIONES - Versatil](#). Last consulted on 14 January 2025.

⁴²³ BOE. (15 January 1996). Ley Orgánica 1/1996, de 15 de enero, de protección jurídica del menor, de modificación parcial del Código Civil y de la Ley de Enjuiciamiento Civil. Boletín Oficial del Estado (BOE), No. 15. Retrieved from: [BOE-A-1996-1069 Ley Orgánica 1/1996, de 15 de enero, de Protección Jurídica del Menor, de modificación parcial del Código Civil y de la Ley de Enjuiciamiento Civil.](#). Last consulted on 14 January 2025.

⁴²⁴ BOE. (14 September 1882). Real Decreto de 14 de septiembre de 1882 por el que se aprueba la Ley de Enjuiciamiento Criminal. Gaceta de Madrid, No. 260. Retrieved from: [BOE-A-1882-6036 Real Decreto de 14 de septiembre de 1882 por el que se aprueba la Ley de Enjuiciamiento Criminal.](#). Last consulted on 14 January 2025.

⁴²⁵ Article 19 of the Organic Law 8/2021.

Requirements for the state of mind of the reporter. The reporting obligation under Article 15 of the Organic Law 8/2021 applies when the mandated reporter notices signs of a situation of violence against children or if the facts could constitute a crime.

The reporting obligation under Article 16 of the Organic Law 8/2021 applies when the mandated reporter becomes aware of a situation of violence exercised on children or if such violence could result in a threat to the health or safety of the child or person under the age of 18 years.

In that regard, violence is any action, omission or negligent treatment that deprives minors of their rights and well-being that threatens or interferes with their orderly physical, psychological or social development, regardless of its form and means of commission. This includes any physical, psychological, or emotional abuse, neglect or negligent treatment, sexual violence, CSAM offences, prostitution, and sexual harassment.

The reporting obligation under Article 19 of the Organic Law 8/2021 applies when a person or legal person notices the existence of content available on the Internet that constitutes a form of violence against any child or adolescent or if the facts could constitute a crime.

Protections for the reporter. Although no information was found regarding the possibility of anonymous reporting, the confidentiality and protection of the reporter's identity are legally guaranteed.

Consequences/penalties for not reporting. Failure to report can have legal consequences. According to Article 259 of the Criminal Procedure Law, a person who witnesses the commission of any public offence is obliged to immediately inform the examining magistrate, magistrate, county or municipal judge or tax official nearest to the place where he or she is, subject to a fine of '25,00 to 250,00 pesetas'.⁴²⁶

A similar provision is mentioned in Article 262 of the Criminal Procedure Law. Those who, by reason of their positions, professions or trades, become aware of a public offence shall be obliged to report it immediately to the Public Prosecutor's Office, the competent court, the examining magistrate and, failing that, the municipal judge or the police officer nearest to the place in the case of flagrante delicto.

Those who fail to comply with this obligation shall incur the fine indicated in Article 259 of the Criminal Procedure Law.⁴²⁷

⁴²⁶ BOE. (15 January 1996). Ley Orgánica 1/1996, de 15 de enero, de protección jurídica del menor, de modificación parcial del Código Civil y de la Ley de Enjuiciamiento Civil. Boletín Oficial del Estado (BOE), No. 15. Retrieved from: [BOE-A-1996-1069 Ley Orgánica 1/1996, de 15 de enero, de Protección Jurídica del Menor, de modificación parcial del Código Civil y de la Ley de Enjuiciamiento Civil.](#). Last consulted on 14 January 2025.

⁴²⁷ BOE. (14 September 1882). Real Decreto de 14 de septiembre de 1882 por el que se aprueba la Ley de Enjuiciamiento Criminal. Gaceta de Madrid, No. 260. Retrieved from: [BOE-A-1882-6036 Real Decreto de 14 de septiembre de 1882 por el que se aprueba la Ley de Enjuiciamiento Criminal.](#). Last consulted on 14 January 2025.

1.2.30 SWEDEN

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Chapter 14, Section 1 of the Social Services Act.	Authorities working with children and young people, healthcare and forensic psychiatric services, social services, the Prison and Probation Service, the Police Authority, and the Security Service, as well as their employees. It also extends to those who are active in professionally conducted individual activities and perform tasks that impact children and young people or in other such activities in health and medical care or in social services.	Awareness of or suspicion that a child is being harmed, including offenses against life and health, liberty and peace, and sexual offenses.

Rules on professional confidentiality. Individuals engaged in professionally conducted private activities involving measures under the Social Services Act are prohibited from disclosing any personal information about individuals that they have learned in the course of their work without proper authorization. This restriction also applies to those involved in individual family counseling, who may not disclose any information provided in confidence or obtained during the counseling. In public sector activities, the Public Access to Information and Secrecy Act governs the handling of such information.⁴²⁸

In addition, the Patient Data Act applies to healthcare providers, including hospitals, clinics, and private practitioners; healthcare personnel, such as doctors, nurses, and administrative staff; and organizations involved in managing or processing patient data. The Act requires that patient information be kept confidential and secure, with access restricted to authorized personnel only.

Under Chapter 4, Section 1, individuals working for a healthcare provider may access documented patient information only if they are directly involved in the patient's care or require the information for their healthcare-related duties.⁴²⁹

Anyone who unlawfully discloses or uses confidential information in violation of a legal duty may be penalized under Chapter 20, Section 3 of the Criminal Code. This provision states that an individual who breaches a confidentiality obligation imposed by law, regulation, or official order may be sentenced to a fine or imprisonment for up to one year. If the breach occurs through negligence, the penalty is limited to a fine, though no punishment is imposed in minor cases. These penalties apply unless the act is otherwise subject to specific legal consequences.⁴³⁰

⁴²⁸ Sveriges Riksdag. (2001). Social Services Act (Socialtjänstlag, 2001:453). Ministry of Health and Social Affairs. Retrieved from: [Socialtjänstlag \(2001:453\) | Sveriges riksdag](#). Last consulted on 14 January 2025.

⁴²⁹ Sveriges Riksdag. (29 May 2008). Patientdatalag (2008:355). Ministry of Health and Social Affairs. Retrieved from: [Patientdatalag \(2008:355\) | Sveriges riksdag](#). Last consulted on 14 January 2025.

⁴³⁰ Sveriges Riksdag. (1999). The Swedish Penal Code (Departementsserien 1999:36). Ministry of Justice. Retrieved from: [The Swedish Penal Code \(Departementsserien 1999:36\) | Sveriges riksdag](#). Last consulted on 14 January 2025.

Exceptions to professional confidentiality. The Patient Data Act emphasizes the confidentiality of patient information, mandating that healthcare providers obtain explicit consent from patients before using or sharing their data.

However, exceptions exist for situations requiring immediate medical care. Strict guidelines govern how patient data can be accessed and shared, ensuring secure methods of transfer and storage. In public healthcare, the Freedom of the Press Act and the Public Access to Information and Secrecy Act outline the rights to access documents and information, while the Patient Safety Act imposes limitations on disclosing information from individual healthcare records.⁴³¹

Direct access to personal data is permitted only as specified by law or regulation. Healthcare authorities within the same region or municipality may access data processed by one another under regulated circumstances. Furthermore, healthcare providers can grant individuals access to their own information through direct access or electronic disclosure if it aligns with specified purposes. Detailed regulations issued by the government or its designated authority establish the security measures required for such disclosures, emphasizing robust safeguards for patient confidentiality.⁴³²

In that regard, the Public Access to Information and Secrecy Act establishes comprehensive guidelines for maintaining confidentiality while permitting specific exceptions to ensure the functionality of authorities and the protection of individual rights.

Under Chapter 8, Section 1, the Act states that confidential information may not be disclosed to individuals or other authorities unless expressly permitted by this Act or referenced legal provisions. Chapter 10 introduces exceptions to this general rule. For example, Section 1 allows the disclosure of confidential information if the individual whose information is protected consents to such disclosure. Section 2 further permits disclosure when necessary for an authority to effectively carry out its duties.⁴³³

Confidentiality does also not prevent a person suspected of a crime or involved in legal proceedings from accessing information necessary to safeguard their rights. For example, such a person can share the information with their legal counsel or use it in their defense.⁴³⁴

Mandatory reporting obligation. Certain professionals and authorities have a legal obligation under Chapter 14, Section 1 of the Social Services Act, to report immediately to the Social Welfare Board if they become aware of or suspect that a child is being harmed. Those involved in family counselling must report immediately if they learn that a child is being sexually exploited or subjected to physical or mental abuse at home.

Additionally, all obligated parties must provide the Social Welfare Board with any information relevant to investigating the child's need for support and protection. Reports submitted by the Ombudsman for Children are governed by the provisions of Section 7 of the Ombudsman for Children Act (1993:335).

Lastly, Chapter 14, Section 1c of the Social Services Act establishes that anyone who becomes aware of or suspects child abuse is encouraged to report it to the Social Welfare Board, even if they are not legally mandated to do so.⁴³⁵

Coverage of the reporting. The reporting obligation under Chapter 14, Section 1 of the Social Services Act applies to authorities working with children and young people, healthcare and forensic psychiatric services, social services, the Prison and Probation Service, the Police Authority, and the Security Service, as well as

⁴³¹ Chapter 5, Section 1 of the Patient Data Act.

⁴³² Chapter 5, Section 4 and 5 of the Patient Data Act.

⁴³³ Sveriges Riksdag. (2009). Public Access to Information and Secrecy Act (Offentlighets- och sekretesslag, 2009:400). Ministry of Justice. Retrieved from: [Offentlighets- och sekretesslag \(2009:400\) | Sveriges riksdag](#). Last consulted on 14 January 2025.

⁴³⁴ Chapter 10, Section 10 of the Public Access to Information and Secrecy Act.

⁴³⁵ Sveriges Riksdag. (2001). Social Services Act (Socialtjänstlag, 2001:453). Ministry of Health and Social Affairs. Retrieved from: [Socialtjänstlag \(2001:453\) | Sveriges riksdag](#). Last consulted on 14 January 2025.

their employees. It also extends to those who are active in professionally conducted individual activities and perform tasks that impact children and young people or in other such activities in health and medical care or in the area of social services.

Requirements for the state of mind of the reporter. The legal obligation under Chapter 14, Section 1 of the Social Services Act, to report immediately to the Social Welfare Board applies when the mandated reporters become aware of or suspect that a child is being harmed.

Those involved in family counselling must report immediately if they learn that a child is being sexually exploited or subjected to physical or mental abuse at home. The types of offences that trigger the reporting obligation are crimes as defined in Chapter 3, 4, or 6 of the Criminal Code, which include offenses against life and health, liberty and peace, and sexual offenses.

Protections for the reporter. There are no formal requirements for submitting a notification, but individuals obligated to report should do so in writing.

The report should describe the child, outline observations, and detail concerns, with concrete and specific information to help social services assess the situation effectively. Private individuals can remain anonymous if they refrain from disclosing their identity when contacting social services.⁴³⁶

Consequences/penalties for not reporting. Under Chapter 23, Section 6 of the Criminal Code, a person who omits to report in time or otherwise to reveal a crime that is in process of being committed when this could have been done without danger to himself or to anyone in a close relationship to him, shall, in those cases where this has been covered by special provisions, be sentenced for failure to reveal the crime as is provided for a person who has been an accomplice to the crime to a minor extent only.

However, in no case may a more severe punishment than imprisonment for two years be imposed. In cases subject to special provisions, the punishment for failure to reveal a crime in accordance with the present provision shall also be imposed on a person who did not realize that a crime was being committed but should have done so.⁴³⁷

⁴³⁶ Socialstyrelsen. (n.d.). Anmälan till socialtjänsten vid kännedom eller misstanke om att ett barn far illa. National Board of Health and Welfare. Retrieved from: [Anmälan till socialtjänsten vid kännedom eller misstanke om att ett barn far illa - Socialstyrelsen](#). Last consulted on 14 January 2025.

⁴³⁷ Sveriges Riksdag. (1999). The Swedish Penal Code (Departementsserien 1999:36). Ministry of Justice. Retrieved from: [The Swedish Penal Code \(Departementsserien 1999:36\) | Sveriges riksdag](#). Last consulted on 14 January 2025.

1.2.31 SWITZERLAND/CANTON BASEL-STADT

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes.	<p>Article 314c of the Civil Code;</p> <p>Article 314d of the Civil Code;</p> <p>Section 6 of the Child and Adult Protection Act.</p>	<p>Article 314c: any person may notify (not mandated, right to report only), however if bound to professional confidentiality under Article 321 Criminal Code: only if in the interest of the child + not applicable to auxiliary persons bound by professional confidentiality under the Criminal Code;</p> <p>Article 314d: obligation to report for professionals such as doctors, psychologists, care services, child care education, counselling and other persons who learn of a case in their official capacity, however only when they are not subject to professional confidentiality under the Criminal Code;</p> <p>Section 6 of the Child and Adult Protection Act: people who, in the course of their official duties, become aware of a vulnerable person in need of protection must report to the Child and Adult Protection Authority. Here, 'in the course of their official duties', means that the person fulfils a task under public law.</p>	<p>Article 314c: the physical, psychological or sexual integrity of a child appears to be at risk;</p> <p>Article 314d: clear indications that the physical, psychological or sexual integrity of a child is at risk and that they cannot remedy the threat as part of their professional activities;</p> <p>Section 6 of the Child and Adult Protection Act: physical, psychological or sexual integrity of a child appears to be at risk the mandated reporter cannot ensure or establish protection themselves within the scope of their activities, so that a report to the child and adult protection authority appears necessary.</p>

Rules on professional confidentiality. According to Article 40, f) of the Federal Act on the University Medical Professions, people practicing a university medical profession shall maintain professional confidentiality in accordance with the relevant regulations.⁴³⁸

This article does not contain any substantive provisions on professional confidentiality but refers to other relevant regulations. According to Article 321 (1) of the Criminal Code, clergymen, lawyers, defense lawyers, notaries, patent attorneys, auditors, doctors, dentists, chiropractors, pharmacists, midwives, psychologists, nurses, physiotherapists, occupational therapists, nutritionists, optometrists, osteopaths and their assistants to any of the foregoing persons shall be liable on complaint to a custodial sentence not exceeding three years or to a monetary penalty if they disclose a confidential information that has been confided to him in his professional capacity or which has come to his knowledge in the practice of his profession. Students who reveal a secret they perceive during their studies are also punished.⁴³⁹

The Canton of Basel-Stadt has extended the duty of confidentiality stated in Article 321 of the Criminal Code at cantonal level to all healthcare professionals.⁴⁴⁰

For medical professionals, there is a potential risk of criminal consequences; however, violating professional confidentiality under Article 321 of the Swiss Criminal Code is punishable only upon request, and the right to file such a request expires after three months. Disciplinary measures are also conceivable, as breaching confidentiality is considered a violation of professional duties.

Exceptions to professional confidentiality. The person disclosing the information is not liable to any penalty if he does so with the consent of the person to whom the information pertains or on the basis of written authorization issued in response to his application by a superior authority or supervisory authority.⁴⁴¹ The federal and cantonal provisions on the duties to report and cooperate, the duty to testify and on the obligation to provide information to an authority are reserved.⁴⁴²

In addition, Article 314, c) of the Civil Code provides that people who are subject to professional confidentiality under Article 321 of the Criminal Code are entitled to notify the authorities if a child's physical, mental or sexual integrity appears to be at risk. However, this does not apply to auxiliary people bound by professional confidentiality under Article 321 of the Criminal Code.⁴⁴³

Mandatory reporting obligation. Under Article 314, c) of the Civil Code, any person can report to the Child and Adult Protection Authority if the physical, psychological or sexual integrity of a child appears to be at risk.

⁴³⁸ Federal Assembly of the Swiss Confederation. (2006). Federal Act on the University Medical Professions (MedBG), 23 June 2006 (Status as of 1 July 2024). Retrieved from: [SR 811.11 - Bundesgesetz vom 23. Juni 2006 über ... | Fedlex](#). Last consulted on 14 January 2025.

⁴³⁹ Federal Assembly of the Swiss Confederation. (1937). Swiss Criminal Code, 21 December 1937 (Status as of 1 January 2025). Retrieved from: [SR 311.0 - Schweizerisches Strafgesetzbuch vom 2... | Fedlex](#). Last consulted on 14 January 2025.

⁴⁴⁰ See § 21 in conjunction with § 26 paragraph 1 of the Health Act (GesG- SG 300.100). Government of Basel-Stadt. (2011). Health Act (GesG), SG 300.100, 21 September 2011, in force since 1 January 2012 (current version in force since 1 January 2025, decision date: 16 October 2024). Retrieved from: [SG 300.100 - Gesundheitsgesetz - Kanton Basel Stadt - Erlass-Sammlung](#). Last consulted on 14 January 2025.

⁴⁴¹ Article 321 (2) of the Criminal Code.

⁴⁴² Article 321 (3) of the Criminal Code.

⁴⁴³ Federal Assembly of the Swiss Confederation. (2018). Swiss Civil Code (Child Protection), AS 2018 2947. Retrieved from: [AS 2018 2947 - Schweizerisches Zivilgesetzbuch \(... | Fedlex](#). Last consulted on 14 January 2025.

Additionally, if a report is in the interest of the child, people bound by professional confidentiality under the Criminal Code are also entitled to report. This provision does not apply to auxiliary people bound by professional confidentiality under the Criminal Code.

Article 314d of the Civil Code further establishes a reporting obligation for certain individuals, provided they are not subject to professional confidentiality under the Criminal Code, if there are concrete indications that the physical, psychological or sexual integrity of a child is at risk, and they cannot remedy the situation within the scope of their professional duties. The reporting obligation is also considered fulfilled if the report is made to a superior. Moreover, cantons may introduce additional reporting requirements.

However, in practice, this article is often inapplicable since most professionals are subject to the professional confidentiality stipulated in Article 321 of the Criminal Code.

The Canton of Basel-Stadt stipulates in Section 6 of the Child and Adult Protection Act an obligation to report for people who, in the course of their official duties, become aware of a vulnerable person in need of protection to the Child and Adult Protection Authority. Here, 'in the course of their official duties', means that the person fulfils a task under public law.

Coverage of the reporting. The reporting obligation under Article 314d of the Criminal Code applies to the following individuals, provided they are not subject to professional confidentiality under the Criminal Code:

- Professionals in the fields of medicine, psychology, nursing, care, education, teaching, social counseling, religion, and sports who have regular professional contact with children.
- People who become aware of such a case in the course of their official duties.

The obligation to report in the Canton of Basel-Stadt applies to people who fulfil a task under public law. An employment relationship with the state is not required. Employees of private organizations that are significantly subsidized by the state and for which the state has the possibility of control also fall under official activities. This includes, for example, employees of hospitals and their social services.

Requirements for the state of mind of the reporter. Article 314d of the Civil Code further applies when there are concrete indications that the physical, psychological or sexual integrity of a child is at risk, and they cannot remedy the situation within the scope of their professional duties.

No distinction is made between child sexual abuse and child sexual abuse material, nor is there a differentiation regarding age. The reporting obligation applies exclusively to children up to the age of 18 years and does not extend to adult people, even if they have a mental or physical disability.

A similar provision exists under Section 6 of the Child and Adult Protection Act. The need for protection and thus a duty to report exists if the mandated reporter cannot ensure or establish protection themselves within the scope of their activities, so that a report to the child and adult protection authority appears necessary. It is sufficient to suspect that the physical, psychological or sexual integrity of a child appears to be at risk.⁴⁴⁴

⁴⁴⁴ Article 314, c), par. 1 and 2 of the Criminal Code.

Protections for the reporter. Reports can be submitted to the Child and Adult Protection Authority, preferably using the reporting form or via email. These reports cannot be treated anonymously. For reporting anonymously, the Child and Adult Protection Authority can directly be contacted.⁴⁴⁵

The Child and Adult Protection Authority Basel-Stadt advises against this, stating that anonymous reports are questionable under the rule of law. Those affected must be able to comment on the person of the reporter in a fair procedure. In addition, there is a risk of making it more difficult to find a solution, as for those affected, everything revolves around who submitted the report.⁴⁴⁶

Consequences/penalties for not reporting. While specific sanctions for non-compliance with the reporting obligation are not explicitly mentioned in Article 314d of the Swiss Civil Code and Section 6 of the Child and Adult Protection Act, the consequences can vary depending on the severity of the situation and the applicable cantonal regulations.

In addition, under Article 11 of the Criminal Code, a crime or misdemeanor can be committed by failing to act in breach of duty. A person who fails to prevent the endangerment or violation of a legal interest protected by criminal law remains inactive in breach of duty, although he is obliged to do so by virtue of his legal status, on the grounds of the Act, a contract, a voluntarily entered community of danger, or the creation of a danger.

A person who fails to act in breach of duty is only liable to prosecution based on the relevant offence if, according to the circumstances of the offence, he can be accused of the same as if he had committed the offence by actively acting. The court can mitigate the sentence.⁴⁴⁷

⁴⁴⁵ Kanton Basel-Stadt. (n.d.). Child Protection. Retrieved from: [Kindesschutz | Kanton Basel-Stadt](#). Last consulted on 14 January 2025.

⁴⁴⁶ Wilhelm, M. (3 April 2018). Kesb-Warner bleiben nicht anonym: Wer eine Meldung über die Gefährdung von Personen erstattet, kann seinen Namen meist nicht geheim halten. Tages-Anzeiger. Retrieved from: [Kesb-Warner bleiben nicht anonym | Tages-Anzeiger](#). Last consulted on 14 January 2025.

⁴⁴⁷ Article 11 of the Swiss Criminal Code.

1.2.32 SWITZERLAND/CANTON GENEVA

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes.	<p>Article 314c of the Civil Code;</p> <p>Article 314d of the Civil Code;</p> <p>Article 34 of the Law on the Application of the Swiss Civil Code and Other Federal Civil Laws (LaCC).</p>	<p>Article 314c: any person may notify (not mandated, right to report only), however if bound to professional confidentiality under Article 321 Criminal Code: only if in the interest of the child + not applicable to auxiliary persons bound by professional confidentiality under the Criminal Code;</p> <p>Article 314d: obligation to report for professionals such as doctors, psychologists, care services, child care education, counselling and other persons who learn of a case in their official capacity, however only when they are not subject to professional confidentiality under the Criminal Code;</p> <p>Article 34 LaCC: anyone has a right to report (not a duty), and those who, during their professional, official, or functional duties related to minors, whether in a primary, secondary, or auxiliary role, become aware of a situation have a duty to report.</p>	<p>Article 314c: the physical, psychological or sexual integrity of a child appears to be at risk;</p> <p>Article 314d: clear indications that the physical, psychological or sexual integrity of a child is at risk and that they cannot remedy the threat as part of their professional activities;</p> <p>Article 34 LaCC: awareness of a situation where a minor's development is at risk.</p>

Rules on professional confidentiality. According to Article 40, f) of the Federal Act on the University Medical Professions, people practicing a university medical profession shall maintain professional confidentiality in accordance with the relevant regulations.⁴⁴⁸

⁴⁴⁸ Federal Assembly of the Swiss Confederation. (2006). Federal Act on the University Medical Professions (MedBG), 23 June 2006 (Status as of 1 July 2024). Retrieved from: [SR 811.11 - Bundesgesetz vom 23. Juni 2006 über ... | Fedlex](#). Last consulted on 14 January 2025.

This article does not contain any substantive provisions on professional confidentiality but refers to other relevant regulations. According to Article 321 (1) of the Criminal Code, clergymen, lawyers, defense lawyers, notaries, patent attorneys, auditors, doctors, dentists, chiropractors, pharmacists, midwives, psychologists, nurses, physiotherapists, occupational therapists, nutritionists, optometrists, osteopaths and their assistants to any of the foregoing persons shall be liable on complaint to a custodial sentence not exceeding three years or to a monetary penalty if they disclose a confidential information that has been confided to him in his professional capacity or which has come to his knowledge in the practice of his profession. Students who reveal a secret they perceive during their studies are also punished.⁴⁴⁹

In the Canton of Geneva, Article 87 of the Health Act states that all healthcare professionals and their assistants are bound by professional confidentiality. The purpose of this obligation is to protect the patient's privacy. It prohibits individuals from disclosing information they have learned during their profession. This obligation also applies between healthcare professionals.⁴⁵⁰ A person who unlawfully breaches professional confidentiality is liable to a fine of up to 100.000,00 CHF or detention of up to three months, or both penalties may be imposed cumulatively.⁴⁵¹

Exceptions to professional confidentiality. The person disclosing the information is not liable to any penalty if he does so with the consent of the person to whom the information pertains or based on written authorization issued in response to his application by a superior authority or supervisory authority. The federal and cantonal provisions on the duties to report and cooperate, the duty to testify and on the obligation to provide information to an authority are reserved.⁴⁵²

In addition, Article 314, c) of the Civil Code provides that people who are subject to professional confidentiality under Article 321 of the Criminal Code are entitled to notify the authorities if a child's physical, mental or sexual integrity appears to be at risk. However, this does not apply to auxiliary people bound by professional confidentiality under Article 321 of the Criminal Code.⁴⁵³

In the Canton of Geneva, professional confidentiality may be subject to exceptions under specific circumstances. According to Article 87 (3) of the Health Act, healthcare professionals may share patient information with one another if it is in the patient's best interest and the patient's consent. Article 88 of the Health Act further provides that a person bound by professional confidentiality may be released from this obligation by the patient or, for valid reasons, by a higher authority authorized to waive confidentiality. Additionally, legal provisions requiring the disclosure of information to an authority or testimony in court take precedence and remain unaffected.

Mandatory reporting obligation. Under Article 314, c) of the Civil Code, any person can report to the Child and Adult Protection Authority if the physical, psychological or sexual integrity of a child appears to be at risk.

Additionally, if a report is in the interest of the child, people bound by professional confidentiality under the Criminal Code are also entitled to report. This provision does not apply to auxiliary people bound by professional confidentiality under the Criminal Code.

⁴⁴⁹ Federal Assembly of the Swiss Confederation. (1937). Swiss Criminal Code, 21 December 1937 (Status as of 1 January 2025). Retrieved from: [SR 311.0 - Schweizerisches Strafgesetzbuch vom 2... | Fedlex](#). Last consulted on 14 January 2025.

⁴⁵⁰ Grand Conseil de la République et canton de Genève. (n.d.). Loi sur la santé (K 1 03). Retrieved from: [L 9328 - sur la santé \(K 1 03\)](#). Last consulted on 14 January 2025.

⁴⁵¹ Article 134 of the Health Act.

⁴⁵² Article 321 (3) of the Criminal Code.

⁴⁵³ Federal Assembly of the Swiss Confederation. (2018). Swiss Civil Code (Child Protection), AS 2018 2947. Retrieved from: [AS 2018 2947 - Schweizerisches Zivilgesetzbuch \(... | Fedlex](#). Last consulted on 14 January 2025.

Article 314d of the Civil Code further establishes a reporting obligation for certain individuals, provided they are not subject to professional confidentiality under the Criminal Code, if there are concrete indications that the physical, psychological or sexual integrity of a child is at risk, and they cannot remedy the situation within the scope of their professional duties. The reporting obligation is also considered fulfilled if the report is made to a superior. Moreover, cantons may introduce additional reporting requirements.

However, in practice, this article is often inapplicable since most professionals are subject to the professional confidentiality stipulated in Article 321 of the Criminal Code.

In the Canton of Geneva, under Article 34 of the Law on the Application of the Swiss Civil Code and Other Federal Civil Laws (LaCC), anyone has the right to report the situation of a child at risk in their development to the child protection service. On the other hand, those who, during their professional, official, or functional duties related to minors, whether in a primary, secondary, or auxiliary role, become aware of a situation where a minor's development is at risk, are obligated to report it to the child protection service. The obligations related to the lifting of professional confidentiality by the competent authority remain reserved.⁴⁵⁴

Coverage of the reporting. The reporting obligation under Article 314d of the Civil Code applies to the following individuals, provided they are not subject to professional confidentiality under the Criminal Code:

- Professionals in the fields of medicine, psychology, nursing, care, education, teaching, social counseling, religion, and sports who have regular professional contact with children.
- People who become aware of such a case in the course of their official duties.

In the Canton of Geneva, while anyone has the right to report a child at risk in their development, the obligation to report applies specifically to professionals. This includes individuals who, as part of their professional, official, or functional duties related to minors, become aware of such situations. Specifically, professionals such as members of educational and ecclesiastical authorities, healthcare providers, teachers, sports and recreation professionals, municipal employees, police officers, social workers, educators, psychologists working in educational settings, psychomotor therapists, and speech therapists are required to report these situations. By reporting to the child protection service, these professionals fulfill their legal obligation to report.

Requirements for the state of mind of the reporter. Article 314d of the Civil Code further applies when there are concrete indications that the physical, psychological or sexual integrity of a child is at risk, and they cannot remedy the situation within the scope of their professional duties.

In addition, the obligation under Article 34 of the Law on the Application of the Swiss Civil Code and Other Federal Civil Laws applies when the mandated reporter becomes aware of a situation where a minor's development is at risk. This concerns danger to the physical, psychological and sexual integrity of the child.

Protections for the reporter. Reports must include the name, first name, and address of the reporter, and must be submitted either in writing or electronically. The child protection service will not process anonymous, abusive, or manifestly unfounded reports. If necessary, the child protection service will refer to

⁴⁵⁴ Grand Conseil de la République et canton de Genève. (2012). Loi d'application du code civil suisse et d'autres lois fédérales en matière civile (LaCC). L 10958. Retrieved from: [L 10958 - Loi d'application du code civil suisse et d'autres lois fédérales en matière civile \(LaCC\)](#). Last consulted on 14 January 2025.

cases to the Protection Tribunal for protective measures, with its interventions in cases of immediate danger remaining reserved.⁴⁵⁵

Consequences/penalties for not reporting. While specific sanctions for non-compliance with the reporting obligation are not explicitly mentioned in Article 314d of the Swiss Civil Code, the consequences can vary depending on the severity of the situation and the applicable cantonal regulations.

In addition, under Article 11 of the Criminal Code, a crime or misdemeanor can be committed by failing to act in breach of duty. A person who fails to prevent the endangerment or violation of a legal interest protected by criminal law remains inactive in breach of duty, although he is obliged to do so by virtue of his legal status, on the grounds of the Act, a contract, a voluntarily entered community of danger, or the creation of a danger.

A person who fails to act in breach of duty is only liable to prosecution based on the relevant offence if, according to the circumstances of the offence, he can be accused of the same as if he had committed the offence by actively acting. The court can mitigate the sentence.⁴⁵⁶

⁴⁵⁵ Article 34 (5)-(7) of the Law on the Application of the Swiss Civil Code and Other Federal Civil Laws (LaCC).

⁴⁵⁶ Article 11 of the Swiss Criminal Code.

1.2.33 SWITZERLAND/CANTON ZURICH

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
No.	<p>Article 314c of the Civil Code;</p> <p>Article 314d of the Civil Code;</p> <p>Section 15 (4) Zurich Health Act.</p>	<p>Article 314c: any person may notify (not mandated, right to report only), however if bound to professional confidentiality under Article 321 Criminal Code: only if in the interest of the child + not applicable to auxiliary persons bound by professional confidentiality under the Criminal Code;</p> <p>Article 314d: obligation to report for professionals such as doctors, psychologists, care services, child care education, counselling and other persons who learn of a case in their official capacity, however only when they are not subject to professional confidentiality under the Criminal Code;</p> <p>Section 15 (4) Zurich Health Act: any person practicing a healthcare profession and their auxiliary staff have a right to report.</p>	<p>Article 314c: the physical, psychological or sexual integrity of a child appears to be at risk;</p> <p>Article 314d: clear indications that the physical, psychological or sexual integrity of a child is at risk and that they cannot remedy the threat as part of their professional activities;</p> <p>Section 15 (4) Zurich Health Act: perception indicating a crime or offence against life and limb, public health or sexual integrity or to assist the investigating authorities in identifying corpses.</p>

Rules on professional confidentiality. Under Article 40, f) of the Federal Act on the University Medical Professions, people practicing a university medical profession shall maintain professional confidentiality in accordance with the relevant regulations.⁴⁵⁷

This article does not contain any substantive provisions on professional confidentiality but refers to other relevant regulations. According to Article 321 (1) of the Criminal Code, clergymen, lawyers, defense lawyers, notaries, patent attorneys, auditors, doctors, dentists, chiropractors, pharmacists, midwives, psychologists, nurses, physiotherapists, occupational therapists, nutritionists, optometrists, osteopaths and their assistants to any of the foregoing persons shall be liable on complaint to a custodial sentence not exceeding three years or to a monetary penalty if they disclose a confidential information that has been confided to him in his

⁴⁵⁷ Federal Assembly of the Swiss Confederation. (2006). Federal Act on the University Medical Professions (MedBG), 23 June 2006 (Status as of 1 July 2024). Retrieved from: [SR 811.11 - Bundesgesetz vom 23. Juni 2006 über ... | Fedlex](#). Last consulted on 14 January 2025.

professional capacity or which has come to his knowledge in the practice of his profession. Students who reveal a secret they perceive during their studies are also punished.⁴⁵⁸

For healthcare professionals working in the Canton of Zurich, Section 15 of the cantonal Health Act is also applicable, subjecting all individuals practicing a healthcare profession, as well as their auxiliary staff, to confidentiality obligations. The laws do not differentiate between patients with mental illnesses and other patients. All information entrusted to confidentiality holders or observed during their professional practice must be kept confidential.⁴⁵⁹

For medical professionals, there is a potential risk of criminal consequences; however, violating professional confidentiality under Article 321 of the Swiss Criminal Code is punishable only upon request, and the right to file such a request expires after three months. Disciplinary measures are also conceivable, as breaching confidentiality is considered a violation of professional duties.

Exceptions to professional confidentiality. The person disclosing the information is not liable to any penalty if he does so with the consent of the person to whom the information pertains or based on written authorization issued in response to his application by a superior authority or supervisory authority. The federal and cantonal provisions on the duties to report and cooperate, the duty to testify and on the obligation to provide information to an authority are reserved.⁴⁶⁰

In addition, Article 314, c) of the Civil Code provides that people who are subject to professional confidentiality under Article 321 of the Criminal Code are entitled to notify the authorities if a child's physical, mental or sexual integrity appears to be at risk. However, this does not apply to auxiliary people bound by professional confidentiality under Article 321 of the Criminal Code.⁴⁶¹

Notwithstanding the duty of confidentiality, a person bound by this obligation under Section 15 of the Zurich Health Act, shall immediately report to the police in case of:

- extraordinary deaths, particularly those resulting from accidents, offences or mistreatment, including their long-term effects, as well as suicide,
- perceptions that indicate the deliberate spread of dangerous communicable diseases in humans and animals.⁴⁶²

They are entitled, without authorization or consent, to report to the competent authorities' perceptions that indicate a crime or offence against life and limb, public health or sexual integrity or to assist the investigating authorities in identifying corpses.⁴⁶³

⁴⁵⁸ Federal Assembly of the Swiss Confederation. (1937). Swiss Criminal Code, 21 December 1937 (Status as of 1 January 2025). Retrieved from: [SR 311.0 - Schweizerisches Strafgesetzbuch vom 2... | Fedlex](#). Last consulted on 14 January 2025.

⁴⁵⁹ Gesundheitsgesetz (GesG) vom 2. April 2007. Kantonsrat des Kantons Basel-Stadt. (2007). Retrieved from: [810.1 2.4.07 61.fm](#). Last consulted on 14 January 2025.

⁴⁶⁰ Article 321 (3) of the Criminal Code.

⁴⁶¹ Federal Assembly of the Swiss Confederation. (2018). Swiss Civil Code (Child Protection), AS 2018 2947. Retrieved from: [AS 2018 2947 - Schweizerisches Zivilgesetzbuch \(... | Fedlex](#). Last consulted on 14 January 2025.

⁴⁶² Section 15 (3) Zurich Health Act.

⁴⁶³ Section 15 (4) Zurich Health Act.

Mandatory reporting obligation. Under Article 314, c) of the Civil Code, any person can report to the Child and Adult Protection Authority if the physical, psychological or sexual integrity of a child appears to be at risk.

Additionally, if a report is in the interest of the child, people bound by professional confidentiality under the Criminal Code are also entitled to report. This provision does not apply to auxiliary people bound by professional confidentiality under the Criminal Code.

Article 314d of the Civil Code further establishes a reporting obligation for certain individuals, provided they are not subject to professional confidentiality under the Criminal Code, if there are concrete indications that the physical, psychological or sexual integrity of a child is at risk, and they cannot remedy the situation within the scope of their professional duties. The reporting obligation is also considered fulfilled if the report is made to a superior. Moreover, cantons may introduce additional reporting requirements.

However, in practice, this article is often inapplicable since most professionals are subject to the professional confidentiality stipulated in Article 321 of the Criminal Code.

In the Canton of Zurich, only reporting rights exist in child protection. While the cantons could impose additional reporting obligations, the Canton of Zurich refrains from doing so to preserve the trust between patients and doctors.

There is a reporting right for criminal prosecution.⁴⁶⁴ Healthcare professionals are authorized to report to the competent authorities any perception that indicates a crime or offence against life and limb, public health or sexual integrity (e.g., sexual acts with children, dependents, coercion, rape, defilement, or exploitation of a state of distress) or to assist the investigating authorities in identifying corpses.⁴⁶⁵ These reports may only be made to law enforcement authorities (e.g., police, public prosecutor's office, misdemeanor authorities).⁴⁶⁶

If, however, healthcare professionals themselves are perpetrators and the report could lead to a license revocation or professional ban, observations must be reported by the administrative and criminal authorities to the supervisory authority of healthcare professionals (in this case, the Office of Health).⁴⁶⁷

Coverage of the reporting. The reporting obligation under Article 314d of the Civil Code applies to the following individuals, provided they are not subject to professional confidentiality under the Criminal Code:

- Professionals in the fields of medicine, psychology, nursing, care, education, teaching, social counseling, religion, and sports who have regular professional contact with children.
- People who become aware of such a case in the course of their official duties.

In the Canton of Zurich, the reporting right is applicable to any person practicing a healthcare profession and their auxiliary staff.

Requirements for the state of mind of the reporter. Article 314d of the Civil Code further applies when there are concrete indications that the physical, psychological or sexual integrity of a child is at risk, and they cannot remedy the situation within the scope of their professional duties.

⁴⁶⁴ Section 15 (4) Zurich Health Act.

⁴⁶⁵ Section 15 (4) Zurich Health Act.

⁴⁶⁶ Article 12 of the Criminal Procedure Code.

⁴⁶⁷ Section 5 (3) and Section 19 (3) of the Zurich Health Act.

No distinction is made between child sexual abuse and child sexual abuse material, nor is there a differentiation regarding age. The reporting obligation applies exclusively to children up to the age of 18 years and does not extend to adult people, even if they have a mental or physical disability.

Similarly, no distinction is made in the reporting rights concerning whether the incidents are past, present, or future. The essential point is that reports to the Child and Adult Protection Authority must involve situations where the physical, psychological, or sexual integrity of a child appears to be at risk and this risk persists. For reporting rights to the police or public prosecutor's office, it is possible to report any observations that may indicate crimes or offenses against life and limb, public health, or sexual integrity.

This also includes potential future incidents if there is reason to believe they may occur, such as a report to the cantonal police's Violence Protection and Threat Management division. No distinction is made between child sexual abuse and child sexual abuse material concerning reporting rights, and age plays no role, as Section 15 (4)(a) of the Zurich Health Act does not include an age classification.

Protections for the reporter. In the Canton of Zurich, reports can be made to the competent Child and Adult Protection Authority. Submissions can be made by post, telephone, or email. The reports to the Child and Adult Protection Authority in the Canton of Zurich can also be submitted electronically.⁴⁶⁸

Various counseling centers and Child and Adult Protection Authority offer anonymous case discussions and advice on reporting.⁴⁶⁹ Initially, anonymous reporting is not ruled out. However, if you wish to remain anonymous, the only option is to submit the report anonymously. The Child and Adult Protection Authority advises against this, stating that anonymous reports are unfair to the person concerned and make the work of the investigation authorities more difficult.⁴⁷⁰

Consequences/penalties for not reporting. While specific sanctions for non-compliance with the reporting obligation are not explicitly mentioned in Article 314d of the Civil Code, the consequences can vary depending on the severity of the situation and the applicable cantonal regulations.

In addition, under Article 11 of the Criminal Code, a crime or misdemeanor can be committed by failing to act in breach of duty. A person who fails to prevent the endangerment or violation of a legal interest protected by criminal law remains inactive in breach of duty, although he is obliged to do so by virtue of his legal status, on the grounds of the Act, a contract, a voluntarily entered community of danger, or the creation of a danger.

A person who fails to act in breach of duty is only liable to prosecution based on the relevant offence if, according to the circumstances of the offence, he can be accused of the same as if he had committed the offence by actively acting. The court can mitigate the sentence.⁴⁷¹

⁴⁶⁸ City of Zurich. (2025). Notification to the Child and Adult Protection Authority and the responsible department. Retrieved from: [Meldung an die KESB und zuständige Abteilung | Stadt Zürich](#). Last consulted on 14 January 2025.

⁴⁶⁹ Kinderschutz Schweiz. (n.d.). Melde- und Beratungsstellen: Benötigen Sie Hilfe oder Beratung? Hier finden Sie für Ihr Anliegen eine Stelle in Ihrer Nähe. Retrieved from: [Melde- und Beratungsstellen | Kinderschutz Schweiz](#). Last consulted on 14 January 2025.

⁴⁷⁰ Wilhelm, M. (3 April 2018). Kesb-Warner bleiben nicht anonym: Wer eine Meldung über die Gefährdung von Personen erstattet, kann seinen Namen meist nicht geheim halten. Tages-Anzeiger. Retrieved from: [Kesb-Warner bleiben nicht anonym | Tages-Anzeiger](#). Last consulted on 14 January 2025.

⁴⁷¹ Article 11 of the Swiss Criminal Code.

1.2.34 UNITED KINGDOM/ENGLAND

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
No	<p>There is currently no general statutory obligation for individuals in England to report child abuse (with the exception of mandatory reporting obligation for known cases of female genital mutilation involving children under 18 years of age). However, there is a responsibility of individuals to raise concerns.</p> <p>Other professionals, e.g. mental health service providers may also breach confidentiality in specific cases related to serious crime (e.g. child abuse and exploitation) or for reasons unrelated to serious crime, provided the benefit to the public outweighs any potential harm, distress, or loss of privacy to individuals.</p>	<p>The responsibility of individuals to raise concerns is applicable to professionals working with children.</p> <p>Other professionals may have the possibility to breach confidentiality and report as well, however this does not qualify as a mandatory reporting obligation.</p>	<p>The responsibility of individuals to raise concerns may imply a requirement to report when children are suffering significant harm or are likely to do so.</p>

Rules on professional confidentiality. In England, the rules governing professional confidentiality for healthcare professionals are shaped by a combination of UK-wide legislation, professional guidelines, and English-specific policies.

The UK GDPR (i.e. the version of the GDPR maintained in UK law) and the Data Protection Act 2018 regulate the processing of personal data, including health information, ensuring that patient data is managed lawfully and securely in line with data protection principles. Additionally, the Common Law Duty of Confidentiality obliges healthcare professionals to keep patient information private. This principle is not enshrined in an Act of Parliament but has evolved through case law, where legal precedents have been set by individual court decisions.

The NHS Code of Practice on Confidentiality establishes that a duty of confidentiality arises when one person discloses information to another, such as a patient to a clinician, in situations where it is reasonable to expect that the information will be kept confidential. This duty is a legal obligation derived from case law, a requirement within professional codes of conduct, and must be explicitly included in NHS employment contracts as a condition linked to disciplinary procedures.⁴⁷²

⁴⁷² Martin, D. (September 2003). Confidentiality: NHS Code of Practice (November 2003). Department of Health Confidentiality Unit. Retrieved from: [78051-DoH-NHS Code-Practice](#). Last consulted on 5 February 2025.

Exceptions to professional confidentiality. Patients generally have the right to object to the use and disclosure of confidential information that identifies them and must be made aware of this right.

If a patient prohibits sharing information with other health professionals involved in their care, it may limit the care provided or, in rare cases, make certain treatments impossible. Patients must be informed if their disclosure decisions affect their care. Clinicians typically cannot treat patients safely or ensure continuity of care without relevant information about the patient's condition and medical history. When patients have been informed about how their information is used and the implications of limiting its use, they can make informed choices.

However, in some cases, consent cannot be obtained, but the public interest outweighs privacy concerns. Under Section 60 of the Health and Social Care Act 2001, patient-identifiable information can be used without consent for essential activities like clinical audits, record validation, and research.⁴⁷³

According to the NHS Code of Practice Supplementary Guidance on Public Interest Disclosures, confidential patient information may be disclosed in public interest if it helps prevent, detect, or prosecute a serious crime. While serious crime is not precisely defined in law, it includes offenses causing significant physical or psychological harm, such as murder, manslaughter, rape, treason, kidnapping, and child abuse or neglect causing serious harm. It may also extend to other crimes with a minimum five-year prison sentence or high-impact offenses.

Disclosure in the public interest can also occur for reasons unrelated to serious crime, provided the benefit to the public outweighs any potential harm, distress, or loss of privacy to individuals. For instance, national clinical audits or certain research activities may justify using historical patient records when individuals are uncontactable, as long as the disclosure does not negatively affect their rights, freedoms, or legitimate interests.⁴⁷⁴

No mandatory reporting obligation. In England, there is currently no general statutory obligation for individuals in England to report child abuse. Government statutory guidance on safeguarding states, however, that 'anyone who has concerns about a child's welfare should consider whether a referral needs to be made to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so'.

While this guidance sets clear expectations, it does not impose a legal duty. It nonetheless creates an expectation that professionals working with children should comply with the guidance unless there are exceptional circumstances.⁴⁷⁵

Coverage of the reporting. The responsibility of individuals to raise concerns is applicable to professionals working with children. Additionally, professionals in health and social care, as well as teachers, have a mandatory reporting obligation for known cases of female genital mutilation involving children under 18 years of age. Reports of abuse should be made to the police, Child Protective Services, such as the Child Line run by the National Society for the Prevention of Cruelty to Children.

Requirements for the state of mind of the reporter. Although there is no legal obligation to report, the responsibility of individuals to raise concerns may imply a requirement to report when children are suffering significant harm or are likely to do so.

⁴⁷³ Ibid.

⁴⁷⁴ Martin, D. (November 2010). Confidentiality: NHS Code of Practice Supplementary Guidance: Public Interest Disclosures (1st ed.). DH Informatics, prepared by DH Policy and Planning Directorate. Retrieved from: [Main heading](#). Last consulted on 5 February 2025.

⁴⁷⁵ Foster, D. (24 January 2025). Duties to report child abuse in England [Research briefing]. House of Commons Library. Retrieved from: <https://researchbriefings.files.parliament.uk/documents/SN06793/SN06793.pdf>. Last consulted on 5 February 2025.

Protections for the reporter. Reporters of any crime can be subjected to Witness Protection and Anonymity if they are found to satisfy the requirements of the statute.⁴⁷⁶ Courts also have a common law power to withhold the name of a witness or other information about them, such as an address, from the public. The rules in the United Kingdom are altered when involving Children due to the sensitive nature of youths.

Consequences/penalties for not reporting. As there is no statutory reporting obligation, there are no specific consequences or penalties for not reporting.

However, in common law jurisdictions like England, negligence laws require individuals to take reasonable steps to prevent harm to those to whom they owe a duty of care. Failing to fulfill this duty could result in legal liability for negligence, though this is distinct from mandatory reporting. Negligence laws are not considered mandatory reporting laws, and in jurisdictions where mandatory reporting exists, such legislation complements rather than replaces these general duties.⁴⁷⁷

⁴⁷⁶ Crown Prosecution Service. (2009, December). Witness anonymity ('The Director's Guidance'). Crown Prosecution Service. Retrieved from: <https://www.cps.gov.uk/legal-guidance/witness-anonymity-directors-guidance>. Last consulted on 5 February 2025.

⁴⁷⁷ Foster, D. (24 January 2025). Duties to report child abuse in England [Research briefing]. House of Commons Library. Retrieved from: <https://researchbriefings.files.parliament.uk/documents/SN06793/SN06793.pdf>. Last consulted on 5 February 2025.

1.2.35 UNITED KINGDOM/SCOTLAND

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
No	There is no mandatory reporting of child abuse in Scotland. However, there is an expectation that any person employed in a certain profession who is made aware that a child is at risk of abuse will report the matter to police or social work without delay.	Police, Social Work, Health, Education professionals.	The threshold for sharing is that a child has been or is likely to be harmed and so potential or imminent abuse fits the same remit for reporting.

Rules on professional confidentiality. In Scotland, the rules governing professional confidentiality for healthcare professionals are shaped by a combination of UK-wide legislation, professional guidelines, and Scottish-specific policies.

The UK GDPR (i.e. the version of the GDPR maintained in UK law) and the Data Protection Act 2018 regulate the processing of personal data, including health information, ensuring that patient data is managed lawfully and securely in line with data protection principles. Additionally, the Common Law Duty of Confidentiality obliges healthcare professionals to keep patient information private. This principle is not enshrined in an Act of Parliament but has evolved through case law, where legal precedents have been set by individual court decisions.

Additional guidance is provided by the NHS Scotland Confidentiality Code of Practice and the General Medical Council's Confidentiality: Good Practice in Handling Patient Information, which outlines ethical and professional responsibilities regarding patient data. According to this code, there is a duty of confidentiality when one person gives information to another person in circumstances where it is reasonable to expect that the information will be kept confidential.⁴⁷⁸

Exceptions to professional confidentiality. Disclosure of patient information is generally based on obtaining consent, which must be informed and freely given, either verbally or in writing. However, there are circumstances where consent may not be required. For example, when a patient is unable to provide consent, such as young children or adults lacking capacity, a responsible adult (like a parent or guardian) may be asked to provide consent on their behalf, and this must be clearly recorded.

Additionally, information may be disclosed without consent in specific cases, such as when it is necessary to protect a vulnerable individual from serious harm or to assist in serious crime investigations. Disclosure may also be required by law, for example, when reporting certain infectious diseases, road traffic accidents, or child/adult protection concerns. In such cases, healthcare professionals must use their judgment and seek legal and professional guidance, ensuring that only the minimum necessary information is disclosed.⁴⁷⁹

No mandatory reporting obligation. In Scotland, there is no mandatory reporting obligation for child abuse. However, there is an expectation that professionals in the fields of Police, Social Work, Health, and Education,

⁴⁷⁸ NHS Scotland. (2019, December). Protecting patient confidentiality: NHS Scotland code of practice. NHS Scotland. Retrieved from: <https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2019/12/revised-code-of-confidentiality-final.pdf>. Last consulted on 4 February 2025.

⁴⁷⁹ Ibid.

who become aware of a child at risk of abuse, will have to report the matter without delay.⁴⁸⁰ It is important for these professionals to work in line with the National Child Protection Guidance.

There is no mandated authority to which child abuse should be reported. However, both the Police and Social Work have a statutory duty to protect children. If the report is made to the Police, they have the emergency power to remove a child from immediate risk of harm and will also contact Social Work. Similarly, if the report is made to Social Work, they will notify the Police.

Requirements for the state of mind of the reporter. The expectation for professionals to report child abuse covers all types of child sexual abuse and child sexual abuse material behavior, regardless of whether it is past, present, or future. Non-recent abuse still requires an assessment of the risk the alleged abuser poses to children currently. The threshold for sharing information is if there is a concern that a child has been or is likely to be harmed, so potential or imminent abuse falls within the scope of reporting.

Protections for the reporter. Anonymous reporting is possible for members of the public, usually through third-party organizations like the Child Line run by the National Society for the Prevention of Cruelty to Children. However, professionals employed in a professional capacity are expected not to remain anonymous when reporting child abuse.

Consequences/penalties for not reporting. Although there is no legal obligation to report, the consequences and penalties for not reporting child abuse may include breaching employment conditions or contracts, potentially leading to disciplinary proceedings. Failing to report such concerns may be seen as neglecting one's duty, and the outcome of any proceedings would depend on the circumstances.

⁴⁸⁰ The expectation to report child abuse applies to children under the age of 18, as defined by the Children and Young People Act 2014 in Scotland.

1.2.36 UNITED KINGDOM/WALES

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes	Social Services and Well-being (Wales) Act 2014.	Practitioner or anyone in paid employment as well as unpaid volunteers. Relevant partners include local police bodies, probation services, local authorities, health boards, NHS Trusts, Welsh Ministers, youth offending teams, and others as defined by regulations.	Concerns about a child under 18 who is experiencing, or at risk of, abuse, neglect, or other forms of harm, and has needs for care and support, regardless of whether these needs are currently being met.

Rules on professional confidentiality. In Wales, the rules governing professional confidentiality for healthcare professionals are shaped by a combination of UK-wide legislation, professional guidelines, and Welsh-specific policies.

The UK GDPR (i.e. the version of the GDPR maintained in UK law) and the Data Protection Act 2018 regulate the processing of personal data, including health information, ensuring that patient data is managed lawfully and securely in line with data protection principles. Additionally, the Common Law Duty of Confidentiality obliges healthcare professionals to keep patient information private. This principle is not enshrined in an Act of Parliament but has evolved through case law, where legal precedents have been set by individual court decisions.

The Code of Practice for Health and Social Care in Wales also provides non-statutory guidance on confidentiality and consent for NHS and local authority social services staff. According to this code, a duty of confidence arises when sensitive information is shared in situations where privacy is expected. Identifiable information must not be used or disclosed beyond health or social care purposes without explicit consent, legal authority, or a strong public interest justification. Anonymized information, however, can be used more freely.⁴⁸¹

Exceptions to professional confidentiality. The core tenet is that information shared in confidence should not be used or disclosed beyond its original purpose, unless the individual who provided the information gives explicit consent, some other legal basis, or where there is a robust public interest or legal justification to do so. While courts have recognized that confidentiality may be breached in the public interest such decisions are made on a case-by-case basis, reflecting the unique circumstances of each situation. Additionally, specific legislation can override or supersede the duty of confidentiality where applicable.⁴⁸²

Mandatory reporting obligation. The Social Services and Well-being (Wales) Act 2014 establishes a duty to report for practitioners to the local authority, which is understood as making a referral to social services. Social services, in collaboration with the police, hold statutory powers to investigate any suspected cases of abuse or neglect, ensuring that appropriate actions are taken to protect those at risk.⁴⁸³

⁴⁸¹ Welsh Assembly Government. (August 2005). Confidentiality: Code of practice for health and social care in Wales: Guidance on sharing information and confidentiality (Version 8.8). Welsh Assembly Government. Retrieved from: <https://dhcw.nhs.wales/ig/ig-documents/ig-framework/codeofpractice-pdf/>. Last consulted on 4 February 2025.

⁴⁸² Ibid, p. 9.

⁴⁸³ National Assembly for Wales. (2014). Social services and well-being (Wales) Act 2014 (anaw 4). Retrieved from: [EN Draft Template](#). Last consulted on 4 February 2025.

Coverage of mandatory reporting. The term practitioner refers to anyone in paid employment as well as unpaid volunteers. Under the Social Services and Well-being (Wales) Act 2014, section 128 outlines the duty of relevant partners (as specified in section 162) to report any adults, children, or unborn children they reasonably suspect to be at risk of harm. Relevant partners include local police bodies, probation services, local authorities, health boards, NHS Trusts, Welsh Ministers, youth offending teams, and others as defined by regulations.⁴⁸⁴

Even if an agency is not classified as a relevant partner, all practitioners—including those in third-sector organizations, independent contractors, and professionals—are still expected to report safeguarding concerns. This duty applies equally to both paid employees and unpaid volunteers, ensuring comprehensive protection for those at risk of abuse or neglect.

Requirements for the state of mind of the reporter. A report must be made whenever a practitioner has concerns about a child under 18 who is experiencing, or at risk of, abuse, neglect, or other forms of harm, and has needs for care and support, regardless of whether these needs are currently being met. If any person has knowledge, concerns, or suspicions that a child is suffering, has suffered, or is likely at risk of harm, they are responsible for referring these concerns to social services or the police, who have the legal authority to investigate and intervene when necessary. The term ‘at risk’ indicates that actual harm does not need to have occurred; rather, without intervention, abuse or neglect is likely to happen.⁴⁸⁵

Protections for the reporter. Practitioners, including employees, professionals, and independent contractors, must be aware that they cannot remain anonymous when reporting concerns to social services, unless revealing their identity would put them at personal risk. In such cases, they should discuss their safety concerns with social services. Members of the public, however, may choose to remain anonymous unless a crime is suspected, and their testimony is required in legal proceedings.⁴⁸⁶

Consequences/penalties for not reporting. The Social Services and Well-being (Wales) Act 2014 does not explicitly contain sanctions for mandated reporters who fail to report. Practitioners who fail to report may nonetheless face internal disciplinary processes and referral to professionals regulator.

⁴⁸⁴ Social Care Wales. (2025). The statutory duty to report explained. Safeguarding Wales. Retrieved from: [Safeguarding Wales](#). Last consulted on 4 February 2025.

⁴⁸⁵ Social Care Wales. (2025). The statutory duty to report explained. Safeguarding Wales. Retrieved from: [Safeguarding Wales](#). Last consulted on 4 February 2025.

⁴⁸⁶ Ibid.

1.2.37 UNITED STATES

Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	Grounds for reporting
Yes.	The Federal Child Abuse Prevention and Treatment Act ('CAPTA') requires each State to have provisions or procedures for mandatory reporting of known or suspected instances of child abuse and neglect or maltreatment.	The most mandated professionals across States include social workers; teachers or other school personnel; physicians, nurses, or other healthcare workers; counsellors, therapists, or other mental health professionals; childcare providers; and law enforcement officers. In approximately 18 states and Puerto Rico, any person who suspects child abuse or neglect is required to report.	The circumstances under which a mandatory reporter must make a report vary from State to State. Typically, a report must be made when the reporter, in their official capacity, suspects or has reason to believe that a child has been abused or neglected. Another commonly used standard is the requirement to report when the reporter has knowledge of or observes a child being subjected to conditions that would reasonably result in harm to the child.

Rules on professional confidentiality. In the United States, the Health Insurance Portability and Accountability Act ('HIPAA') establishes rules and regulations regarding confidentiality. The HIPAA Privacy Rule, a federal law, sets a minimum standard for protecting health information, including information held by mental health professionals. This allows States to have stricter laws if they deem it necessary to ensure confidentiality.⁴⁸⁷

Exceptions to professional confidentiality. The HIPAA Privacy Rule also recognizes situations where sharing health information is necessary to ensure the patient receives the best possible treatment and for other important purposes, such as protecting the health and safety of the patient or others.⁴⁸⁸

Mandatory reporting obligation. A healthcare provider's duty to report is generally derived from standards of ethical conduct, State laws and court decisions. If a healthcare provider determines that there is a serious and imminent threat of a patient physically harming themselves or others, HIPAA allows the provider to warn the appropriate individuals, in accordance with their professional ethical obligations and state law requirements.⁴⁸⁹

Regarding the prevention of child abuse, the Federal Child Abuse Prevention and Treatment Act ('CAPTA') requires each state to have provisions or procedures for mandatory reporting of known or suspected

⁴⁸⁷ U.S. Department of Health and Human Services. (n.d.). The HIPAA Privacy Rule. HHS.gov. Retrieved from: [Privacy | HHS.gov](https://www.hhs.gov/hipaa/privacy/). Last consulted on 14 January 2025. In addition to the HIPAA privacy rule, confidentiality of psychologists is also regulated in the Ethical Principles of Psychologists and Code of Conduct, published by the American Psychological Association (APA), which define privacy and confidentiality in Section 4. American Psychological Association. (n.d.). Ethical principles of psychologists and code of conduct. Retrieved from: [Ethical principles of psychologists and code of conduct](https://www.apa.org/ethics/). Last consulted on 14 January 2025. Additionally, many States have their own laws and court decisions that address and often require the disclosure of patient information to prevent or reduce the risk of harm.

⁴⁸⁸ See HIPAA Privacy Rule at 45 CFR 164.512 (j).

⁴⁸⁹ See HIPAA Privacy Rule at 45 CFR 164.512(j).

instances of child abuse and neglect or maltreatment.⁴⁹⁰ States identify in their statutes the professionals and other individuals who are required to report suspected child maltreatment. These statutes also address reporting by other individuals, the responsibilities of institutions in making reports, standards for reporting, and the confidentiality of the reporter's identity.

The authority to which child abuse should be reported varies by State. It may involve contacting child protective services, a department of family and child services in the county, or local law enforcement. In cases of abuse, it is generally considered appropriate to contact local law enforcement.

Coverage of the reporting. Approximately 47 States, the District of Columbia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands designate certain professions whose members are mandated by law to report child maltreatment. The most mandated professionals across the States include social workers; teachers or other school personnel; physicians, nurses or other healthcare workers; counsellors, therapists or other mental health professionals; childcare providers; and law enforcement officers. In approximately 18 states and Puerto Rico, any person who suspects child abuse or neglect is required to report.⁴⁹¹

Requirements for the state of mind of the reporter. The circumstances under which a mandatory reporter must make a report vary from State to State. Typically, a report must be made when the reporter, in their official capacity, suspects or has reason to believe that a child has been abused or neglected. Another commonly used standard is the requirement to report when the reporter has knowledge of or observes a child being subjected to conditions that would reasonably result in harm to the child. Each State may have specific criteria for reporting, and it is important for reporters to familiarize themselves with the requirements of their respective jurisdictions.⁴⁹²

Protections for the reporter. In most jurisdictions, reports of child abuse can be made anonymously. However, it is worth noting that States often find it helpful to know the identity of reporters for investigative purposes. Some States require mandatory reporters to provide their names and contact information when making a report, either orally or in writing. Certain States allow child protection workers to request the name of the reporter.

Regardless, the identity of the reporter stays protected from disclosure to the alleged perpetrator in most States. However, there may be circumstances or specific departments/officers under which the reporter's identity can be released, such as when investigating or upon a finding that the reporter knowingly made a false report. Some jurisdictions allow reporters to waive confidentiality and consent to the release of their names.⁴⁹³

Consequences/penalties for not reporting. Failure to report child abuse when required to do so is considered a crime. The penalties for not reporting vary by State, with potential consequences including jail terms ranging from 30 days to 5 years, fines ranging from USD 300,00 to USD 10.000,00 or a combination of both. State laws define the specific type of crime, as well as the imprisonment and/or fines imposed. Failure to report is typically classified as a misdemeanor or a similar charge, and subsequent offenses may be considered felonies.⁴⁹⁴

⁴⁹⁰ U.S. Government Publishing Office. (2025). Child abuse prevention and treatment act [As amended through P.L. 118-193, enacted 23 December 2024]. Retrieved from: [COMPS-805.pdf](#). Last consulted on 14 January 2025. The definitions of child abuse and neglect vary by each State, although federal legislation sets minimum standards for defining these terms.

⁴⁹¹ Mathews, B. (2020). Strengthening mandatory reporting of child sexual abuse in Europe: A study setting the scene for further action responding to violence against children. Steering Committee for the Rights of the Child (CDENF), Council of Europe. Retrieved from: <https://www.coe.int/en/web/children/cdenf-gt-vae>. Last consulted on 11 February 2025.

⁴⁹² Ibid.

⁴⁹³ Ibid.

⁴⁹⁴ Ibid.

1.3 SCHEMATIC LEGAL OVERVIEW

In this section, three schematic overviews are presented to allow an easier overview of the relevant legal provisions in the national laws under revision in this report. Please note that the overview is a limited summary of the analysis above. In case of doubt, please review the full analysis to discover more detail.

1.3.1 PROFESSIONAL CONFIDENTIALITY AND POSSIBILITIES OF DISCLOSURE

Table 1: Professional Confidentiality and Possibilities of Disclosure

Country or jurisdiction	Professional confidentiality obligation?	When can confidential information be legally disclosed?
Australia	Yes	Information can be disclosed with the patient's consent, for care coordination, when mandatory by law (e.g., child abuse reporting or infectious diseases), or when there is an overriding public interest, such as when a patient poses a threat to others.
Austria	Yes	Disclosure is allowed in cases of abuse, sexual abuse, neglect, or significant risk.
Belgium	Yes	Article 458 of the Belgian Criminal Code outlines professional confidentiality with exceptions, such as being required to testify in court or when legislation permits disclosure. Article 458bis introduces an exception allowing professionals to breach confidentiality under certain conditions to report specific crimes against their clients (including crimes against minors) when there is a serious and imminent danger. Article 422bis may compel disclosure when a person is in grave danger.
Bulgaria	Yes	Medical confidentiality has exceptions, such as sharing information with colleagues for treatment purposes or when required by law. Doctors must also provide information to competent authorities in legally regulated cases.
Canada	Yes	Child welfare laws require physicians to report any child who may be at risk. Other exceptions include mandatory reporting of certain infectious diseases and court orders compelling disclosure in legal proceedings. Unlike lawyer-client privilege, physician-patient confidentiality can be overridden in criminal or civil trials if the information is deemed relevant. Another key exception is the 'duty to warn', which may obligate physicians to inform third parties of potential harm, such as when a patient poses a serious risk to others.

Croatia	Yes	<p>A physician must maintain that confidentiality even before the patient's family if the patient should request so, and even after the patient's death, unless maintaining the confidentiality could endanger the health and/or lives of others.</p> <p>There may be certain interests that outweigh the interest of preserving medical confidentiality. The legislator has not specifically defined these interests but leaves it to the criminal investigation authority to assess, on a case-by-case basis, whether an interest outweighs the interest of confidentiality. Although the criteria for this assessment are generally not predetermined, it can be assumed that the protection of a third party's life, health, or safety constitutes an interest that outweighs the interest of confidentiality.</p>
Cyprus	Yes	<p>Medical information can be disclosed with the patient's written consent, due to legal obligations, or if the Pancyprian Medical Association determines that non-disclosure could cause serious harm to other persons' health or physical integrity or have serious impact to the society.</p>
Czechia	Yes	<p>Disclosure is allowed when it is necessary for the continuity of health services, the patient or legal guardian releases the healthcare provider from confidentiality or it is permitted by law, including criminal proceedings or statutory duties to prevent/report crimes or is required to protect the provider's rights in legal proceedings. Healthcare professionals may also disclose information in professional chambers' proceedings if necessary.</p>
Denmark	Yes	<p>Healthcare professionals can disclose patient information with the patient's consent. Without consent, disclosure is allowed when it is necessary for ongoing treatment or in the patient's best interest, it is included in discharge letters between doctors or it is required for public interest, the patient's welfare, or to protect others.</p>
Estonia	Yes	<p>Disclosure without consent is allowed when protecting the patient's or public health (namely, the health of other persons), allocating public funds (e.g., disability pensions), necessary for medical science or preventing, investigating, or prosecuting crimes. Patients can explicitly prohibit access to their data, but legal exceptions apply.</p>
Finland	Yes	<p>Healthcare professionals must comply with reporting obligations from regulatory authorities. They are also required to report under the Child Welfare Act in specific cases, overriding professional</p>

		confidentiality, namely in relation to sexual offences (against children) and certain other crimes punished with more than 2 years of custodial sentence.
France	Yes	Professional confidentiality does not apply when the law mandates or authorizes disclosure or when reporting abuse, neglect, or mistreatment of minors or vulnerable individuals. Doctors can inform judicial or administrative authorities about such cases without breaching confidentiality.
Germany	Yes	Disclosing secrets/breaching professional confidentiality can lead to penalties, but exceptions include sharing information with professional assistants if necessary for their duties or acting upon a present danger to life, liberty or another legal interest that cannot be averted otherwise. The act must be an adequate means to avert the danger, and the protected interest must substantially outweigh the one interfered with.
Greece	Yes	Professional confidentiality can be lifted when required by law (e.g., reporting births, deaths, infectious diseases, or ongoing felonies), protecting essential public or personal interests or there is a risk of serious harm to the patient or others (especially in mental health cases). Greece's laws also allow professionals working with children to report where they have reasonable grounds to believe that a child is the victim of sexual exploitation or sexual abuse.
Hungary	Yes	Health data can be disclosed without patient consent if required by law, or to protect the life, integrity, and health of others. Health data may also be shared with those providing further care, if necessary. The controller is not bound by confidentiality if the transfer is authorized by the patient or required by law. Health data may also be transferred upon official requests from authorities like courts or prosecutors. Reporting obligations exist for healthcare providers in cases of suspected criminal acts.
Ireland	Yes	Disclosure is generally allowed for direct patient care with consent, or when legally required or in the public interest. Information can be shared without consent only in specific cases, such as a court order, legal requirements, infectious disease regulations, or when there is knowledge or reasonable belief that a crime involving sexual assault or violence has been committed against a child or vulnerable person. In exceptional cases, disclosure may be needed to protect public health or prevent significant harm, but only to the relevant authority and with minimal necessary information.

Italy	Yes	Professional confidentiality can be overridden in cases such as fulfilling legal obligations, reporting to authorities, or sharing information with other healthcare professionals for continuity of care. Psychologists can disclose information only with valid consent or when required by law. In cases of serious risks to life or health, confidentiality can be waived. Disclosures must be limited to what is necessary, and psychologists must inform clients of confidentiality rules when working with groups.
Latvia	Yes	Psychologists are prohibited from disclosing information except in certain circumstances, such as when it's necessary to protect the rights and interests of a child or to prevent harm. Psychologists must report to law enforcement if there's suspicion of a criminal offense that could harm someone's life, health, or morality. They may share information only with those closely connected to the case and must inform all relevant parties about confidentiality restrictions.
Lithuania	Yes	Confidential information may only be disclosed with the patient's written consent, specifying the grounds and purposes of disclosure. If the patient is incapable of providing consent, the information may be shared with the patient's representative, spouse, cohabitant, or family members to protect the patient's interests. Information can also be disclosed to state institutions or individuals authorized by law, but only upon written request specifying the grounds and purposes. Disclosure must prioritize the patient's rights and interests. There are also obligations to notify law enforcement if a patient's injury results from a criminal act. The patient's right to privacy may be restricted in certain limited cases for public security, crime prevention, or public health.
Luxembourg	Yes	Healthcare professionals may disclose confidential information when authorized by law. They are also obligated to take action and alert authorities if they become aware that a minor, disabled person, or anyone at risk of abuse or deprivation is in serious danger.
Malta	Yes	Professional confidentiality can be waived when required by law to inform public authorities. It is also a valid defense to demonstrate that the disclosure was made to a competent authority in Malta or abroad for investigating offenses. Specific offenses, such as those related to dangerous drugs, medical professions, or money laundering, are exceptions where disclosure is permitted.

Norway	Yes	Disclosure of confidential information is allowed in certain circumstances, such as when exceptional private or public interests justify it, or when mandated by law (e.g., to supervising authorities). Disclosure is also permitted when the person entitled to confidentiality consents or when health personnel are legally required to provide information. In cases where a child is at risk, there is a duty to report to child welfare services, overriding professional confidentiality.
The Netherlands	Yes	Medical professionals must not disclose patient information without consent, unless required by law. Information can be shared if needed to protect the patient's interests, respecting privacy. Youth care providers may only disclose information without consent when required by law, ensuring privacy is upheld. The Netherlands has mandatory reporting in specific circumstances, e.g. suspicions of child abuse (including sexual abuse), so this may constitute an instance where breaching confidentiality is required by law.
Poland	Yes	Psychologists are only allowed to disclose information when the health or life of the client or others is at risk or when required by law. Psychotherapists may disclose information to medical professionals, authorities, or security services when necessary. For physicians, exceptions apply when a medical exam is requested by authorities, to prevent harm, or when the patient consents. Confidentiality can also be waived when necessary for forensic or healthcare services.
Portugal	Yes	Psychologists may disclose information when there is a serious threat to the client's or others' physical or psychological integrity, including cases of mistreatment or abuse, especially involving vulnerable individuals (which includes minors).
Romania	Yes	Psychotherapists are strictly prohibited from disclosing or utilizing this information for any purpose without the explicit consent of the client, except in cases where disclosure is required by law or necessary to prevent serious harm to the client or others.
Slovakia	Yes	Healthcare providers are allowed to disclose or use information in cases where disclosure is required by law or necessary to protect the patient's health or the health of others.
Slovenia	Yes	The Health Services Act allows disclosure if authorized by the patient, their guardians, or a court. Doctors can share information with the patient's family or partner if deemed in the patient's best interest. Medical records can be shared with a new doctor with written patient consent. The Mental Health Act permits exceptions for confidentiality. Moreover, there are mandatory

		reporting obligations that override confidentiality, when someone (e.g. a mental healthcare provider) becomes aware of circumstances based on which it may be concluded that violence is being carried out against a child, which includes sexual violence and abuse.
Spain	Yes	Exceptions to professional confidentiality include when the patient gives explicit consent, when the information reveals a crime (professionals are obligated to report crimes under Criminal Procedure Law), when required by law (such as in court testimony), or when there is a real risk to the patient or others.
Sweden	Yes	Patient data is confidential, and explicit consent is required before sharing it. Exceptions allow for disclosures when necessary for immediate medical care, as permitted by law or regulation, and when required for specific public authority tasks. Disclosures for legal defense or safeguarding rights in legal proceedings are also allowed.
Switzerland/Basel	Yes	Disclosure of information is not penalized if done with the consent of the individual concerned or through written authorization from a superior or supervisory authority. Federal and cantonal laws on reporting duties, cooperation, testifying, and providing information to authorities remain applicable. Additionally, under Article 314(c) of the Criminal Code, professionals bound by confidentiality (Article 321) may notify authorities if a child's physical, mental, or sexual integrity is at risk, though this does not apply to auxiliary personnel under the same confidentiality obligations.
Switzerland/Geneva	Yes	<p>Disclosure of information is not penalized if done with the individual's consent or written authorization from a superior authority. Federal and cantonal laws on reporting duties, cooperation, testifying, and providing information to authorities remain applicable. Under Article 314c of the Criminal Code, professionals bound by confidentiality (Article 321) may notify authorities if a child's physical, mental, or sexual integrity is at risk, excluding auxiliary personnel.</p> <p>Professional confidentiality can be waived in specific cases. Article 87 (3) of the Health Act allows sharing patient information among healthcare professionals with the patient's consent if in their best interest. Article 88 permits release from confidentiality by the patient or, for valid reasons, by an authorized higher authority. Legal obligations to disclose information or testify in court override confidentiality.</p>

Switzerland/Zurich	Yes	<p>Disclosure of information is not penalized if done with the individual's consent or with written authorization from a superior or supervisory authority. Federal and cantonal laws on reporting duties, cooperation, testifying, and providing information to authorities remain applicable. Article 314c of the Criminal Code allows professionals bound by confidentiality (Article 321) to notify authorities if a child's physical, mental, or sexual integrity is at risk, excluding auxiliary personnel.</p> <p>Under Section 15 of the Zurich Health Act, individuals bound by confidentiality must immediately report to the police in cases of extraordinary deaths (e.g., accidents, offences, mistreatment, suicide) and indications of the deliberate spread of dangerous communicable diseases. They may also, without consent or authorization, report crimes or offences against life, public health, or sexual integrity, or assist in identifying corpses.</p>
UK / England	Yes	<p>Information can be disclosed without consent for essential activities like audits and research. Disclosure without consent is also allowed if it serves the public interest, such as preventing or prosecuting serious crimes or when public benefit outweighs potential harm to the individual whose information is being disclosed.</p>
UK / Scotland	Yes	<p>Information may be disclosed without consent in specific cases, such as when it is necessary to protect a vulnerable individual from serious harm or to assist in serious crime investigations. Disclosure may also be required by law, for example, when reporting certain infectious diseases, road traffic accidents, or child/adult protection concerns. In such cases, healthcare professionals must use their judgment and seek legal and professional guidance, ensuring that only the minimum necessary information is disclosed.</p>
UK / Wales	Yes	<p>The core tenet is that information shared in confidence should not be used or disclosed beyond its original purpose, unless the individual who provided the information gives explicit consent, some other legal basis, or where there is a robust public interest or legal justification to do so. While courts have recognized that confidentiality may be breached in the public interest such decisions are made on a case-by-case basis, reflecting the unique circumstances of each situation. Additionally, specific legislation can override or supersede the duty of confidentiality where applicable.</p>

United States	Yes	The HIPAA Privacy Rule recognizes situations where sharing health information is necessary to ensure the patient receives the best possible treatment and for other important purposes, such as protecting the health and safety of the patient or others.
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1.3.2 RULES ON MANDATORY REPORTING

Table 2: Rules on Reporting and Mandatory Reporting

Country or jurisdiction	Mandatory reporting obligation?	Legal basis for reporting	Mandated reporters	State of mind of the reporter	Reasons for reporting
Australia	Yes.	Every Australian state and territory has enacted child protection legislation that includes provisions commonly known as 'mandatory reporting laws'.	Mandatory reporting laws in Australia designate specific occupations, such as teachers, healthcare professionals, and police, as mandated reporters of suspected child abuse. Individuals outside these categories, like academic researchers, are not legally required to report but can refer concerns to child welfare agencies and receive similar legal protections. The Northern Territory is an exception, where all adults must report suspected abuse.	The state of mind of the reporter typically involves forming a belief or suspicion on reasonable grounds during the course of their work. Reporting obligations vary slightly between jurisdictions, with most requiring reports as soon as practicable once the suspicion arises, and the specific forms of harm, such as physical or sexual abuse, being clearly defined. In some regions, such as the Northern Territory, all adults are required to report, while in others, only specific professionals must do so.	Most requiring reports as soon as practicable once the suspicion arises, and the specific forms of harm, such as physical or sexual abuse, being clearly defined.
Austria	Yes.	Section 37 of the Federal Child and Youth	Courts, authorities, and bodies of public	Reasonable suspicion.	A specific child or young person is or has been

		Care Act; Section 78 of the Austrian Code of Criminal Procedure; Section 37 of the Entire Psychologist Act of 2013; Section 54 of the Medical Practitioners Act 1998.	supervision; facilities for the care or education of children and young people; psychosocial counselling facilities; private child and youth welfare institutions; hospitals and sanatorium; home nursing facilities; medical practitioners, psychologists, and psychotherapists, including assistants and specialized trainees, freelancers.		abused, sexually abused, neglected or is otherwise at considerable risk.
Belgium	No.	Article 458bis of the Belgian Criminal Code; Article 422bis of the Criminal Code.	Article 458bis: applies to people subject to professional secrecy, such as doctors and therapists. They can (no duty, but a right) exceptionally breach their professional confidentiality in limited cases and decide to report. Article 422bis: this contains the obligation to help people in grave danger, after having personally observed their situation or after	Knowledge.	Article 458bis: there must be knowledge of a situation of immediate and serious harm to the physical or psychological integrity of a specific minor or vulnerable person, or a real and serious danger that similar acts would be committed against other minors or vulnerable people, and the practitioner must be unable to protect the minor(s) or vulnerable person(s) by their own

			being informed of the situation. In specific circumstances this may lead to reporting and breaching confidentiality. If the article applies, failing to provide help may be culpable neglect.		means or through the help of others (e.g. colleagues). Article 422bis: a person (a minor in this case) is in grave danger, which is a threat, risk, or situation that causes harmful consequences and which is constant, real and immediate. The situation may be observed directly or indicated/described to or deduced by the practitioner.
Bulgaria	Yes.	Article 7 of the Child Protection Act.	Any person.	Awareness.	Existence of a child in need of protection with a view to their physical, intellectual, moral and social development and to protection of their rights and interest.
Canada	Yes.	Every province and territory in Canada has enacted legislation regarding the reporting of cases where children are in need of protection, including	Any person.	Varies across provinces and territories, ranging from a broad duty to report any reasonable belief or suspicion (e.g., British Columbia, New Brunswick, Nova Scotia,	Some jurisdictions focus specifically on certain types of harm, such as Saskatchewan's emphasis on child sexual abuse, while others (e.g., Québec

		instances of suspected child abuse and sexual abuse.		Ontario, and Yukon) to a higher threshold of reasonable and probable grounds (e.g., Alberta and Manitoba).	and Nunavut) define endangerment more broadly, including exposure to violence and neglect.
Croatia	Yes.	Article 132 of the Family Act; Article 7 of the Protection from Domestic Violence Act.	Any person.	Knowledge.	Cases of a violation of a child's personal or property rights, which include physical or mental violence, sexual abuse, neglect or negligent treatment, abuse or exploitation of a child, exposure of a child to domestic violence.
Cyprus	Yes.	Article 35A of the Family Violence Act; Article 30 of the Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography Act.	Any person.	Awareness.	Situation of domestic violence against a child or of a situation of sexual abuse or sexual exploitation of a child or CSAM offences.
Czechia	Yes.	Section 367 and 368 of the Criminal Code; Section 10 and 10a of the Act on the Social	Section 368 of the Criminal Code: every individual except attorneys or their employees, nor to	Section 368 of the Criminal Code: learning of criminal offenses. Section 367 of the Criminal Code: learning	Section 368 of the Criminal Code: criminal offenses, such as grievous bodily harm, abuse of a child to

		and Legal Protection of Children.	clergy of registered churches or victim support providers under specific circumstances. Section 367 of the Criminal Code: any individual.	of the fact that another is preparing or committing criminal offenses.	produce pornography, abuse of a person entrusted to his/her care, of which the reporter has learned in a credible manner. Section 367 of the Criminal Code: cases where another is preparing or committing one of the criminal offenses such as grievous bodily harm, rape, sexual abuse, abuse of a child for the production of pornography, abuse of a person entrusted to him, of which the reporter has learned in a credible manner.
Denmark	Yes.	Section 133 and 135 of the Children's Act.	Section 133 of the Children's Act: any person providing public services or holding public office. Section 135 of the Children's Act: any person.	Section 133 of the Children's Act: awareness of or having reason to believe. Section 135 of the Children's Act: awareness.	Section 133 of the Children's Act: a child or young person under the age of 18 may need support or has been subjected to abuse. Section 135 of the Children's Act: a child or young person under the age of 18 is being subjected to neglect or

					degrading treatment by parents or other educators or is living in conditions that endanger his or her health or development.
Estonia	Yes.	Section 59 (1) of the Child Protection Act.	Any person.	Suspicion or knowledge.	A child who needs protection or assistance, which includes situations that endanger his or her life or health or the child who endangers his or her health and development through his or her own behavior or actions. In addition, the child in need of protection from sexual abuse is the child who needs protection from all forms of sexual exploitation, such as the inducement of a child to engage in sexual activity, exploitative use of children in prostitution and exploitative use of children for pornographic purposes.

Finland	Yes.	Section 25 of the Child Welfare Act.	Certain professionals, including social and healthcare services, day care services, education services and youth services.	Suspicion or discovery.	A child for whom it is necessary to investigate the need for child welfare on account of the child's need for care, circumstances endangering the child's development of the child's behavior or when they have cause to suspect based on circumstances that have come to their knowledge of a sexual offence against children.
France	Yes.	Article 434-3 of the Criminal Code; Articles R. 4127-43 and R. 4127-44 of the Public Health Code.	Any person, including doctors and healthcare professionals.	Knowledge.	Deprivation, ill-treatment or sexual assault or abuse of a minor or a person who is unable to protect himself or herself because of his or her age, illness, infirmity, physical or mental deficiency or pregnancy.
Germany	No, but there is a possibility to report.	Section 8a, 8b and 47 of the Social Code, Section 4 of the Act on Cooperation and	Any person.	Suspicion.	Child endangerment, including neglect, psychological abuse, physical abuse and sexual violence.

		Information in Child Protection.			
Greece	Yes.	Article 4 of Law 4837/2021; Article 13 and 28 of the Code of Medical Ethics; Article 232 of the Criminal Code.	Article 4 of Law 4837/2021: child protection bodies which are defined as the social welfare institutions of public and private law, which provide organized social care services for the protection of minors, including minors with disabilities. Article 232 of the Criminal Code: any citizen.	Law 4837/2021: knowledge. Article 232 of the Criminal Code: awareness.	Law 4837/2021: Any incident of child abuse, including physical or emotional abuse, sexual abuse, neglect, negligent treatment, or exploitation for commercial or other purposes. Article 232 of the Criminal Code: Ongoing or eminent execution of a felony.
Hungary	Yes.	Section 24 Eüak.; Section 17 Gyvt.	Doctors and other healthcare service providers and certain official bodies providing services relating to child protection, such as personal care providers, public education institutions, the police, the Public Prosecutor's Office, etc.	Section 24 (3) Eüak: suspicion. Section 17 (2) Gyvt.: discovery.	Section 24 (3) Eüak: Injury or illness of the child is a result of abuse, or neglect, or awareness of circumstances indicating abuse or neglect of the child. Section 17 (2) Gyvt.: endangerment of a child or abuse or neglect of a child, that the child is subjected to other risk factors, or in the event

					of a serious risk factor of the child's own making.
Ireland	Yes.	Children First Act 2015; Section 2 of the Criminal Justice Act 2012.	Children First Act 2015: certain mandated reporters, including healthcare professionals such as psychologists and psychotherapists, social and youth workers. Section 2 of the Criminal Justice Act 2012: any person.	Children First Act 2015: knowledge, belief, or reasonable grounds to suspect. Section 2 of the Criminal Justice Act 2012: knowledge or belief.	Children First Act 2015: a child has been harmed, is being harmed, or is at risk of being harmed. Section 2 of the Criminal Justice Act 2012: a Schedule 1 offence, has been committed by another person against a child.
Italy	Yes.	Article 361, 362 and 365 of the Criminal Code.	Healthcare professionals working in private practice, public officials, individuals providing public services, local social services operators, family counselling services operators, family homes operators.	Awareness.	A prosecutable crime ex officio, which includes sexual violence against minors, CSAM offences, and abuse within the family.
Latvia	Yes.	Section 73 of the Law on the Protection of the Children's Rights.	Any person, including employees of healthcare and education institutions, providers of social services, police employees, State and	Suspicion.	Any violation of law against a child and the existence of circumstances which may endanger the life

			local government officials and employees.		or health of the child or other persons.
Lithuania	Yes.	Article 29 (3) and Article 35 (3)(2) of the Law on the Framework of Protection of the Rights of the Child of the Republic of Lithuania; Article 238 of the Criminal Code.	Any person, regardless of their profession.	Awareness.	An offence has been or may have been committed against a child/ person under the age of 18.
Luxembourg	Yes.	Article 410-1 and Article 140 of the Criminal Code; Article 23 (2) of the Code of Criminal Procedure.	Any person.	Knowledge.	A person exposed to a serious danger, encompassing various types of child abuse and child sexual abuse.
Malta	Yes.	Article 9 (1) of the Minor Protection (Alternative) Act.	Any professional.	Knowledge.	An act causing or which may cause significant harm to a minor or which constitutes a criminal offence on a minor or has knowledge that a minor needs care.
Norway	Yes.	Section 21 of the Health Personnel Act; Section 13-2 of the Act relating to Children's Welfare Services.	Section 21 of the Health Personnel Act: health personnel and health institutions. Section 13-2 of the Act relating to Children's Welfare Services: anyone performing	Section 21 of the Health Personnel Act: reason to believe. Section 13-2 of the Act relating to Children's Welfare Services: reason to believe.	Section 21 of the Health Personnel Act: a child is being maltreated at home or subjected to serious neglect. Section 13-2 of the Act relating to Children's Welfare Services: a child

			service or working for an administrative agency, as well as professionals in health, mental health, health and care services, family welfare and private schools.		is or will be abused, severely neglected, or exposed to serious deficiencies in care; when a child with a life-threatening illness or disability does not receive necessary treatment or education; when a child is exploited for human trafficking; or when a child exhibits serious behavioral issues, such as repeated offenses, problematic drug use, or distinctly normless behavior.
The Netherlands	Yes.	The Reporting Code (under the Compulsory Reporting Code for Domestic Violence and Child Abuse Act) has made reporting mandatory in case of suspicions of acute and structural unsafety to Veilig Thuis.	Professionals in the sectors of healthcare, education, day-care, social support, youth services and justice.	Suspicion	Acute and/or structural danger of children. Acute danger refers to immediate physical danger or the absence of basic care for dependent children. Structural danger pertains to recurring or continuous unsafe events and situations within families or households.

Poland	Yes.	Article 240 of the Criminal Code; Article 304 of the Code of Criminal Procedure; Article 12 of the Act of 29 July 2005.	Any person, including psychologists, psychotherapists, physicians and other health care personnel.	Credible knowledge.	The commission, attempted commission or preparation for the criminal acts, e.g. the crime of rape including the rape of a minor under the age of 15, crime of taking advantage of the helplessness or insanity of another person, or the crime of sexual abuse of a minor under the age of 15.
Portugal	Yes.	Article 66 (2) of Law 147/99 of 1 September 1999 for Protecting Children and Young People at Risk.	Any person, including doctors, psychologists and psychotherapists and other healthcare professionals.	Awareness.	Awareness of situations that endanger the life, physical or mental integrity or freedom of a child (i.e. person up to 18 years old).
Romania	Yes.	Article 89 of Law no. 272/2004 on the protection and promotion of the rights of the child; Article 12 of the Methodology of 19 August 2015.	Employees of public or private institutions who, by the nature of their profession, come into contact with children and representatives of the public social assistance service.	Suspicion.	Abuse, neglect, parental alienation, or ill-treatment, exploitation, or any other form of violence.
Slovakia	Yes.	Section 7 (1) Law No. 305/2005 Coll. on Social and Legal Protection of	Any person, including doctors, psychologists,	Awareness.	A violation of a child's right, including psychological or

		Children and on Amendments to Certain Acts.	psychotherapists, social and welfare workers.		physical violence or sexual abuse.
Slovenia	Yes.	Article 6 of the Family Violence Prevention Act.	Authorities, organizations and non-governmental organizations or any individual, particularly healthcare professionals, staff of childcare, educational, and social institutions, as well as providers of activities for children in sports and cultural associations.	Awareness.	Circumstances based on which it may be concluded that violence is being carried out. Article 3 of the Family Violence Prevention Act defines family violence as any form of physical, sexual, psychological, or economic violence exerted by one family member against another. Sexual violence includes any sexual content that is opposed by a family member or if they are forced into engaging in such acts or do not understand their meaning due to their stage of development.
Spain	Yes.	Article 13 of Organic Law 1/1996 on the Legal Protection of Minors; Article 15, 16 and 19 of the Organic Law 8/2021 on the Comprehensive Protection of Children	Any person or authority, especially those working with minors; Any individual, with additional obligations	Awareness.	Organic Law 1/1996: Awareness of a situation of a situation of risk or possible helplessness of a minor; Organic Law 8/2021: for all: signs of a situation

		and Adolescents against Violence.	for professionals working with minors.		of violence (to be interpreted broadly) against a minor if the facts constitute a crime and for professionals also if they become aware of a situation of violence (to be interpreted broadly) that could otherwise result in a threat to the health or safety of the child.
Sweden	Yes.	Chapter 14, Section 1 of the Social Services Act.	Authorities working with children and young people, healthcare and forensic psychiatric services, social services, the Prison and Probation Service, the Police Authority, and the Security Service, as well as their employees. It also extends to those who are active in professionally conducted individual activities and perform tasks that impact children and young people or in other such activities in health and	Awareness or suspicion.	A child is being harmed, including offenses against life and health, liberty and peace, and sexual offenses.

			medical care or in social services.		
Switzerland/Basel	Yes.	<p>Article 314c of the Civil Code;</p> <p>Article 314d of the Civil Code;</p> <p>Section 6 of the Child and Adult Protection Act.</p>	<p>Article 314c: any person may notify (not mandated, right to report only), however if bound to professional confidentiality under Article 321 Criminal Code: only if in the interest of the child + not applicable to auxiliary persons bound by professional confidentiality under the Criminal Code;</p> <p>Article 314d: obligation to report for professionals such as doctors, psychologists, care services, child care education, counselling and other persons who learn of a case in their official capacity, however only when they are not subject to professional confidentiality under the Criminal Code;</p> <p>Section 6 of the Child and Adult Protection</p>	<p>Article 314c: suspicion (appears to be at risk);</p> <p>Article 314d: clear indications;</p> <p>Section 6: suspicion (appears to be at risk).</p>	<p>Article 314c: the physical, psychological or sexual integrity of a child appears to be at risk;</p> <p>Article 314d: clear indications that the physical, psychological or sexual integrity of a child is at risk and that they cannot remedy the threat as part of their professional activities;</p> <p>Section 6 of the Child and Adult Protection Act: physical, psychological or sexual integrity of a child appears to be at risk the mandated reporter cannot ensure or establish protection themselves within the scope of their activities, so that a report to the child and adult protection authority appears necessary.</p>

			Act: people who, in the course of their official duties, become aware of a vulnerable person in need of protection must report this to the Child and Adult Protection Authority. Here, 'in the course of their official duties', means that the person fulfils a task under public law.		
Switzerland/Geneva	Yes.	Article 314c of the Civil Code; Article 314d of the Civil Code; Article 34 of the Law on the Application of the Swiss Civil Code and Other Federal Civil Laws (LaCC).	Article 314c: any person may notify (not mandated, right to report only), however if bound to professional confidentiality under Article 321 Criminal Code: only if in the interest of the child + not applicable to auxiliary persons bound by professional confidentiality under the Criminal Code; Article 314d: obligation to report for professionals such as doctors, psychologists,	Article 314c: suspicion (appears to be at risk); Article 314d: clear indications; Article 34 LaCC: awareness.	Article 314c: the physical, psychological or sexual integrity of a child appears to be at risk; Article 314d: clear indications that the physical, psychological or sexual integrity of a child is at risk and that they cannot remedy the threat as part of their professional activities; Article 34 LaCC: awareness of a situation where a minor's development is at risk.

			<p>care services, child care education, counselling and other persons who learn of a case in their official capacity, however only when they are not subject to professional confidentiality under the Criminal Code;</p> <p>Article 34 LaCC: anyone has a right to report (not a duty), and those who, during their professional, official, or functional duties related to minors, whether in a primary, secondary, or auxiliary role, become aware of a situation have a duty.</p>		
Switzerland/Zurich	No.	<p>Article 314c of the Civil Code;</p> <p>Article 314d of the Civil Code;</p> <p>Section 15 (4) Zurich Health Act.</p>	<p>Article 314c: any person may notify (not mandated, right to report only), however if bound to professional confidentiality under Article 321 Criminal Code: only if in the interest of the child + not applicable to</p>	<p>Article 314c: suspicion (appears to be at risk);</p> <p>Article 314d: clear indications;</p> <p>Section 15 (4) Zurich Health Act: perception indicating a crime.</p>	<p>Article 314c: the physical, psychological or sexual integrity of a child appears to be at risk;</p> <p>Article 314d: clear indications that the physical, psychological or sexual integrity of a child is at risk and that</p>

			<p>auxiliary persons bound by professional confidentiality under the Criminal Code;</p> <p>Article 314d: obligation to report for professionals such as doctors, psychologists, care services, child care education, counselling and other persons who learn of a case in their official capacity, however only when they are not subject to professional confidentiality under the Criminal Code;</p> <p>Section 15 (4) Zurich Health Act: any person practicing a healthcare profession and their auxiliary staff have a right to report under this provision.</p>		<p>they cannot remedy the threat as part of their professional activities;</p> <p>Section 15 (4) Zurich Health Act: perception indicating a crime or offence against life and limb, public health or sexual integrity or to assist the investigating authorities in identifying corpses.</p>
UK / England	No.	There is currently no general statutory obligation for individuals in England to report child abuse (with the exception of mandatory reporting	<p>The responsibility of individuals to raise concerns is applicable to professionals working with children.</p> <p>Other professionals may have the possibility to</p>	Concern.	When children are suffering significant harm or are likely to do so.

		<p>obligation for known cases of female genital mutilation involving children under 18 years of age). However, there is a responsibility of individuals to raise concerns.</p> <p>Other professionals, e.g. mental health service providers may also breach confidentiality in specific cases related to serious crime (e.g. child abuse and exploitation) or for reasons unrelated to serious crime, provided the benefit to the public outweighs any potential harm, distress, or loss of privacy to individuals.</p>	breach confidentiality and report as well, however this does not qualify as a mandatory reporting obligation.		
UK / Scotland	No.	There is no mandatory reporting of child abuse in Scotland. However, there is an expectation that any person employed in a certain profession who is made aware that a child is at risk of abuse will report the matter to police or	Police, Social Work, Health, Education professionals.	Awareness.	The threshold for sharing is that a child has been or is likely to be harmed and so potential or imminent abuse fits the same remit for reporting.

		social work without delay.			
UK / Wales	Yes.	Social Services and Well-being (Wales) Act 2014.	Practitioner or anyone in paid employment as well as unpaid volunteers. Relevant partners include local police bodies, probation services, local authorities, health boards, NHS Trusts, Welsh Ministers, youth offending teams, and others as defined by regulations.	Concerns.	A child (person under 18) who is experiencing, or at risk of, abuse, neglect, or other forms of harm, and has needs for care and support, regardless of whether these needs are currently being met.
United States	Yes.	The Federal Child Abuse Prevention and Treatment Act ('CAPTA') requires each State to have provisions or procedures for mandatory reporting of known or suspected instances of child abuse and neglect or maltreatment.	The most mandated professionals across the States include social workers; teachers or other school personnel; physicians, nurses, or other healthcare workers; counsellors, therapists, or other mental health professionals; childcare providers; and law enforcement officers. In approximately 18 states and Puerto Rico, any person who suspects	Suspicion, reason to believe, knowledge of or observes.	The circumstances under which a mandatory reporter must make a report vary from State to State. Typically, a report must be made when the reporter, in their official capacity, suspects or has reason to believe that a child has been abused or neglected. Another commonly used standard is the requirement to report when the reporter has knowledge of or

			child abuse or neglect is required to report.		observes a child being subjected to conditions that would reasonably result in harm to the child.
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1.3.3 ANONYMOUS REPORTING AND PROTECTIONS FOR THE MANDATED REPORTER

Table 3: Anonymous Reporting and Protections for the Mandated Reporter

Country or jurisdiction	Anonymous reporting for mandated reporters?	Protections for the mandated reporters
Australia	Possible in some jurisdictions.	Protections for mandated reporters differ across Australian states and territories. In most regions, individuals who report suspected child abuse or neglect in good faith are protected from civil, criminal, and administrative liability. For example, in the Australian Capital Territory and Queensland, reporters are shielded from professional ethics breaches and disciplinary actions if they report honestly and without recklessness. Some jurisdictions, like New South Wales and Northern Territory, also allow anonymous reports and protect reporters from legal repercussions. In Tasmania and Western Australia, the confidentiality of the reporter's identity is upheld, with legal safeguards preventing disclosure except under specific circumstances, such as court orders or law enforcement needs. These protections ensure that those acting in good faith can report concerns without fear of legal consequences.
Austria	No.	Anonymous reporting is not possible for mandated reporters, as they must include their names and contact details in the report. This is different for private individuals. They can make anonymous reports through various hotlines established for this purpose.
Belgium	Yes.	People can contact the anonymous chat service at Nupraatikerover.be to discuss issues related to sexual abuse, child abuse, and neglect. Assistance is also available by calling 1712, where a counselor will listen and provide advice. Professionals can report concerns directly to the Confidential Center for Child Abuse in the region where the child resides. The 1712 helpline is free and anonymous, accessible by phone, chat, or email via www.1712.be , and is available to both minors and adults.
Bulgaria	Yes.	Anonymous reporting is possible. Professionals are not held liable for breaching their professional confidentiality when reporting cases of child protection.

Canada	Possible in some jurisdictions.	Many regions, such as British Columbia, Newfoundland and Labrador, and Saskatchewan, allow for anonymous reporting, while others, like Alberta and Ontario, require reporters to identify themselves to comply with legal obligations. The confidentiality of the reporter's identity is typically safeguarded unless disclosure is required by court order or with the reporter's consent.
Croatia	Yes.	The violations of children's personal or property rights can be reported anonymously to the Ombudsperson for Children using several means, such as a phone line, post and e-mail.
Cyprus	Yes.	Anonymous reporting is possible through helplines. However, due to the reporting obligations imposed on every person, this anonymity may be compromised if it becomes necessary to demonstrate compliance with the reporting requirements.
Czechia	Yes.	There are two hotlines which provide support to children and individuals in crisis. The Safety Line (hotline: 116 111) offers free, anonymous assistance. Callers are not required to disclose personal information such as their name, address, or school unless they choose to. The service emphasizes inclusivity, with no judgment based on personal preferences, beliefs, or circumstances. The Trust Line serves both children and adults, offering 24/7 phone support via 241 484 149 or 777 715 215, and additional options such as Skype, and email advice at problem@дитеkrize.cz . Users can access the services anonymously, though anonymous use may be time limited.
Denmark	Yes.	<p>Under Section 135 of the Children's Act, individuals have the option to submit a notification anonymously. While it is always possible to report anonymously under Section 133 of the Children's Act, the municipality is obliged to investigate the report and will notify the police if they deem it necessary.</p> <p>In addition, the Save the Children Internet hotline ensures full anonymity for submitted reports. Report It processes daily reports from anonymous individuals regarding sexual abuse material involving persons under 18.</p>
Estonia	Yes.	The mandated reporter may remain anonymous and does not have to give a name to the social services departments, police or some other body aiding. However, due to anonymity, the reliability and controllability of the message may suffer, and thus the possibility of assisting and protecting the child.

		Data on who reported a child in need of assistance or protection will not be disclosed except in criminal proceedings. The basic principles of data protection must be applied to the data of the person who reported a child in need. Therefore, should the child or the legal representative ask who reported the child's need for assistance, the data of the reporter will not be released.
Finland	Yes.	Reports can be made in writing, by phone, or in person to the municipal social services. To protect the reporter's confidentiality, email reporting is discouraged for those who are not professionals as defined in Section 25 of the Child Welfare Act. A specific form for reporting is available online, though its use is optional. For professionals, however, it is recommended to submit reports in writing to ensure all information is accurately documented. In cases of suspected sexual offenses against a child, reports should be made directly to the police. In addition, the report must be filed in person at a police station.
France	Yes.	<p>A report can be made through the national hotline 119. This is the national number dedicated to the prevention and protection of children in danger or at risk, which guarantees the confidentiality of the information of the reporter.</p> <p>However, due to the reporting obligations imposed by specific regulations and laws, this confidentiality may be compromised if it becomes necessary to demonstrate compliance with the reporting requirements.</p>
Germany	Yes.	Anonymous reporting is possible to the local child and youth welfare authority. The child and youth hotline, online consultation, and parents' telephone provide free and anonymous support. Children, adolescents, parents, and caregivers can receive confidential advice and guidance.
Greece	Yes.	<p>It is possible to make an anonymous report through the National SOS Hotline for child protection '1107' and the National SOS Hotline '1056'.</p> <p>Professionals that report to competent authorities must disclose their identity. However, Article 6 of Law 4837/2021 mentions nonetheless that the child protection officer, as well as the other staff of the child protection institutions who report an incident of abuse, will not be charged, sued, disciplined, dismissed, or subjected to any other kind of sanctions or adverse treatment, for the incident they reported in the performance of their duties, unless they knowingly made an untrue report.</p>

Hungary	Not clear.	<p>Pursuant to Section 17 (2a) Gyvt., child welfare service providers and guardianship authorities must keep the data of the institution or of the person making the signal or initiative due to child abuse or neglect in a closed manner, even in the absence of a specific request aimed thereto.</p> <p>Pursuant to Section 99 (1) évi XC, the court, the prosecution service and the investigating authority must keep the identification data of the person reporting a crime confidential. In other words, while the specific legislation does not include specific provisions for anonymous reporting, any identifying data provided during a report is treated confidentially.</p>
Ireland	No.	Mandated persons are required to include their identity when submitting a report of a mandated concern, as anonymous reporting does not comply with the obligations set out in the Children First Act.
Italy	No.	The mandated reporters are required to provide their names when making a report. However, if anonymous reports are received, the public prosecutor, with the assistance of the police, can still conduct investigations. Those obligated to report are exempt from professional confidentiality, except for priests, and are protected from sanctions.
Latvia	Yes.	There is a national police hotline (110) where people can report offences against children. This hotline is anonymous. There is also the Child and Adolescent Helpline (116 111) of the State Inspectorate for the Protection of the Rights of the Child. Reporting is also anonymous here.
Lithuania	Yes.	A report can be made anonymously. However, an anonymous message may be left unexamined. In the cases provided by the Law on Public Administration, the requests of individuals may not be considered (for example, if it is not possible to identify the person who submitted the request, if the content of the request is not specific, unclear, etc.). In the case of anonymous reports, the reporter may not be informed about the progress of the examination of the event and the decisions made.
Luxembourg	No.	<p>The mandated reporter can decide to contact the police by visiting the police station or in writing, the public prosecutor's office - youth protection in writing or the Youth and Guardianship Court in writing. Reporting here is not anonymous.</p> <p>In addition, a report of various types of child abuse and child sexual abuse can also be made on the 'BeeSecureStopline' website. The reports made on this website are not anonymous.</p>

Malta	Not clear.	All reports made according to the Minor Protection (Alternative) Act and to whomever they might have been made, shall be deemed as if protected by professional confidentiality, if not already so protected by any law, and notwithstanding any other provision of any law said reports shall not be made accessible to the public, whether in their entirety or in part.
Norway	Yes.	<p>The Child Welfare Service must review reports of concern, including anonymous reports, as soon as possible and no later than one week after receipt. It must assess whether the report warrants an investigation under Section 2-2 Act relating to Children's Welfare Services and determine if immediate follow-up is required. If a report is dismissed without investigation, the dismissal must be justified in writing, including professional assessments, except for obviously unfounded reports, which do not require justification.</p> <p>Parties involved in a case have the right to access case documents and may request copies. Limitations on access under Section 19 of the Public Administration Act do not apply to these documents. However, parties are not entitled to information that reveals the identity of anonymous witnesses or the child's address in cases where the child resides at a hidden address or where such a claim has been made.</p> <p>There is also the national helpline for victims of sexual abuse (800 57 000). Calls can be made anonymously, and the staff, who primarily speak Norwegian, can also provide support in English. They are bound by a duty of confidentiality, disclosing personal information only with consent or in cases of imminent risk to life or safety.</p>
The Netherlands	Yes.	Anonymous reporting is possible to 'Veilig Thuis', allowing any individual to report their concerns without revealing their identity. However, professionals with a duty to report will have to provide evidence of their report to avoid possible consequences.
Poland	No.	In practice, it's more efficient to report in person, in which case the following data of the reporter will be processed: name, surname, place of residence, phone number or e-mail address (alternatively other contact details). Note however, that in accordance with the provisions of the Code of Criminal Procedure, information on the place of residence and place of work of the witness and the victim does not go into the protocol of the pre-trial proceedings. This information is kept in an appendix to the protocol, the content of which is not disclosed to the parties to the proceedings.

Portugal	Yes.	The Institute for the Support to the Child has been running a telephone line 'SOS Criança'. This is an anonymous and confidential service for the support of children and youngsters in Portugal. There is also an e-mail address and personalized service in the social, judicial, and psychological fields. The team is composed of psychologists, social workers, pedagogues, and jurists. However, anonymous reporting is not possible for professionals. However,
Romania	Not clear.	It is not clear whether there is a possibility for mandated reporters to report anonymously. The Romanian Government established a Child Helpline (119) on January 5, 2022, which serves as a resource for children who feel abused, traumatized, neglected, or victims of any form of violence. It is also available to individuals who are aware of such situations. People who want to report have the option to remain anonymous.
Slovakia	Not clear.	The possibility of anonymous reporting is not specifically mentioned in the regulation. Section 96 of the Act No. 305/2005 emphasizes the obligation of employees of the competent authority for social protection of children and social guardianship to maintain confidentiality about the facts they have learned during the implementation of measures under the Act unless withholding the information would endanger the life or health of children and adults or if required by special regulations.
Slovenia	No.	Anonymous reporting is not possible for the mandated reporters. There are helplines and reporting points available to ensure the protection and support of individuals involved. For instance, the toll-free telephone helpline TOM (116 111) provides emotional support for children and young people facing various challenges. Anonymity and confidentiality are guaranteed during conversations with the helpline's counsellors. Additionally, ONLINE OP serves as a reporting point for child sexual abuse imagery on the internet, allowing anonymous reporting through the website www.spletno-oko.si .
Spain	Not clear.	Although no information was found regarding the possibility of anonymous reporting, the confidentiality and protection of the reporter's identity are legally guaranteed.
Sweden	Yes.	There are no formal requirements for submitting a notification, but individuals obligated to report should do so in writing. The report should describe the child, outline observations, and detail concerns, with concrete and specific information to help social services assess the situation

		effectively. Private individuals can remain anonymous if they refrain from disclosing their identity when contacting social services.
Switzerland/Basel	Yes.	<p>Reports can be submitted to the Child and Adult Protection Authority, preferably using the reporting form or via email. These reports cannot be treated anonymously. For reporting anonymously, the Child and Adult Protection Authority can directly be contacted.</p> <p>The Child and Adult Protection Authority Basel-Stadt advises against this, stating that anonymous reports are questionable under the rule of law. Those affected must be able to comment on the person of the reporter in a fair procedure. In addition, there is a risk of making it more difficult to find a solution, as for those affected, everything revolves around who submitted the report.</p>
Switzerland/Geneva	No.	Reports must include the name, first name, and address of the reporter, and must be submitted either in writing or electronically. The child protection service will not process anonymous, abusive, or manifestly unfounded reports. If necessary, the child protection service will refer to cases to the Protection Tribunal for protective measures, with its interventions in cases of immediate danger remaining reserved.
Switzerland/Zurich	Yes.	Various counseling centers and the Child and Adult Protection Authority offers anonymous case discussions and advice on reporting. Initially, anonymous reporting is not ruled out. However, if you wish to remain anonymous, the only option is to submit the report anonymously. The Child and Adult Protection Authority advises against this, stating that anonymous reports are unfair to the person concerned and make the work of the investigation authorities more difficult.
UK / England	Yes.	Reporters of any crime can be subjected to Witness Protection and Anonymity if they are found to satisfy the requirements of the statute. Courts also have a common law power to withhold the name of a witness or other information about them, such as an address, from the public. The rules in the United Kingdom are altered when involving Children due to the sensitive nature of youths.
UK / Scotland	Yes.	Anonymous reporting is possible for members of the public, usually through third-party organizations like the Child Line run by the National Society for the Prevention of Cruelty to Children. However, professionals employed in a professional capacity are expected not to remain anonymous when reporting child abuse.
UK / Wales	No.	Practitioners, including employees, professionals, and independent contractors, must be aware that they cannot remain anonymous when reporting concerns to social services, unless revealing

		their identity would put them at personal risk. In such cases, they should discuss their safety concerns with social services.
United States	Possible in most States.	In most States, reports of child abuse can be made anonymously. However, it is worth noting that States often find it helpful to know the identity of reporters for investigative purposes. Some States require mandatory reporters to provide their names and contact information when making a report, either orally or in writing. Certain States allow child protection workers to request the name of the reporter.

1.4 QUESTIONNAIRE ON THE DISCRETION APPLIED BY PROFESSIONALS IN THE CONTEXT OF MANDATORY REPORTING OBLIGATIONS

1.4.1 INTRODUCTION

» Context and objective of the questionnaire

In many countries, applicable obligations for reporting rely on concepts like “reasonable suspicion”, “indications of a serious and real danger”, “imminent threat” and the like. Such broad concepts are typical for legal rules, but require interpretation to determine whether or not the rule and the linked obligation to report is triggered or not. Case law or guidance may help provide clarity to an extent, but there will always be room for interpretation and arguments in specific scenarios. Because of this reality, the 2PS project launched a questionnaire aimed at practitioners (specifically mental health service providers working with people who fear they might offend against children, including people with a sexual interest in children), to measure their understanding of the national legal framework they are subject to and specifically, the amount of discretion they have.

Discretion, in this regard, refers to the amount of freedom professionals have (or perceive to have) in deciding to report an incident (in particular a statement, information being revealed) or not, and is directly related to interpreting and applying legislation regarding reporting obligations when dealing with individuals who may present a level of risk of committing offences against children, including people with a sexual interest in children (hereinafter ‘the target group’) in their country or jurisdiction of practice considering specific circumstances or scenarios.

The idea was to present practitioners with 5 scenarios (which escalate, with the presented level of risk increasing in every scenario, see below) and to compare their answers to the answers given by other practitioners subject to the same legal framework, as well as to the legal understanding of the 2PS researchers of the mandatory reporting rules (which may reveal that the rules are applied in line with the letter of the law or not quite). The questionnaire was aimed at mental health and social care sectors across EU countries, the EEA, as well as Australia, Canada, Switzerland, the United Kingdom, and the United States.

By analyzing practitioners’ responses, the survey seeks to illuminate how reporting requirements are implemented in practice and the extent to which confidentiality or anonymity is maintained within the relationship with their client. This practical input complements the country-by-country review above, providing a more comprehensive perspective on the legal and ethical challenges faced by professionals and informing the development of effective and impactful policy at the European level.

» Methodology

Participants were invited to complete an anonymous online survey, focusing on the discretion exercised by professionals in the mental health and social care sectors across EU countries, the EEA, as well as Australia, Canada, Switzerland, the United Kingdom, and the United States.

The anonymous online survey was hosted on the EUSurvey platform, which is the online tool developed by the European Commission and supported by the ISA program. This tool has the required set-up to secure the survey and guarantees the privacy of the respondents as no access is given to the connection data of the respondents. The IP of every connection is only saved by EUSurvey tool for security reasons for every server request. See therefore their privacy statement on the protection of personal data.

The survey itself was divided into five interconnected sections. The first section focused on informed consent, ensuring participants were fully briefed on the purpose of the survey, their rights, and the measures taken to protect their anonymity before proceeding.

The other sections of the survey, outlined below, gathered demographic and professional background information to provide context, assessed respondents' knowledge of legislation on reporting and mechanisms within their jurisdiction, and explored their discretion in therapy sessions through five hypothetical scenarios. The survey concluded with a bonus section addressing perspectives on anonymous therapy. These questions and in particular the scenarios, were consulted with all partners of the consortium, to ensure that an appropriate balance was struck.

To participate, professionals had to identify as a psychologist or therapist, doctor or other health professional, social worker, hotline counsellor, or another relevant professional. Those selecting the 'other' category were provided with a free-text field to specify their professional role, ensuring that diverse practices beyond the predefined categories could be represented.

For clarity, we use the term 'respondents' in what follows to describe participants to the survey who consented to take part in the survey.

The 2PS project invested significant efforts in reaching practitioners. Potential contacts (individuals, organizations, associations representing practitioners, hospitals, etc.) were found online, asked from the partners and the advisory board members and contacted directly. Many hundreds of emails were sent out this way. In addition, LinkedIn campaigns were launched, with posts being promoted and shared through the networks of 2PS partners and advisory board members. Notably, several impactful organizations in the field (acting as advisory board members) launched requests at their members through their newsletters, through website posts, LinkedIn post, etc., including We Protect Global Alliance, INHOPE and Lucy Faithfull Foundation. Responses were hard to come by, so the deadline was extended, an additional campaign set up, and an open letter written and disseminated (on LinkedIn, by email, through partner and advisory member networks and newsletters), in an attempt to gather more responses.

Sadly, despite best efforts, the ambitious goals of obtaining a good amount of responses (provisionally set at 5 or more) for each of the countries covered in the mandatory reporting desktop research was not reached. In the end, 98 respondents answered the questionnaire in full. Sadly, this was not enough to cover all the countries covered in the desktop analysis of this report.

To provide a somewhat meaningful analysis, the results are presented only for those countries where full submissions were obtained from at least four respondents. This number was set to find a balance between not excluding too many submissions, while remaining realistic that one or two submissions for a country are really too little to draw any conclusions from. In the end, the responses of 77 respondents were included in the analysis, representing the following 12 countries: Belgium, Canada, Denmark, Finland, Germany, Ireland, Lithuania, Switzerland, the Netherlands, Czechia, the United Kingdom, and the United States.

Demographic and professional background

In the first section of the survey, respondents were asked to provide information about their country of practice, their professional practice, and their years of experience in the field. For professional practice, they could select from predefined categories, including 'psychologist or therapist', 'doctor or other health professional', 'social worker', 'hotline counsellor', or 'other'. If respondents chose the 'other' category, they were given the opportunity to specify their role in a free-text field, allowing for the inclusion of diverse professional practices that did not fit into the predefined options.

Regarding years of experience, respondents were asked to select one of the following ranges: '0–5 years', '5–10 years', '10–20 years', '20–30 years', or more than 30 years. These questions were designed to gather a detailed understanding of the respondents' professional backgrounds and levels of expertise, enabling us to analyze the survey results within the context of their varied experiences and roles in the (mental) health and social care sectors.

Knowledge of legislation on reporting

In the second section of the survey, respondents were asked to answer six close-ended questions about their knowledge of legislation related to reporting individuals of the target group in their country or jurisdiction of practice.

The questions explored various aspects of this topic, beginning with whether respondents were aware of specific legislation regarding the reporting of the target group. They were also asked if they were aware of specific provisions for healthcare and/or prevention professionals in this context and whether a reporting obligation existed for these professionals in certain situations. If no such obligation exists, respondents were questioned about the possibility of voluntary reporting in their country or jurisdiction of practice.

Further, the survey inquired whether respondents had ever received training or information about reporting the target group and whether, based on their experience, respondents actively utilized available reporting tools. For those who indicated that such tools were used, an additional question invited them to specify the tools in question.

The response options for each close-ended question were 'yes', 'no', or 'I don't know', providing a straightforward framework for assessing the respondents' familiarity with and engagement in reporting practices.

Scenarios on discretion in therapy sessions

The survey included a series of five detailed hypothetical scenarios, drafted in consultation with experts within the consortium, designed to assess how the respondents see the amount of discretion they can exercise with regards to their national legal framework, in particular any applicable mandatory reporting obligations. Each scenario featured a client, Dan, who presented complex situations involving potential risks to children, requiring respondents to evaluate their course of action under the legislation on reporting in their country or jurisdiction.

The scenarios progressively escalated in severity, ranging from disclosures of concerning fantasies to admissions of past inappropriate behavior and potential grooming activities. This approach allowed for the examination of respondents decision-making processes and the role of legal and ethical considerations in shaping their responses. These insights provide valuable data on how professionals navigate the delicate balance between client confidentiality and reporting in practice.

The following hypothetical scenarios were presented:

Scenario 1: Indication of intent to commit a CSAM offense

As part of your work, you have a session with a client, Dan. Dan is 37 years old and identifies as male. He is seeking to get help with his trauma-related depression and what he describes as persistent sexual feelings and fantasies towards boys between the ages of 7 and 10. He says he feels a connection with them that he does not feel with his peers. He asserts that he will never engage in sexual activity with a child because he knows it is illegal and harmful. Despite claiming he has never

viewed it, he has fantasized about the imagery, contemplated actively searching for it, and questioned whether there is any harm in watching what he describes as ‘child pornography’.

Scenario 2: Confirmation of having committed a CSAM offense

Dan returns to you a week later and elaborates on his fantasies toward boys between the ages of 7 and 10. Although he communicated last week that he had never viewed, what he calls ‘child pornography’, Dan does now admit that he has watched it in the past and that he in those moments has resorted to self-pleasuring behavior. He claims again that he will never engage in sexual acts with a child because he knows it is illegal and harmful.

Scenario 3: Indication of intent to commit a contact offense

At the end of your conversation, Dan begins to make comments suggesting that he thinks it is not so wrong for adults and children to have sex if the child loves or has a good relationship with the adult and would enjoy engaging in sexual activities with them. According to him, the fact that children would not understand the sexual component of certain acts should not be an obstacle if the child himself would consent to and appreciate these activities. According to him, people should not be too quick to judge situations they are not familiar with. He also says that this opinion does not prevent him from actively seeking contact with children.

Scenario 4: Confirmation of having committed a contact offense

After further questioning Dan, Dan admits that years ago he kissed and touched the genitals of a child who was nine. He states that he does regret this now since in retrospect the child turned out to be troubled by the acts. On the other hand, he also states that he did not have such a good relationship with that child and that this probably would have been different if they had had a loving relationship and that in such cases it might not have been so wrong. Dan takes as an example his nine-year-old neighbor boy who is always very happy when he sees Dan and who enjoys it when Dan gives him hugs.

Scenario 5: Third party confirmation of intent to commit a contact offense

The following week, Dan returns to you and reveals that he was contacted by one of the parents on Facebook while thinking he was chatting with their 8-year-old son online. He informs you that the parents are accusing him of grooming their child but have taken no further action. Dan expresses disbelief at the parents’ threat, considering it is absurd. He insists that he has a very good relationship with the child and continues to have regular contact with him, even seeing the child regularly at the after-school program where he volunteers twice a week.

After each scenario, respondents were asked to determine whether they would report the case, provide reasoning for this decision, and specify the authority they would report to, such as child protection services, policy, the public prosecutor’s office, or other persons. If respondents chose the ‘other’ category, they were given the opportunity to specify the specific person in a free-text field. Additional questions explored the feasibility of anonymous reporting and whether legal immunity was available for reporters when anonymity was not an option.

Note that the scenarios are labelled in this report to make the analysis easier, but that they were not labelled in the questionnaire. As such, respondents may have had different interpretations of the scenario.

The full text of the questionnaire can be found in Annex 1.

» Limitations of the results

It is important to note the various limitations of the results and the analysis. The relatively small sample size per country restricts the ability to draw broad generalizations or statistically significant conclusions. Results are not claimed to be representative for the jurisdiction, as this would require a much larger set of data. While the study offers valuable insights into professional discretion in reporting practices in some jurisdictions, the findings should be interpreted with caution and as illustrative rather than representative.

Furthermore, the reliance on self-reported data introduces the possibility of bias, as the respondents' perceptions and experiences may not fully reflect actual practices or broader trends within their respective fields or jurisdictions. Additionally, as the survey was conducted online, participation may have been limited to professionals with access to digital tools and adequate technical skills, potentially excluding some professionals and impacting the representativeness of the sample.

The hypothetical scenarios, while carefully designed, cannot aspire to fully capture the complexity of real-life scenarios professionals will encounter, nor the way that professionals may handle hypothetical revelations or statements by patients in any of the scenarios, by way of asking follow-up questions, offering opportunity to further detail and assess the situation. In scenario 1 and 2 for example, the scenarios concern CSAM consumption. It was meant to reflect consumption of existing CSAM, but in reality, upon asking more questions, a person may reveal that they are not watching existing CSAM, but live or on-demand CSAM, perhaps even CSAM produced by a local offender. While there is a victimized child behind every piece of CSAM, mandatory reporting obligations would be more likely to be triggered when the scenario presents increased risk for repeated contact offenses, also where these are not committed directly by the patient, but on their request or demand. Without making a hierarchy in the illegality of actions involved, such an interpretation of the scenario would present a different risk level altogether, which is much more likely to trigger reporting obligations in many countries. Note that, while the scenarios are labelled in this report to make the analysis easier, they were not labelled in the questionnaire. As such, respondents may have had different interpretations of the scenario. The escalation between the scenarios hopefully provides some protection to such misunderstandings and diverse interpretations of the scenarios, but they can by no means be completely excluded.

Moreover, Respondents' interpretations of the scenarios and their decisions could also be influenced by cultural (including professional culture, organizational culture and policies), legal (including broader national legal obligations not explicitly covered), or personal factors not explicitly addressed in the survey.

Another limitation relates to the diversity of legal frameworks and reporting obligations across countries and regions included in the report. The findings may not account for all nuances and interpretations, or recent changes, particularly in jurisdictions with limited publicly accessible legal resources or evolving policies.

Finally, the absence of direct follow-up interviews or discussions with participants means that deeper qualitative insights into their decision-making processes or contextual factors (e.g. further details on their personal and professional background, any guidance or practices common in the organization they work for, etc.) are beyond the scope of these results. Future research incorporating mixed methods could help address these gaps and provide a more comprehensive understanding of professional discretion in mandatory reporting.

As such, the reader is invited to browse the results and conclusions drawn from them with a critical mind, taking into account these limitations.

» **Difference in focus of the analysis of the practitioners' questionnaire compared to the desktop analysis of mandatory reporting obligations**

While the questionnaire was open to various professionals, most of the respondents were mental health service providers, such as therapists, working with adults who fear they might offend against children, including people with a sexual interest in children. Notably, the analysis of mandatory reporting obligations was focused on any type of mandatory reporting obligation, not just those applicable to mental health service providers, such as therapists.

This creates a potential difference in focus between the analysis of the legal framework in section 1.2 (and schematically represented in section 1.3, in particular 1.3.2 on mandatory reporting obligations) and the analysis of the practitioners' questionnaire in section 1.4.

In particular, in section 1.2 and 1.3.2, the question “[Is there a] Mandatory reporting obligation?” is answered in the affirmative whenever there is some type of obligation to report, and not just a right. However, the personal scope of this obligation may be quite limited. In particular, in several countries there is no general mandatory reporting requirement for mental health service providers, such as therapists, but there is a legal obligation to report when they work with children directly and find out information in that setting.

In such cases, the legal schematic overview in section 1.3.2 may show that there is a mandatory reporting obligation, i.e. answering the question with “Yes.”, but this obligation may be limited in scope and not generally a reporting obligation applicable to the setting of a mental health service providers, such as a therapist, working with adults who fear they might offend against children, including people with a sexual interest in children. In such cases, the country by country results and further analysis in this section may reveal results similar to a country with no mandatory reporting obligations at all, simply because the existing mandatory reporting obligation is limited in (personal) scope and does not generally apply to mental health service providers, such as therapists. Therefore, since the majority of Respondents are mental health service providers, such as therapists, they would in such case effectively not be subject to a mandatory reporting obligation, although their jurisdiction does have some limited mandatory reporting obligations.

The some considerations apply to the schematic overviews in section 1.3.1 and 1.3.3. Since they are summarized considerably, the reader is suggested to always read all elements of the table for a better understanding of the details of the legal situation, and, where appropriate to refer to the detailed country analysis under section 1.2.

1.4.2 COUNTRY BY COUNTRY RESULTS

A total of 98 respondents consented to participate and filled out the questionnaire. However, to ensure the reliability and relevance of the analysis, only submissions from countries with at least four respondents were included. Additionally, respondents had to complete all sections of the survey and successfully submit their responses to be included.

To provide a robust and meaningful analysis, this report focuses solely on countries that meet these criteria. In the end, the responses of 77 respondents were included in the analysis, representing the following 12 countries: Belgium, Canada, Denmark, Finland, Germany, Ireland, Lithuania, Switzerland, the Netherlands, Czechia, the United Kingdom, and the United States.

» **Belgium**

Legal framework

Article 458bis of the Criminal Code allows professionals to breach confidentiality to report specific crimes against clients, while Article 422bis may compel disclosure if someone is in grave danger. This right applies to all bound by professional secrecy.

Professionals bound by professional confidentiality have a right to report when they have 'knowledge of offenses against minors', or vulnerable individuals, when there is a 'serious and imminent threat to the psychological integrity of the minor or vulnerable person', or when there are 'indications of a serious and real danger to other minors or vulnerable persons'.

Mandated reporters can seek advice via the anonymous Nupraatikerover.be chat or the free 1712 helpline, which offers confidential support through phone, chat, or email. Concerns can also be reported directly to the local Confidential Center for Child Abuse.

Survey results

The survey for Belgium was closed on 15 January 2025 and included 4 respondents. 3 respondents identified themselves as psychologists or therapists. The other respondent is a doctor. All respondents had different ranges of experience within their field. All respondents were aware of the existence of specific legislation.

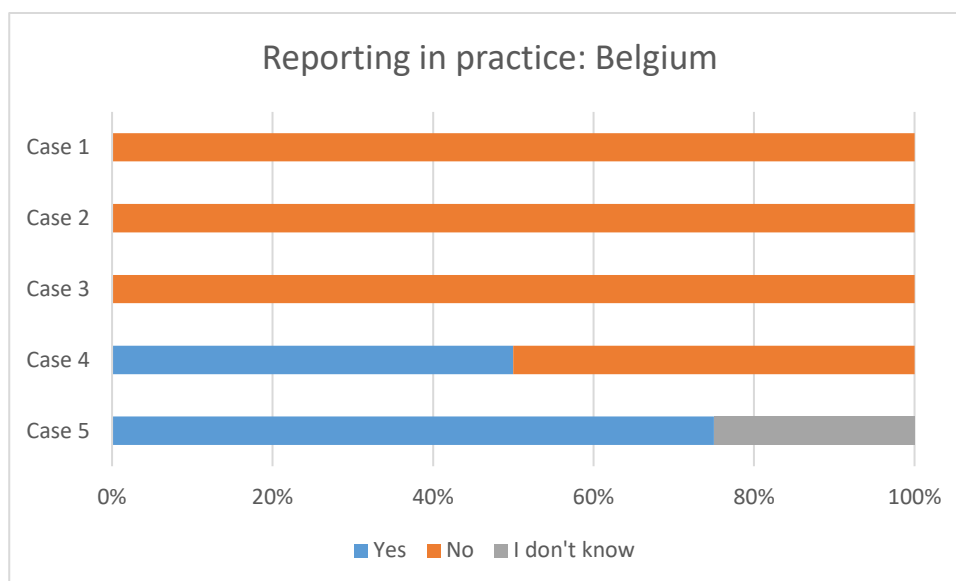


Figure 1: Survey results for Belgium

For the first 3 cases ‘indication of intent to commit a CSAM offense,’ ‘confirmation of having committed a CSAM offense,’ and ‘indication of intent to commit a contact offense’ there is clear agreement among the respondents. All respondents indicated that they would not report these cases. The primary reason given was that there was no immediate risk or danger to an individual.

There is significant disagreement among the practitioners on case 4 ‘confirmation of having committed a contact offense’. Respondents who said they would report mentioned the risk for the neighbors and that there is an identifiable child present. They mention that they would report this situation to Child Protection Services. The practitioners who would not report in this situation mentioned that while there is a higher risk present, this is not extensive enough yet to report. Additionally, they mention that it is the duty of a healthcare professional to provide help to lower the risk of offending, including by partnering up with external programs.

In case 5, ‘third party confirmation of intent to commit a contact offense’, 3 respondents indicated that they would report, while the fourth respondent was unsure. Those who would report cited reasons such as “an actual risk of danger for the child” or “an identifiable child in danger”. The respondent who was unsure stated: “this situation requires a consultation with colleagues to assess the risks and first see if there are options other than breaking professional secrecy”.

The responses to the question of whether anonymous reporting is possible were highly varied. One respondent stated that anonymous reporting is possible, while the other two either did not know or did not answer the question. The same applied to the question of whether immunity exists for the mandated reporter.

Conclusion

The law establishes a right to report when care providers have knowledge of offenses against minors, when there is a serious and imminent threat to the psychological integrity of the minor or vulnerable person, or when there are indications of a serious and real danger to other minors or vulnerable persons. As the law provides for a reporting right and no reporting duty, this corresponds with the answers in the survey, where many respondents in the survey expressed hesitation to report unless there is an immediate danger to an identified minor. In the absence of such direct pressure, respondents are hesitant to breach confidentiality.

This reluctance may stem from the perception that the risk is not significant enough to warrant disclosure, or that interventions through programs can mitigate the risk without breaching confidentiality. There was notable disagreement on whether to report cases where there is a possible threat to others but no immediate risk to an identified minor.

The Belgian legal framework implicitly encourages care providers to use discretion, due to a lack of a hard reporting obligation in most cases. This leads to unanimous decisions not to report in cases 1 and 2. While there is a victimized and harmed child behind every piece of CSAM, scenarios 1 and 2 under Belgian law do not have sufficient information to trigger a breach of confidentiality, since it is from the scenario unclear whether a child is identified and in immediate danger (e.g. on-demand or live CSAM as compared to e.g. old CSAM where the victim has been identified and secured). Importantly, also in scenario 3 respondents unanimously decide this is not sufficient to trigger reporting.

Despite the lack of clear reporting obligation, care providers did clearly lean towards reporting in case 5 ('third party confirmation of intent to commit a contact offense'). This indicates that care providers do not feel completely stifled in their reporting options by the criminal law-based framework which is centered on the importance of professional confidentiality. Still, one respondent would even in this situation not feel completely sure whether they would report in this case, which highlights that a reporting right (vs. a reporting obligation) puts a lot of pressure on individual care providers to make tough decision, since in case 5 there certainly seems to be a sufficiently imminent threat to allow for reporting under the Belgian legislative framework. This difficulty also shows in case 4, where there's a 50/50 split between reporting and not reporting, despite the confirmation of having committed a contact offense and a concrete indication of a child that may be at risk. The disagreement is understandable given that the Belgian legal framework is focused on grave/serious and imminent harm, and although the potential harm to the specific child indicated in case 4 would undoubtedly be grave/serious, the facts of the case allow for doubt about how imminent this threat is, or whether it would at that time be sufficient to try and maintain confidentiality, focusing on treatment and prevention.

Regarding anonymous reporting, the responses were mixed, with some professionals believing it is possible, while others were unsure or did not respond. This suggests either a gap in awareness of available options for confidential/anonymous reporting or the fact that Respondents hold different opinions or work for organizations with different policies regarding anonymous reporting. It must be taken into account that while anonymous reporting options exist in Belgium, professionals may decide to identify themselves or may need to identify themselves for various reasons nonetheless: to give more background and information, to make sure that the report is given more weight/importance, because they consider this part of their deontological duties (vs. 'hiding' behind an anonymous report), because their employer/organization they work for has policies on this, etc. There was also uncertainty about immunity for mandated reporters, which seems logical under the Belgian framework, focused on a reporting right, with an exception of liability from the usual criminal liability for breaching professional confidentiality/secretcy. Immunity will hence relate very directly to whether the reporter can be practically speaking identified, and whether or not their assessment meets the legal criteria for having breached professional confidentiality/secretcy. As such, this may be an additional reason explaining why the results for Belgium tended to err on the side of not reporting in cases 4 and 5.

» **Canada**

Legal framework

Every province and territory in Canada has enacted legislation regarding the reporting of children in need of protection, with varying requirements, and broadly applicable to any person. For example, some regions, like British Columbia, New Brunswick, Nova Scotia, Ontario, and Yukon, impose a broad duty to report in case of 'any reasonable belief or suspicion', while others, like Alberta and Manitoba, set a higher threshold of

‘reasonable and probable grounds’. Jurisdictions like Saskatchewan focus specifically on ‘child sexual abuse’, while others, such as Québec and Nunavut, define ‘endangerment’ more broadly, including ‘exposure to violence and neglect’.

Moreover, Child welfare laws across Canada require physicians to report any child who may be at risk, including cases of suspected abuse or neglect. An important exception to this is the ‘duty to warn,’ which obligates physicians to inform third parties of potential harm when a patient poses a serious risk to others.

Many regions, including British Columbia, Newfoundland and Labrador, and Saskatchewan, allow anonymous reporting, while others, such as Alberta and Ontario, require reporters to identify themselves. The confidentiality of the reporter's identity is typically protected unless a court order requires disclosure or the reporter consents.

Survey results

The survey for Canada was closed on 23 December 2024 and included 5 respondents. Respondents did not indicate in which province they work. 2 respondents identified themselves as psychologists or therapists. The other respondents were a social worker, a doctor and a criminologist. A significant number of respondents were in the 10-20 years of experience range. All respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.



Figure 2: Survey results for Canada

The respondents in case 1, ‘indication of intent to commit a CSAM offense’, and case 2, ‘confirmation of having committed a CSAM offense’, predominantly stated that they would not report.

Those who decided not to report in case 1 did so mainly because there was no identifiable child at risk. In case 2, 4 respondents stated that they would not report, citing professional confidentiality and the absence of identifiable victims as their main reasons. The respondent who would report justified their decision by stating that Dan, in fact, had access to CSAM.

There is significant disagreement with respondents in case 3, ‘indication of intent to commit a contact offense’. The respondents who would report in this situation mentioned that they have doubts about the

honesty of the patient and that the patient is actively seeking out contact with children. The respondents who would not report in this scenario stated that there is no identifiable child at risk, but that they would consider reporting if there was an indication of specific children in danger. The respondent who said they were not sure stated that they would consult with their team and provide the patient with resources on children's rights and development.

In case 4, 'confirmation of having committed a contact offense', and case 5, 'third party confirmation of intent to commit a contact offense', all respondents stated that they would report.

For case 4, respondents explained that Dan had already abused a child and that a specific child was now at risk. In case 5, the primary motivation for reporting was also the fact that a specific child was at risk. Another respondent stated: "Dan clearly sees nothing wrong in his actions and is not interested in stopping. On the contrary, he seems much more focused on justifying his actions. I would also question his intentions in seeking help".

The responses to the questions of whether anonymous reporting is possible and, if not, whether there are rules regarding immunity for mandated reporters, were highly different.

Conclusion

Note that the survey results may not be fully representative due to the lack of stratification by province. Respondents did not indicate this as part of the question on demographic background.

Canadian law encourages reporting based on 'reasonable suspicion' or 'probable grounds' depending on the province, related to specific forms of harm from which a child needs to be protected at a given time. The survey shows that many professionals are not inclined to report unless a specific child is considered at (immediate) risk, especially in cases 1 and 2. This reflects the legal conditions, which do not always provide a clear and immediate necessity to report when there is no specific child being harmed. While there is a victimized and harmed child behind every piece of CSAM, and continued use of CSAM revictimizes the child (or adult, if the material is older), scenarios 1 and 2 may fail to trigger the reporting obligation since it is from the scenario unclear whether a child is identified and in immediate danger (as compared to e.g. old CSAM where the victim has been identified and secured). Notably, one respondent did disagree in case 2, stating that this confirmed CSAM having been consumed, and therefore an immediate danger to a child that has been victimized and may continue to be victimized. Both views are valid and may be consistent with the legal framework. Consumption of existing CSAM without on-going victimization, while illegal, would likely not trigger the reporting obligation, whereas CSAM that is known to be the product of on-going victimization (regularly new CSAM on the same victim(s), CSAM on demand, live CSAM, etc.) would trigger the reporting obligation. As discussed in the introduction to this section, in reality the practitioner arguing for reporting in case 2, as well as (some of) the other Respondents, might have asked follow-up questions to better understand this element.

It is important to note that the reporting duty under different provincial laws has as its goal the safety of a child. Therefore, the lack of agreement on case 3 ('indication of intent to commit a contact offense') is interesting. Interpreted strictly, this is where the Canadian framework would already require care providers to act, as there is an expressed intent to harm a child. However, the respondents who were hesitant or declined to report explained that the biggest hurdle was that there is no identifiable child, leading to uncertainty on what they would specifically report on. The different legal standards across different provinces could also lead to different interpretations of the scenario and obligations, but still this finding indicates that the lack of an identified child leads to a feeling with practitioners that reporting is not needed; not useful (yet).

In some Canadian regions, such as British Columbia and Newfoundland and Labrador, anonymous reporting is allowed, whereas in other regions, like Alberta and Ontario, the reporter must identify themselves. However, the survey results reveal significant uncertainty about the possibility of anonymous reporting, suggesting that professionals may not be fully aware of the specific legislation in their region or, more likely, are unsure about the effective protection of their identity in practice, e.g. because they would feel obligated to identify themselves if prompted, provide additional information to make sure the report is given sufficient importance, etc.

» Czechia

Legal framework

In Czechia, disclosure of confidential health information is allowed when permitted by law, including criminal proceedings or statutory duties to prevent or report crimes.

According to Sections 367 and 368 of the Criminal Code, individuals, except attorneys, their employees, clergy of registered churches, or victim support providers under specific circumstances, are required to report 'learning of certain criminal offenses', such as 'grievous bodily harm, child abuse for pornography production, or abuse of a person in care', when the information is 'credible'.

Czechia also offers two hotlines for children and individuals in crisis which provides free, anonymous assistance, and the Trust Line (241 484 149 or 777 715 215), available 24/7 and offering support via phone, Skype, or email at problem@дитеkrize.cz. These services allow users to remain anonymous, though anonymous use may be time-limited.

Survey results

The survey for Czechia was closed on 23 December 2024 and included 4 respondents. 3 respondents identified themselves as hotline counselors. The other respondent identified themselves as a police investigator. A significant number of respondents were in the 0-5 years of experience range. All respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.

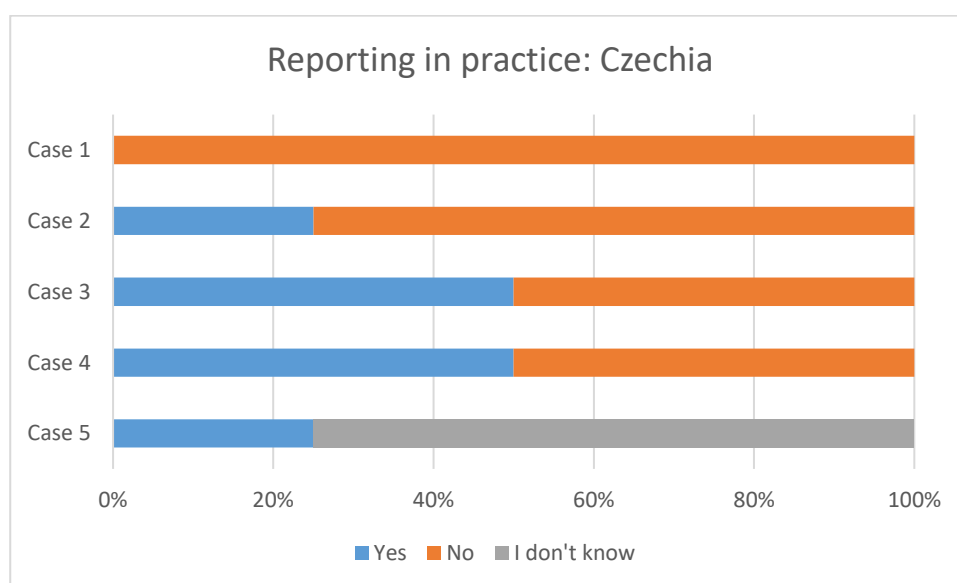


Figure 3: Survey results for Czechia

In case 1, 'indication of intent to commit a CSAM offense', there was a clear consensus among respondents, as all indicated that they would not report. The reasoning varied from "it is merely fantasy and therefore poses no risk to a specific child" to "[reporting is required] only when someone plans to abuse [a child] or when a professional feels there is a high probability that something illicit will happen".

In the second case, 'confirmation of having committed a CSAM offense', three respondents stated that they would not report, while one respondent indicated that they would. The respondents who would not report primarily reasoned that, although watching CSAM is illegal in the country, there was no specific child at risk. The respondent who would report justified their decision by stating: "possession of [CSAM] is a criminal offense and leads to a presumption that he is actually engaging in it".

There is significant disagreement on reporting in cases 3 and 4, as well as major uncertainty on case 5. It is noteworthy that across cases 2 through 5, the police investigator always responded that the facts should be reported, though, depending on the circumstances, to either child protection services or the police.

In case 3, 'indication of intent to commit a contact offense', respondents who would report in this scenario mentioned that approving a crime is a crime as well, and that the patient exemplifies risky behavior. Respondents who would not report mentioned that there is no crime yet, but that a risk plan should be made here. If the patient were to say he is planning new activity, they would report him. Respondents who would report identified the police as the appropriate authority, while respondents who would not report mentioned they would consider talking to Child Protective Services.

In case 4, 'confirmation of having committed a contact offense', respondents who would report mentioned that there has been a crime and reporting (to the police) is necessary to prevent further harm. Furthermore, one respondent mentioned they could be fined if they neglected to report. Respondents who say they would not report in this case highlight that there is only a reporting obligation when there is future danger and does not apply to past actions. These respondents also stated that the patient is very high risk and needs to be observed closely, but did not seem to find the facts of case 4 sufficient to determine future harm already.

In case 5, 'third party confirmation of intent to commit a contact offense', the respondent who stated that they would report mentioned that there is still the suspicion of committing a crime, leading to a reporting duty. Another respondent stated that they would discuss this matter with their team, including their legal advisor, to discuss together what the best course of action is. It is noteworthy that in case 5, 3 out of 4 respondents answered "I don't know" to the question whether they would report this situation, indicating doubt as to whether reporting is necessary in case 5. This is particularly notable for the one respondent who would have reported in case 4, but becomes unsure in case 5, despite case 5 in principle presenting a further escalation of case 4 with confirmation of grooming of the specific child. This result may be due to the fact that in case 5, the parents of the child in question already are informed about the issue, which may lead to uncertainty as to whether an additional report is necessary, perhaps assuming that the parents of the child at risk will take further action if Dan continues his behavior. Such a reasoning would however fail to fully appreciate the risk, both to the specific child in the cases (Dan may simply become more devious in his grooming tactics) and, importantly to other children Dan might contact.

Regarding the question of whether reporting can be done anonymously, the 4 respondents stated that reporting can be done anonymously. In response to the question of whether there is immunity for the mandated reporter, 2 respondents answered yes, while 2 others said they were unsure.

Conclusion

There is a noticeable divergence between the legal obligations and the survey responses. The legal framework imposes a rather strict reporting obligation for care providers when they learn of certain criminal offences. However, in practice care providers seem to be hesitant to actually report.

This is all the more notable given that respondents agreed and were aware of possibilities for anonymous reporting.

» **Denmark**

Legal framework

Disclosure without consent is permitted when required for public interest, the patient's welfare, or to protect others.

Under Section 133 of the Children's Act, any person providing public services or holding public office is required to report if they 'are aware' or 'have reason to believe' that a child or young person under 18 needs support or has been 'subjected to abuse'. Section 135 of the Children's Act requires any person to report if they 'are aware' that a child or young person is being 'subjected to neglect or degrading treatment', or is 'living in conditions that endanger their health or development'.

Under Section 135, individuals can submit notifications anonymously, while under Section 133, municipalities are obliged to investigate reports and notify the police if necessary. Additionally, the Save the Children Internet hotline ensures full anonymity for reports of sexual abuse material involving persons under 18, processing daily anonymous submissions through the Report It platform.

Survey results

The survey for Denmark was closed on 23 December 2024 and included 5 respondents. Two respondents identified themselves as psychologists or therapists. 2 other respondents identified themselves as doctors or other health professionals. The final respondent identified themselves as a researcher. The experience range of respondents covered a variety between the 0-5 years of experience range to the 20-30 years of experience range, with a significant number of respondents in the 20-30 years of experience range. 3 of the respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.

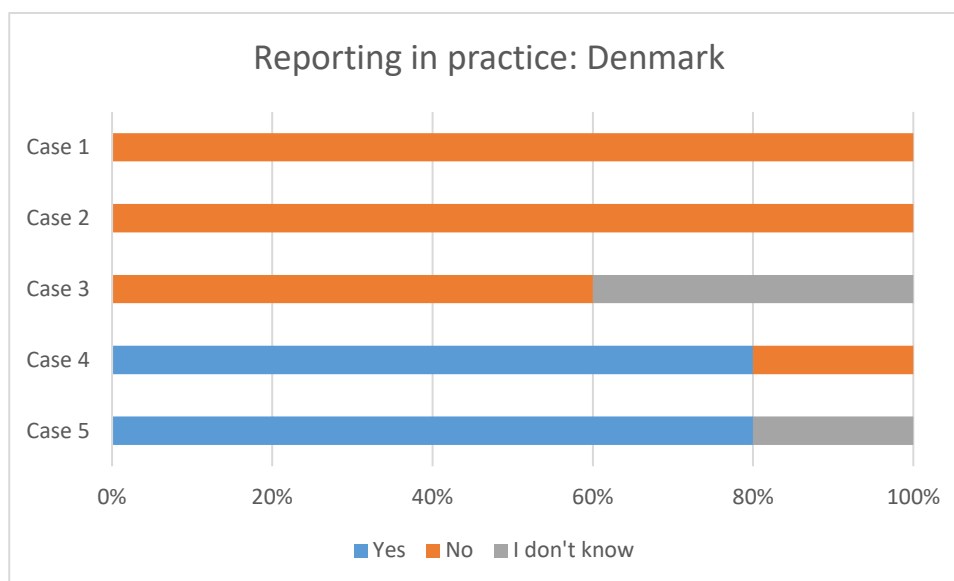


Figure 4: Survey results for Denmark

In the first 2 cases, ‘indication of intent to commit a CSAM offense’ and ‘confirmation of having committed a CSAM offense’, all respondents answered that they would not report. One of the main reasons cited for the first case was that there was “no concrete child in danger.” For the second case, the reasoning for not reporting was essentially the same. One respondent further explained that, according to their interpretation of Danish legislation, “watching CSAM does not qualify as a child being in danger”.

For case 3, ‘indication of intent to commit a contact offense’, there was no unanimous response. While most respondents indicated they would not report, significant doubt was expressed. One respondent, who answered that they were uncertain, clarified that they would report if they knew Dan had access to children. Another respondent stated that they would only report if Dan mentioned a specific child he intended to contact. Respondents who said they would not report explained their reasoning, emphasizing that there was no access to a specific child and no concrete offense occurring at the time.

In case 4, ‘confirmation of having committed a contact offense’, the majority of respondents indicated that they would report. Their reasoning was that a specific child was now in danger or had already been harmed. However, one respondent stated they would not report, arguing that there was no concrete offense currently occurring or planned for the future. In case 5, ‘third-party confirmation of intent to commit a contact offense’, the majority of respondents said they would report. One respondent expressed uncertainty and clarified their position, stating that they would report “if the therapist gets a clear indication that Dan is grooming the child with sexual intentions”, which the respondent considered not to be present in case 5.

Regarding the question of whether reporting can be done anonymously, 4 out of 5 respondents stated that reporting cannot be done anonymously, while one respondent indicated they did not know. In response to the question of whether there is immunity for the mandated reporter, 3 respondents answered no, while 2 others said they were unsure.

Conclusion

The legal framework mandates reporting based on awareness of a situation of harm to a child or young person. The survey results show that respondents would not report in cases 1 and 2. This is in line with other countries, where the information presented in cases 1 and 2 do not provide enough indications related to a specific child who is identified and actively subject to (a threat of) harm. While there is a victimized and

harmful child behind every piece of CSAM, and continued use of CSAM revictimizes the child (or adult, if the material is older), scenarios 1 and 2 may fail to trigger the reporting obligation since it is from the information in the scenario unclear whether a specific child is identified and is actively subject to harm.

The responses in case 3 reflect a similar restraint of Danish practitioners to report. While the child protection objectives of the legal framework are already triggered in this case, practitioners indicate that they need more information on whether there is access to a specific child. This identifiability of the child seems to be the main criterion for practitioners to report, even though this is not as such required under Danish law.

In cases 4 and 5, where there is a specific child indicated and access is confirmed, most respondents would report in line with their legal obligations.

The legal framework allows anonymous reporting. The survey results, however, show uncertainty regarding the possibility of anonymous reporting. Four out of five respondents stated that reporting cannot be done anonymously, with one unsure. This discrepancy may mean that anonymous reporting options are unknown or that there is uncertainty about their use (leading to disuse by practitioners), or that practitioners, for various reasons, cannot avail themselves of these options, i.e. they may decide to identify themselves or may need to identify themselves for various reasons despite the theoretical possibility of anonymous reporting, e.g. to give more background and information, to make sure that the report is given more/appropriate weight/importance, because they consider this part of their deontological duties (vs. 'hiding' behind an anonymous report), because their employer/organization they work for has policies on this, etc.

» Finland

Legal framework

In Finland, healthcare professionals must comply with reporting obligations from regulatory authorities and are required to report under the Child Welfare Act in specific cases, overriding professional confidentiality. Section 25 of the Child Welfare Act mandates that certain professionals, including those in social and healthcare services, day care, education, and youth services, report any 'suspicion' or 'discovery' of circumstances 'endangering a child's welfare'. This includes cases where it is necessary to investigate the need for child welfare due to the child's care needs, circumstances that may endanger the child's development, or suspected sexual offenses against children.

Reports can be made in writing, by phone, or in person to the municipal social services. To protect the reporter's confidentiality, email reporting is discouraged for those who are not professionals as defined in Section 25 of the Child Welfare Act. A specific form for reporting is available online, though its use is optional. For professionals, however, it is recommended to submit reports in writing to ensure all information is accurately documented. In cases of suspected sexual offenses against a child, reports should be made directly to the police. In addition, the report must be filed in person at a police station.

Survey results

The survey for Finland was closed on 23 December 2024 and included 5 respondents. All respondents identified themselves as psychologists or therapists. The experience range of respondents covered a variety between the 0-5 years of experience range to the 20-30 years of experience range, with a significant number of respondents in the 20-30 years of experience range. All but one respondent was aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.



Figure 5: Survey results for Finland

With regard to case 1, ‘indication of intent to commit a CSAM offense’, there was clear unanimity among the respondents. All respondents stated that they would not report in this scenario, citing as the main reason that fantasizing about viewing CSAM is not illegal.

There is significant disagreement on case 2, ‘confirmation of having committed a CSAM offense’. Respondents who stated they would report the patient stated that viewing CSAM is an illegal act in Finland that triggers the obligation to report this. Furthermore, they would report the patient to the Child Protection Services or the police. Respondents who responded that they would not report, state that it happened in the past and that this concerns fantasies, not actions (assumedly, meaning that it does not constitute actions relating to the (intended) victimization of a child in person).

In the last three cases, four of the same respondents stated that they would report; however, the reasons for reporting varied. In case 3, ‘indication of intent to commit a contact offense,’ some respondents indicated that they would report because Dan appeared to be planning to take action or because there was a shift towards action. The other two respondents who said they would report explained that they would do so because it was evident that Dan intended to contact a child or “admits actively seeking contact with children”. The respondent who chose not to report reasoned that “preferences or thoughts are not illegal”.

For case 4, ‘confirmation of having committed a contact offense,’ the same four respondents indicated that they would report. Their reasoning was largely similar: Dan had admitted to committing a crime, and there is a child at risk or already being harmed. The respondent who did not know whether to report explained that the offense occurred in the past.

In case 5, ‘third-party confirmation of intent to commit a contact offense’, the reasons provided by those who would report varied. 2 respondents stated that they would report because Dan actively plans to take action. The other two respondents said they would report because Dan is making contact with children or admits to actively doing so. The respondent who would not report argued that “preferences or thoughts are not illegal”.

When asked about the possibility of reporting anonymously, 3 respondents stated that this option existed, while one respondent did not know whether this is possible and was unsure about the existence of immunity for the mandated reporter.

Conclusion

Finnish law requires reporting when there is a suspicion or discovery of circumstances endangering a child's wellbeing. The standard is achieved more rapidly because it is set at a lower threshold compared to the stricter requirements in other countries. Accordingly, the majority of practitioners (3 out of 5) would report already in case 2 ('confirmation of having committed a CSAM offense'). As of case 3, a consistent majority of 4 out of 5 practitioners would report.

It is interesting that the identifiability of the child was not a main consideration of the practitioners who report. While this has been a consistent factor for (not) reporting in other countries, Finnish practitioners rarely mention this criterion. This could indicate a broader understanding of harm under Finnish law or in Finnish care practices. It could also be an indication that a suspicion is grounds for reporting. As having a suspicion is a relatively low legal standard, this threshold will be met more easily and thus indicates a more extensive reporting duty, which is reflected in the survey results.

The legal framework allows reporting via multiple channels, including writing, phone, or in person, but email reporting is discouraged for non-professionals. The survey results indicate that three respondents believed anonymous reporting is possible, while one was unsure. This suggests some uncertainty about the procedures or mechanisms available for anonymous reporting in practice.

» Germany

Legal framework

In Germany, disclosing secret/breaching professional confidentiality can lead to penalties, but exceptions apply, in particular when acting upon a present danger to life, liberty, or another legal interest that cannot be averted otherwise than through the breach of professional confidentiality. The act must be an adequate means to avert the danger, and the protected interest must substantially outweigh the one interfered with. While there is no mandatory reporting obligation, any person can report 'suspected child endangerment, including neglect, psychological abuse, physical abuse, and sexual violence'.

Anonymous reporting is possible to the local child and youth welfare authority. Additionally, the child and youth hotline, online consultation services, and parents' telephone offer free and anonymous support, providing confidential advice and guidance to children, adolescents, parents, and caregivers.

Survey results

The survey for Germany was closed on 23 December 2024 and included 14 respondents. 12 respondents identified themselves as psychologists or therapists. The other 2 respondents identified themselves as doctors or other health professionals. The experience range of respondents covered a variety between the 0-5 years of experience range to the 20-30 years of experience range, with a significant number of respondents in the 10-20 years of experience range. All but one respondent was aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.



Figure 6: Survey results for Germany

In the first 3 cases ‘indication of intent to commit a CSAM offense’, ‘confirmation of having committed a CSAM offense’ and ‘indication of intent to commit a contact offense’, there appears to be a consensus as most of the respondents would not report in those situations. However, no clear agreement emerged among respondents for cases 4 and 5.

In case 4, ‘confirmation of having committed a contact offense’, respondents who said they would report noted that there is a specific child in danger. They noted that they would report this to the Child Protective Services. Respondents who said they would not report brought up that there is no specific plans for future offences, and that they felt this would be against their obligations as a medical professional, including their duty of secrecy.

In case 5, ‘third party confirmation of intent to commit a contact offense’, respondents who said they would report noted that there is a pattern of dangerous behavior that places a specific child in danger. Respondents who said they would not report mentioned that in this case the law does not allow this because of the lack of immediate danger, and that they would risk their professional licence. The single respondent who said they did not know mentioned that they would report if they had more of an indication that there would be future endangerment, but that there was not enough information present.

The responses to the questions of whether anonymous reporting is possible and, if not, whether there are rules regarding immunity for mandated reporters, were highly different.

Conclusion

German law does not impose a mandatory reporting obligation for professionals but allows discretionary reporting in cases of suspected child endangerment. This aligns with the survey results, where most respondents chose not to report in the first three cases (cases 1–3). Respondents seemed to follow the legal principle that disclosure is only justified when there is an immediate and concrete danger.

In case 4 ‘confirmation of having committed a contact offense’, the presence of the conflict between reporting and professional confidentiality obligations (and potential negative professional consequences if reporting) is quite clear. While some respondents would report due to the presence of a specific child at risk, others refused to do so, arguing that the law does not require it and that it could violate their duty of secrecy

as medical professionals. This illustrates the tension between legal confidentiality protections and child welfare considerations.

In case 5, presenting the scenario of ‘third-party confirmation of intent to commit a contact offense’, notably there’s still only a (close) minority who would report. Responses were highly divided. Those who would report highlighted the presence of a pattern of dangerous behavior that could put a child at risk, while those who would not report cited the absence of immediate danger and legal restrictions. This suggests that many professionals are unsure about whether the law permits reporting in such cases, or rather about whether they can safely do so without legal consequences, illustrated by several mentions of such potential consequences, including the loss of their professional license if they report.

While the results are not altogether surprising given the legal framework, they are notably different from other EU countries, in particular when looking at case 5. Exactly half of the respondents in Germany indicate that they would not report, 6 would report and one is in doubt. No other country has such a high percentage of respondents that would not report in case 5. Germany also leads the percentage of respondents not reporting in case 4.

The legal framework allows anonymous reporting to child and youth welfare authorities, but the survey revealed highly inconsistent responses regarding the availability of anonymous reporting and immunity protections. This discrepancy suggests a need for better communication about existing protections for professionals who report in good faith.

» Ireland

Legal framework

In Ireland, disclosure of patient information is generally permitted for direct patient care with consent or when legally required or in the public interest.

Information may be shared without consent in specific cases, such as a court order, legal obligations, infectious disease regulations, or when there is knowledge or reasonable belief that a crime involving sexual assault or violence has been committed against a child or vulnerable person. In exceptional cases, disclosure may be necessary to protect public health or prevent significant harm, but only to the relevant authority and with minimal necessary information.

Under the Children First Act 2015, certain mandated reporters, including healthcare professionals, social workers, and youth workers, must report when they have ‘knowledge’, ‘belief’, or ‘reasonable grounds’ to ‘suspect that a child has been harmed, is being harmed, or is at risk of harm’. Additionally, Section 2 of the Criminal Justice Act 2012 requires any person to report knowledge or belief that a Schedule 1 offense has been committed against a child.

Mandated reporters must include their identity when reporting a mandated concern, as anonymous reporting does not meet the obligations under the Children First Act.

Survey results

The survey for Ireland was closed on 23 December 2024 and included 7 respondents. All respondents identified themselves as psychologists or therapists. The experience range of respondents covered a variety between the 0-5 years of experience range to the 20-30 years of experience range, with a significant number of respondents in the 10-20 and 20-30 years of experience range. All respondents were aware of legislation

on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.



Figure 7: Survey results for Ireland

There is significant disagreement on case 1 'indication of intent to commit a CSAM offense'. Respondents who would not report in this case stated that the patient is seeking help and has not acted illegally. Respondents who would report mentioned the fact that the patient describes himself as 'at risk' and that watching CSAM is considered child abuse. All respondents noted that the appropriate authority would be Child Protection Services and not the police for all cases.

In all other cases, all respondents unanimously indicated that they would report.

In case 2, 'confirmation of having committed a CSAM offense', respondents reasoned that Dan had viewed CSAM and thus committed an offense, which, according to them, triggered the reporting obligation. In case 3, 'indication of intent to commit a contact offense', the primary motivation to report was the risk of offending and the danger to children. One of the respondents stated that "Dan has no clear understanding of consent and childhood and is a danger to children he may come into contact with".

The motivation in case 4, 'confirmation of having committed a contact offense', was that Dan had committed an offense and now also posed a risk of committing a new offense against his neighbor. Finally, in case 5, 'third party confirmation of intent to commit a contact offense', respondents indicated that Dan was engaging in grooming behavior. One of the respondents stated that: "Dan is actively engaging in sexually harmful behavior towards a child and has committed a crime".

In response to the question of whether anonymous reporting is possible, all respondents, except for one, stated that anonymous reporting is not possible. Regarding the question of whether respondents are granted immunity, 2 respondents answered affirmatively, while four others indicated that they did not know.

Conclusion

The survey results indicate that Irish professionals interpret their legal obligations strictly and are generally prepared to report when a child is at risk. However, the disagreement in case 1 highlights a gray area regarding whether mere intent to commit a CSAM offense is sufficient to trigger a reporting obligation.

Although Ireland's legal framework imposes a mandatory reporting obligation under the Children First Act 2015 and the Criminal Justice Act 2012 for professionals when they have knowledge, belief, or reasonable grounds to suspect harm to a child, the survey results reflect a strong tendency toward reporting in almost all cases, indicating that respondents interpret the law as requiring them to act whenever there is potential risk to a child. Respondents approach harm in a broad way, as there is no need to have an identifiable child present for the reporting duty to apply.

Respondents mostly agreed that anonymous reporting is not possible, in line with the Children First Act, which requires mandated reporters to disclose their identity. There was uncertainty about immunity protections, with only 2 respondents confirming its existence. This suggests a lack of clarity among professionals regarding whether they are legally protected from liability when reporting in good faith.

» Lithuania

Legal framework

In Lithuania, confidential patient information may only be disclosed with the patient's written consent, specifying the grounds and purposes of disclosure. Disclosure to state institutions or authorized individuals is permitted only upon a written request specifying the legal grounds and purposes, with a priority on safeguarding the patient's rights and interests. Healthcare professionals are obligated to notify law enforcement if a patient's injury results from a criminal act, and a patient's right to privacy may be restricted for public security, crime prevention, or public health reasons.

However, under Article 29 (3) and Article 35 (3)(2) of the Law on the Framework of Protection of the Rights of the Child and Article 238 of the Criminal Code, any person, regardless of profession, is required to report 'awareness' of an 'offense committed or potentially committed against a child under 18'.

While reports can be made anonymously, anonymous messages may be left unexamined if they lack sufficient details, and in such cases, the reporter may not receive updates on the investigation or decisions made.

Survey results

The survey for Lithuania was closed on 23 December 2024 and included 4 respondents. All respondents identified themselves as psychologists or therapists, with most having between 10-20 years of experience. Half the respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.

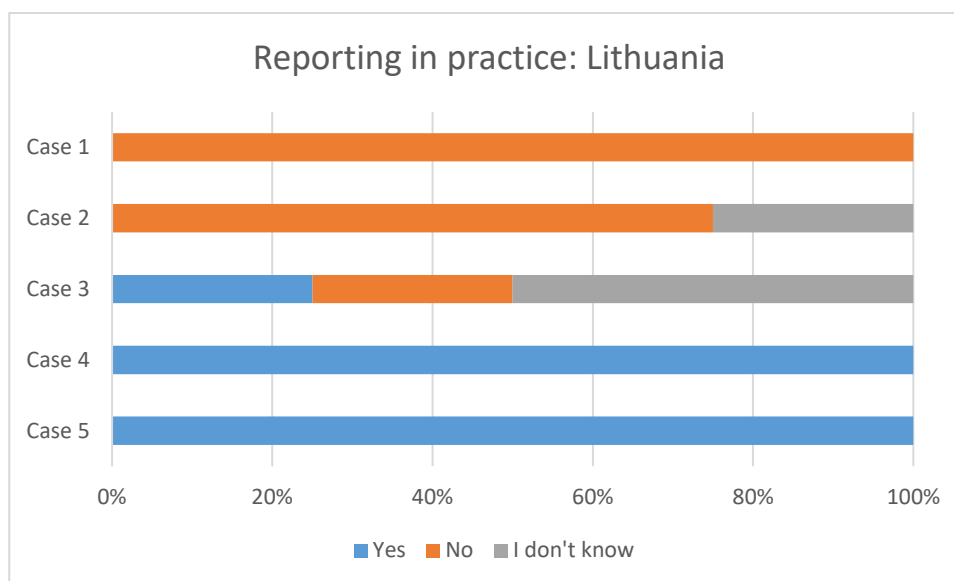


Figure 8: Survey results for Lithuania

In case 1, ‘indication of intent to commit a CSAM offense’, all respondents stated that they would not report. Their reasoning was that the case only involves fantasies, that there was no intent to harm children, and that no actions had been taken in that direction. Regarding case 2, ‘confirmation of having committed a CSAM offense’, 3 respondents again stated that they would not report, citing the same reasoning as in the previous case. Another respondent indicated that they were unsure whether to report.

There is significant disagreement on case 3 ‘indication of intent to commit a contact offense’. The respondent who would report stated that they are concerned the patient is not acknowledging the harm done by having sexual relations between an adult and a child and would report the patient to the police. The respondent who would not report mentions that they would be alert to future offenses (or indications thereof), but that thoughts and fantasies are not enough to report on. The two respondents who did not know highlighted that there is a lot of risk present and that they would explore this topic first with the client before taking further action, for example by creating a safety plan.

For case 4, ‘confirmation of having committed a contact offense’, and case 5, ‘third party confirmation of intent to commit a contact offense’, all respondents stated that they would report. The reasons for reporting in case 4 were primarily that “[Dan] committed a crime” and “there is risk to the neighbor boy”. This was also the case for the final scenario, with one respondent noting that “Dan has attitudes permitting a sexual relationship with a particular child, and as the parents did not take further action, it seems important to report this situation”.

The responses to the question of whether anonymous reporting is possible were highly varied. Additionally, 3 out of 4 respondents stated that they were unaware of the existence of immunities for the mandated reporter.

Conclusion

Lithuanian law establishes a broad mandatory reporting obligation, requiring any person, regardless of profession, to report awareness of an offense committed or potentially committed against a child under 18. Survey results reflect this for contact offenses, with very high reporting rates where an offense has taken place, and lower reporting where there are merely indications of intent. However, for CSAM-related offenses there seems to be a more lenient interpretation.

For CSAM-related offenses, most respondents stated that they would not report indications of intent to commit a CSAM offense or even confirmation of having committed such an offense. Their reasoning was that fantasies alone are insufficient grounds for reporting, and in the case of past offenses, no future risk was identified. This interpretation contrasts with the strict legal requirement to report awareness of offenses against children. This indicates that practitioners interpret their reporting obligation to exist only when there is a contact offense against a child. Although a child is harmed when CSAM is viewed, practitioners do not see this as fitting under the legal obligation. One respondent expressed uncertainty about whether reporting was necessary, further highlighting ambiguity or a lack of clarity in how professionals understand their obligations.

In contrast, for contact offenses, respondents showed a much stronger inclination to report. All respondents stated that they would report confirmed contact offenses and third-party confirmation of intent to commit such an offense, citing both the criminal nature of the act and ongoing risks to specific children. However, there was significant disagreement regarding an indication of intent to commit a contact offense, with some respondents stressing the risk posed by harmful attitudes, while others argued that thoughts alone were not sufficient grounds for reporting.

Regarding anonymous reporting, while legally possible, anonymous messages may be left unexamined if they lack sufficient detail. Survey results reflect this uncertainty, as responses varied widely on whether anonymous reporting was an effective option. Additionally, most respondents were unaware of any legal immunities for mandated reporters, suggesting a need for clearer guidance on the protections available to professionals who fulfill their reporting obligations.

» **Switzerland**

Legal framework

In Switzerland, disclosure of confidential information is not penalized if done with the individual's consent or written authorization from a superior or supervisory authority, and federal and cantonal laws on reporting duties, cooperation, testifying, and providing information to authorities remain applicable.

The federal Swiss framework contains a reporting right but no reporting obligation .

Under Article 314c of the Swiss Civil Code, any person may notify/report a situation where the physical, psychological or sexual integrity of a child appears to be at risk. For individuals subject to a professional confidentiality obligations under (Article 321 of the Swiss Criminal Code), they may only do so if this is in the interest of the child. This exception is moreover not applicable to auxiliary persons bound by professional confidentiality under the Criminal Code.

Article 314d of the Civil Code contains an obligation to report for professionals such as doctors, psychologists, care services, child care education, counselling and other persons who learn of a case in their official capacity. This obligation takes effect when there are clear indications that the physical, psychological or sexual integrity of a child is at risk and the mandated reporter cannot remedy the threat as part of their professional activities. However, the obligation only applies when they are not subjected to professional confidentiality (e.g. as they would be regarding a patient), which is a substantial and important carve-out.

Specific cantonal regulations also apply. In two of the three cantons, there is a type of mandatory reporting obligation, but in both cases quite limited. In Basel-Stadt, professionals must report cases where they 'become aware' of a 'vulnerable person in need of protection if they cannot ensure protection within their own duties' but this only applies to persons exercising an official capacity, not mental health service providers in general; in Geneva, professionals working with minors must report 'situations where a child's development

is at risk' to the child protection service (hence, mental health service providers working with adults are not subject to the obligation); and in Zurich, healthcare professionals only have the right (but not the obligation) to report 'suspected crimes against life, public health, or sexual integrity'.

Reporting mechanisms vary by canton—while Basel and Zurich allow anonymous reports, authorities advise against them due to concerns about fairness and procedural transparency. In Geneva, anonymous reports are not accepted, as reports must include the name and address of the reporter to be processed.

Survey results

The survey for Switzerland was closed on 27 January 2025 and included 6 respondents. Respondents did not indicate in which Canton they work. 4 respondents identified themselves as doctors or other health professionals and the other two respondents identified themselves as psychologists or therapists. The experience range of respondents covered a variety between the 0-5 years of experience range to the 20-30 years of experience range. All respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.

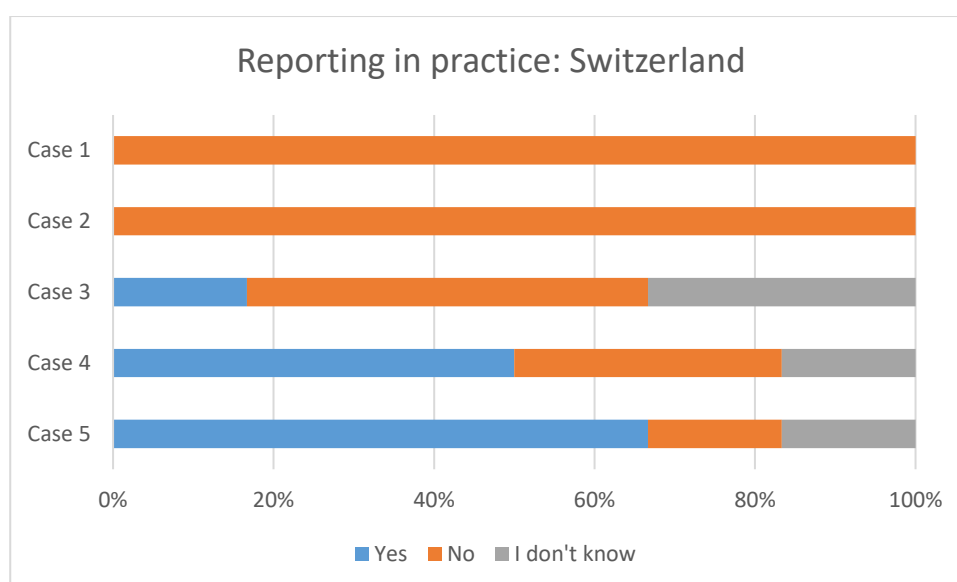


Figure 9: Survey results for Switzerland

In both case 1, 'indication of intent to commit a CSAM offense', and case 2, 'confirmation of having committed a CSAM offense', the respondents indicated that they would not report. The primary reasoning was that there was no immediate danger to a child and that, in case 1, the patient only described a fantasy. Similarly, in case 2, respondents stated that there was no immediate danger or risk to a child.

There is significant disagreement on cases 3 'indication of intent to commit a contact offense' and 4 'confirmation of having committed a contact offense'.

In case 3, half the respondents stated they would not report. They state that it is not mandatory because there is no concrete danger or harm to a certain child. One respondent who refused to report stated that they would follow a multistep procedure, consisting of clarifying the norm to the individual, setting up a de-escalation plan, and take more therapeutic action on cognitive biases. However, if these did not result in the desired result, they would report this individual to the authorities. The respondent who stated they would report in this situation mentioned that they would need more information on the current status of the

contact the individual has with children. They mentioned that they would report to the police, and where a child can be identified, child protection services. Finally, the 2 respondents who were unsure mentioned it depended on their evaluation of the risk of this individual acting in reality, stating that there is no specific threat they could report to authorities, but that they would seek guidance from colleagues.

In case 4, half the respondents stated they would report. They state a variety of reasons, including that there is a concrete danger for a child being harmed which is exemplified by the individual already having committed similar crimes in the past, as well as an obligation to report offences. Respondents who stated they would not report mentioned the importance of professional secrecy, and that they would try and work with their patient to de-escalate the situation, but that they would reconsider reporting if de-escalation did not yield the desired results. The respondent who did not know mentioned the importance of the risk of the individual acting in reality.

In the final case 5, 'third party confirmation of intent to commit a contact offense', 4 respondents indicated that they would report in this situation. 1 respondent stated they would not report, while another respondent was unsure whether reporting was necessary. The respondents who would report primarily argued that there was a "concrete risk or danger of harm to the child". The respondent who stated they would not report cited professional confidentiality as the reason. The person who was unsure argued that "it depends on the evaluation of the risk of acting on the intent in reality."

The responses to the questions of whether anonymous reporting is possible and, if not, whether there are rules regarding immunity for mandated reporters, were highly different.

Conclusion

The survey results may not be fully representative due to the lack of stratification by canton. The federal Swiss framework contains a reporting right but no reporting obligation. Survey results suggest that professionals interpret this discretionary framework cautiously, often prioritizing confidentiality and therapeutic engagement over immediate reporting. In CSAM-related cases, all respondents stated that they would not report indications of intent to commit a CSAM offense or confirmation of having committed such an offense. The primary reasoning was that there was no immediate risk to a child, aligning with the legal framework's emphasis on concrete threats.

For the cases 3-5 related to contact offenses, responses were divided. In case 3, half the respondents would not report, arguing that without an identifiable child at risk, there was no obligation to do so. Some stated they would first attempt therapeutic interventions such as de-escalation plans, only considering reporting if those measures failed. Others indicated that evaluating the actual risk was essential before deciding whether to report. Those who would report emphasized the need for more information about the individual's current contact with children before notifying authorities.

For case 4, responses remained split, with half choosing to report and half opting not to or unsure. Those in favor of reporting cited a clear danger to children and an obligation to act, while those who refrained emphasized professional secrecy and a preference for working therapeutically with the patient before considering further action. A similar division was observed in case 5, where most respondents would report due to a concrete risk to a child, but some still hesitated, citing confidentiality concerns. This all corresponds well to the legal framework, where much discretion is given to a practitioner in their decision to report. Hence practitioners are likely first to consider other options, such as attempts at de-escalation. This was notably mentioned more often in Switzerland than in other countries.

Anonymous reporting mechanisms also vary by canton, and survey responses reflect confusion regarding both the feasibility of anonymous reporting and legal protections for mandated reporters. While Basel and

Zurich permit anonymous reports, authorities discourage them, and Geneva does not allow them. The survey responses suggest that professionals are unsure about their legal protections when making reports, which may contribute to hesitancy in reporting cases where the legal obligation to act remains ambiguous.

» **The Netherlands**

Legal framework

Medical professionals may not disclose patient information without consent, unless required by law. Information can be shared if needed to protect the patient's interests, respecting privacy. Youth care providers may only disclose information without consent when required by law, ensuring privacy is upheld.

Organizations working with children and adults must have a reporting code in place, as mandated by the Compulsory Reporting Code for Domestic Violence and Child Abuse Act. In 2019, the reporting was amended to make reporting mandatory in cases of suspected child abuse or domestic violence if the danger is acute and if the danger is structural.

Acute danger refers to 'immediate physical danger or the absence of basic care for dependent children'. Structural danger pertains to 'recurring or continuous unsafe events and situations within families or households'. Child abuse, as defined by the Dutch Youth Act, encompasses any threatening or violent interaction of a physical, psychological, or sexual nature imposed by parents or other individuals in a position of authority, resulting in serious harm or the threat of harm to the child's physical or psychological well-being.

Anonymous reporting is possible to 'Veilig Thuis', allowing any individual to report their concerns without revealing their identity. However, professionals with a duty to report will have to provide evidence of their report to avoid possible consequences.

Survey results

The survey for the Netherlands was closed on 23 December 2024 and included 8 respondents. 5 respondents identified themselves as psychologists or therapists. The other 3 respondents identified themselves as a (hotline) counselor or professor. The experience range of respondents covered a variety between the 0-5 years of experience range to the 10-20 years of experience range, with a significant number of respondents in the 10-20 years of experience range. All but one respondent were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.



Figure 10: Survey results for the Netherlands

In case 1, 'indication of intent to commit a CSAM offense', case 2, 'confirmation of having committed a CSAM offense', and case 3, 'indication of intent to commit a contact offense', the respondents' answers were largely consistent. All respondents stated they would not report in the first three cases, except for 1 respondent in case 3 who indicated they were unsure whether reporting was necessary.

The reasons for not reporting in case 1 were primarily that the situation was based on fantasies and that there was no immediate harm to a specific child. In case 2, respondents argued that there was no clear and present danger, although watching CSAM is illegal. Some also noted that the behavior occurred in the past.

Respondents who would not report in case 3 stated that there was no concrete or specific concern. One respondent explained that, under Dutch law, reporting is only mandatory when the client communicates an intent to harm a third party or themselves, which was not the case here. The person who was unsure about reporting stated that they were concerned and would discuss the matter with colleagues but would not report because there was no specific intent to act.

There is significant disagreement on cases 4, 'confirmation of having committed a contact offense' and 5 'third party confirmation of intent to commit a contact offense'.

In case 4, half the respondents stated they would not report the patient, mentioning that it was in the past and they only report when there is a specific person in danger, which they considered not to be the case in the fourth scenario. 2 respondents stated they would report, either to Child Protection Services or the police, as there is an acute danger here, even stating that past behavior could be a risk factor for reoffending. The final 2 respondents stated they did not know, mentioning that more information is necessary on the extent to which the patient has access to the child.

In case 5, only 7 respondents provided an answer (all respondents finished the survey, but one respondent did not answer). 3 respondents stated they would report the patient, highlighting that while there is still uncertainty, the risk to the child is severe enough that action needs to be taken. 2 respondents stated they would not report, even though they found the behavior troubling and would follow up with the patient. Finally, 2 other respondents stated they did not know. They mentioned possibly reporting if they felt the child was in acute danger.

The responses to the questions of whether anonymous reporting is possible and, if not, whether there are rules regarding immunity for mandated reporters, were highly varied.

Conclusion

The Dutch legal framework indicates that professional confidentiality is very important, and that there is only rarely a reporting obligation. Survey results reflect this, with respondents showing reluctance to report in situations where they considered that no concrete risk to a specific child was present or the risk was not sufficiently elevated. This reflects the high discretionary margin given to practitioners.

Most professionals indicated they would only report when there was clear evidence of imminent harm or acute danger. There was also considerable uncertainty about when to report, with some professionals expressing a desire to first evaluate the situation further or consult colleagues before taking action. The varied responses suggest that professionals may have difficulty navigating the legal framework consistently. In particular, the Dutch responses questioned the risk level also incases 4 and 5 significantly more than other countries. Together with Germany, the Netherlands presents some of the lowest rates for reporting in case 5.

The results also show a lack of clarity among professionals regarding anonymous reporting and immunity protections for mandated reporters, indicating a potential gap in awareness or understanding of the reporting process. Given the central focus of anonymous reporting under Dutch law, this is noteworthy.

» **United Kingdom**

Legal framework

In the United Kingdom, healthcare professionals and others may disclose information without consent for specific purposes such as audits, research, preventing serious crimes, or when required by law, provided the public interest outweighs the potential harm to individuals' rights.

In Scotland, disclosure without consent is allowed in cases involving vulnerable individuals or serious crime investigations, and professionals must exercise judgment when reporting, ensuring only the necessary information is shared. In Wales, information may only be disclosed beyond its original purpose with explicit consent, legal justification, or public interest considerations.

Regarding child abuse, England has no statutory obligation for individuals to report, though professionals are encouraged to raise concerns when children are at risk of significant harm. Scotland lacks mandatory reporting, but there is an expectation for professionals to report when a child is at risk of harm. In Wales, the Social Services and Well-being (Wales) Act 2014 mandates reporting for professionals and others in paid or voluntary employment if a child is at risk or experiencing harm.

In terms of anonymity, England offers protection for reporters under certain conditions, including witness protection. Scotland allows anonymous reporting for the public but expects professionals to disclose their identity. In Wales, practitioners cannot remain anonymous when reporting concerns unless doing so would place them at personal risk.

Survey results

The survey for the United Kingdom was closed on 27 January 2025 and included 8 respondents. Respondents did not indicate in which country they work. 4 respondents identified themselves as psychologists or therapists. One respondent identified themselves as a social worker. 2 respondents stated they had

experience as probation officers. The final respondent identified themselves as a manager of a supported person's tenancy. Half the respondents stated they have more than 30 years of experience, and three other respondents stated they have between 20-30 years of experience. 6 respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.

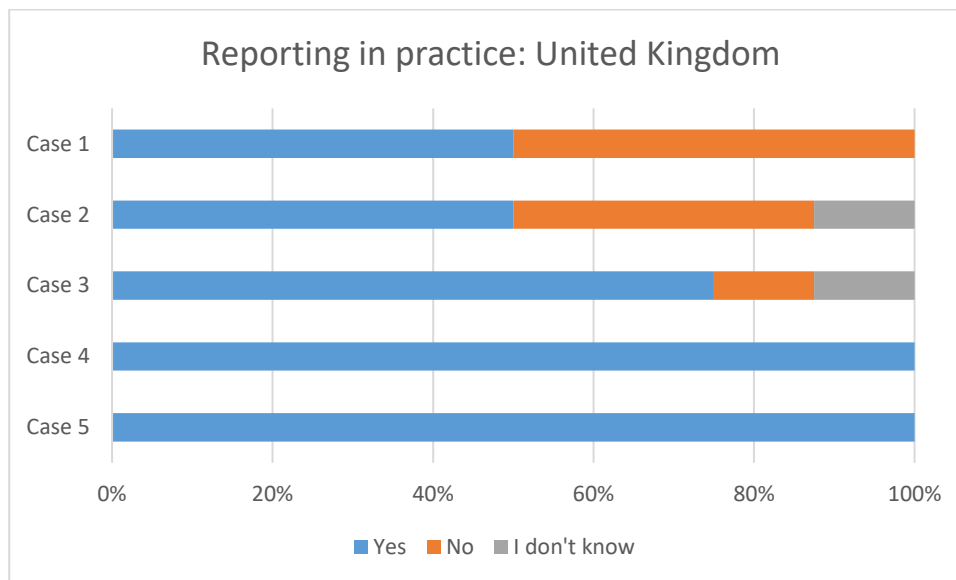


Figure 11: Survey results for the United Kingdom

There is significant disagreement on cases 1 'indication of intent to commit a CSAM offense' and 2 'confirmation of having committed a CSAM offense'.

In case 1, half the respondents stated they would report, whereas the other half stated they would not report. The respondents who would report stated that the individual faces a significant risk of viewing CSAM, but that they were aware this risk was not a crime in itself. They stated that reporting early helps the authorities build a profile, so he can be identified as a suspect if there is an offence in his area. However, respondents willing to report mention that more information would be helpful to make a better determination. The respondents who would not report stated that they would try to manage their patient's behavior instead, trying to support the individual through education. They also mentioned there is no illegal behavior in case 1 and that there is no identifiable potential child victim.

In case 2, half the respondents stated they would report and one respondents changed camps from not reporting to being unsure whether to report or not. The respondents who would report mentioned that viewing CSAM is an offence and that it is important for care professionals to be aware of this to prevent further escalation. The respondents who stated they would not report mention that they would take increased measures, namely putting in place a safety plan that the individual agrees to and to clarify access to children socially and professionally. However, they stated that there is no evidence of a child at risk of harm. Furthermore, one respondent stated that this is a good dynamic for a therapist and their patient and that they would consider this productive, as the individual clearly trusts the therapist. Finally, the respondent who stated they did not know argues that there are several factors involved. Their focus would be to assist the individual to develop strategies to avoid further offending behavior. They mentioned that reporting would likely be detrimental to the therapeutic relationship, which could increase the risk of offending in the future.

In case 3, ‘indication of intent to commit a contact offense’, six respondents indicated that they would report, while one respondent stated they would not, and another was unsure. Those who reported stated that they believed his intentions would now lead to action. The respondent who would not report argued that it is “not illegal to share attitudes.” The respondent who was unsure explained that the main focus would be on assisting him in developing strategies to avoid a return to offending behavior. Reporting could negatively impact the therapeutic relationship, which in turn could increase the risk.

In case 4, ‘confirmation of having committed a contact offense’, and case 5 ‘third party confirmation of intent to commit a contact offense’, the respondents unanimously indicated that they would report. The reasons given for reporting in case 4 were that actual abuse had taken place in the past and “a full disclosure has been made, and there is a real risk to his neighbor”. Similar responses were provided in case 5, with other respondents arguing that there is a “very high risk now” and a “duty to protect the child”.

The responses to the questions of whether anonymous reporting is possible and, if not, whether there are rules regarding immunity for mandated reporters, were highly different.

Conclusion

The legal framework in the UK seems to indicate a wide discretionary margin for practitioners. In England and Scotland, no mandatory reporting obligation exists in law, however professionals are expected and encouraged to report. In Wales, mandatory reporting does exist. Despite this general lack of a reporting obligation, survey results show a high willingness to report contact offences against children. There are more differences in opinion when it comes to CSAM-related offences.

For cases involving contact offenses, most respondents agreed on the need to report due to the real risk to a child. In case 3, some respondents chose to report based on the risk of future harm, while others opted not to report, arguing that there was no immediate danger or that such actions could undermine the therapeutic relationship. Those who favored reporting emphasized the duty to protect children and the potential for future escalation of offenses. Nevertheless, most respondents did state they would report based on a declaration of potential intent to commit a contact offence. This indicates that the expectation for professionals is to report early, even where there is no identifiable child as a potential victim, which is something that practitioners from other countries have insisted upon. It is noteworthy that this early reporting is often done from a criminal prosecution angle, as reporting early offences helps build a case file against a person so they can be arrested earlier, according to respondents.

The divergence in responses in cases on CSAM-related offences and intent highlights a lack of consensus on how to interpret the expectation for practitioners in this context. Overall, professionals in the UK are faced with a complex balance between the expectation to report early (yet without a mandatory obligation) and the potential consequences for their therapeutic relationships. Although the outcomes are vastly different, UK respondents, similar to respondents from the Netherlands, often made mention of a focus on managing risk and preventing future harm through interventions and safety plans.

The questionnaire responses also indicate a level of uncertainty about the nuances of anonymous reporting and immunity protections, suggesting a need for clearer guidance on these aspects of the reporting process.

» United States

Legal framework

In the United States, the HIPAA Privacy Rule allows for the disclosure of health information when necessary for the patient’s treatment or to protect the health and safety of the patient or others.

Under the Federal Child Abuse Prevention and Treatment Act (CAPTA), each state has specific provisions or procedures for mandatory reporting of child abuse or neglect. The most commonly mandated professionals across the states include social workers, teachers, healthcare workers, mental health professionals, childcare providers, and law enforcement officers. In approximately 18 states and Puerto Rico, anyone who suspects child abuse or neglect is required to report it.

The circumstances under which a mandatory reporter must make a report vary from State to State. Typically, a report must be made when the reporter, in their official capacity, suspects or has reason to believe that a child has been abused or neglected. Another commonly used standard is the requirement to report when the reporter has knowledge of or observes a child being subjected to conditions that would reasonably result in harm to the child.

In most states, reports of child abuse can be made anonymously, though some states require mandatory reporters to provide their names and contact information when making a report, either orally or in writing. Some states allow child protection workers to request the reporter's identity for investigative purposes.

Survey results

The survey for the United States was closed on 27 January 2025 and included 7 respondents. 5 respondents identified themselves as psychologists or therapists. The other 2 respondents identified themselves as social workers. The experience range of respondents covered a variety between the 0-5 years of experience range to the 20-30 years of experience range. All but one of the respondents were aware of legislation on reporting individuals presenting specific risk of committing offences against children, including people with a sexual interest in children presenting such risk.

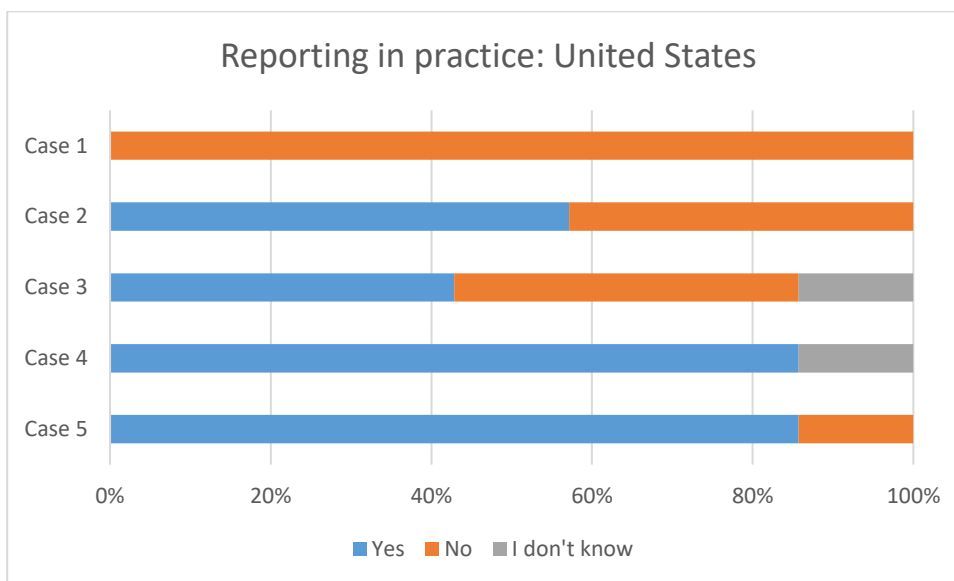


Figure 12: Survey results for the United States

For case 1, 'indication of intent to commit a CSAM offense,' there is clear consensus, as all respondents indicated that they would not report in this situation. Some respondents stated that there was no active risk to a specific child or no concrete plans to act on the intent. Other responses pointed out that it primarily concerned a sexual interest and that the individual had not yet committed an offense.

There is significant disagreement on cases 2 'confirmation of having committed a CSAM offense' and 3 'indication of intent to commit a contact offense'.

In case 2, over half the respondents stated they would report. They stated that they are obliged due to illegal behavior. Most of these respondents would report to the police. One respondent stated they would report to their supervisor as an issue of elevated concern. The respondents who refused to report state that watching CSAM does not trigger mandatory reporting unless the identity of the child is known, and that there is no current use of CSAM.

In case 3, 3 respondents stated they would report. They mentioned that there is an increasing movement towards offending which needs to be investigated. The respondents are especially worried about the intent of the individual and that their views neglect the harm of the actions. The respondents who would not report state that there is no crime to report in this scenario and that no system would accept this report due to a lack of an identified victim. The respondent who stated they were not sure noted that the phrasing of the case confused them, and so they were unsure of how to respond. Notably, the US is the only country in which the reporting rate in the respondents answers goes down from case 2 to 3. The comments of respondents seem to indicate that the reason for this is that in case 2, there is illegal behavior, whereas in case 3, there is only intent or a problematic view, not an admission of an illegal act.

In case 4, 'confirmation of having committed a contact offense', six respondents indicated that they would report, while one respondent stated they were unsure whether they would report. Those who would report primarily justified their decision by pointing out that a clear criminal offense had been committed or that illegal behavior had occurred. Another respondent highlighted that there was an identified victim and an admission of a past contact offense. The respondent who was unsure raised questions such as "how many years ago?" and "can the victim be identified?" indicating either that more information would be required to determine the best course of action, or to practically be able to submit a report.

In case 5, 'third party confirmation of intent to commit a contact offense', 6 respondents indicated that they would report, while one respondent stated they would not. The reasons for reporting varied significantly. One respondent argued that "grooming behavior is abusive behavior". Others mentioned "concern regarding access to targets" and "an identified specific victim, contact has occurred, and parents have expressed concern" as reasons for reporting. The respondent who stated they would not report argued that "while highly risky, the client has not committed sexual abuse".

The responses to the questions of whether anonymous reporting is possible and, if not, whether there are rules regarding immunity for mandated reporters, were highly varied.

Conclusion

The survey results must be analyzed taking into account to the lack of stratification by state. Since different rules may apply to respondents, this in itself may explain the divergent answers.

Under the Federal Child Abuse Prevention and Treatment Act (CAPTA), professionals are required to report suspected child abuse or neglect in many states. However, whether a reporting obligation already exists based on the fear of future abuse depends on the state. One standard used is that a report must be made when the reporter, in their official capacity, suspects or has reason to believe that a child has been abused or neglected. Another commonly used standard is the requirement to report when the reporter has knowledge of or observes a child being subjected to conditions that would reasonably result in harm to the child. These two commonly used standards for mandatory reporting are however quite different: one presumes (a suspicion of) existing abuse to make reporting mandatory, whereas the other mandates reporting already when a situation exists that is likely to lead to (sexual) abuse.

Survey responses present diverse approaches to reporting, with varying opinions based on the specifics of the situation. Mandatory reporting is generally considered essential when illegal behavior is confirmed or

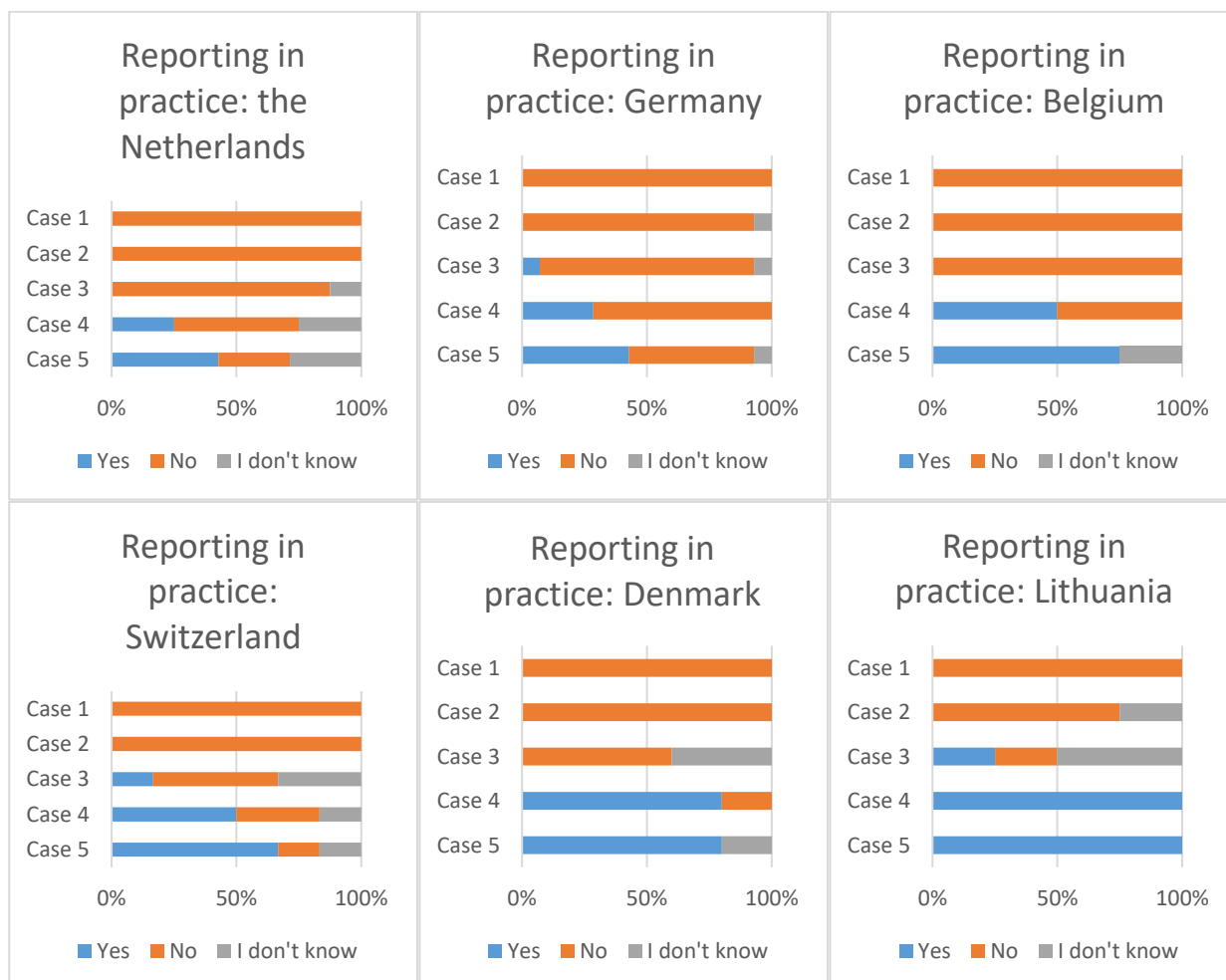
when there is a risk to identifiable victims. However, many respondents highlighted the complexities of determining when to report potential offenses, particularly when the threat is theoretical or when the victim has not been identified.

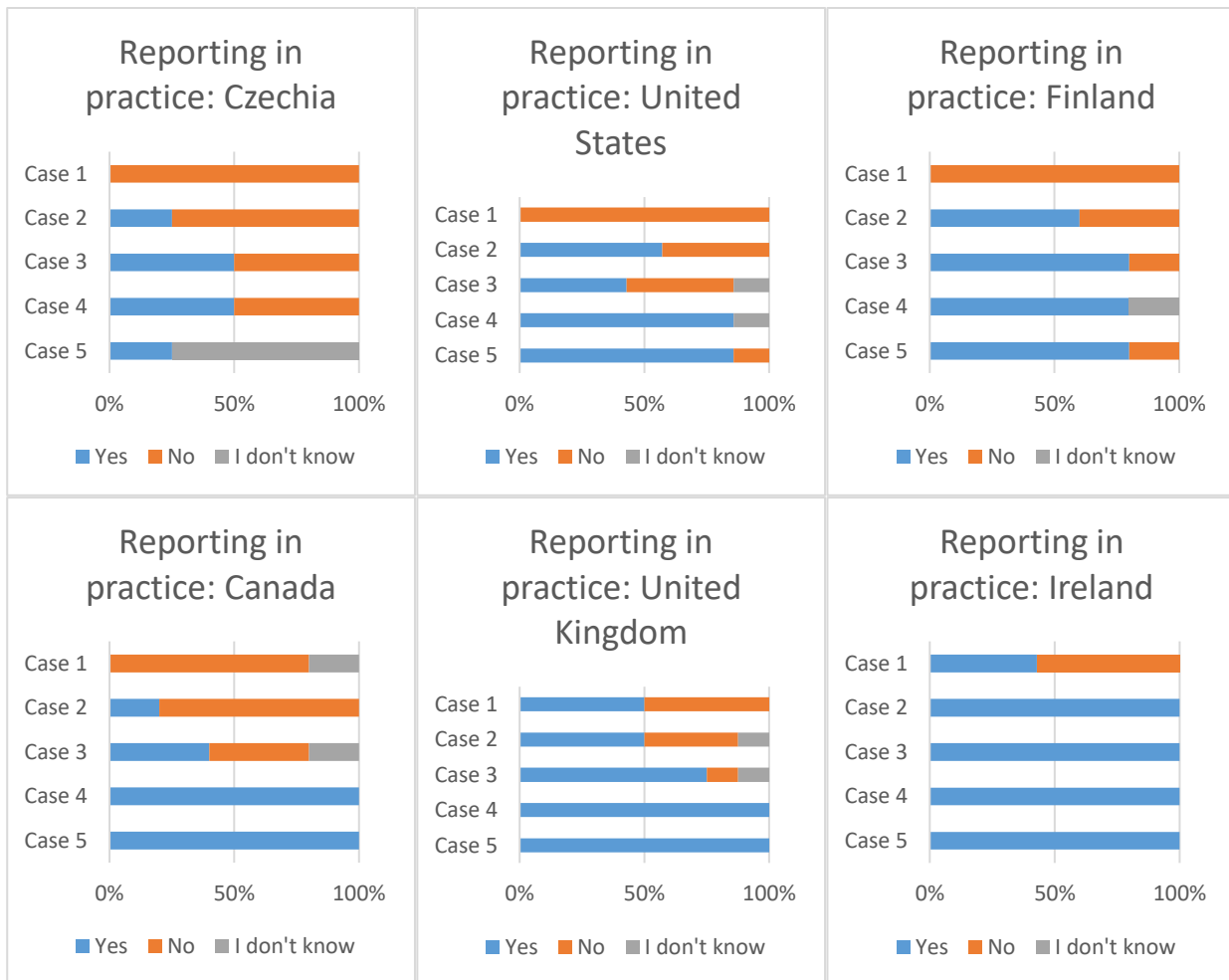
A significant portion of respondents emphasized that reporting should be based on the specific risks to children, while others noted that interventions should aim to address potential harmful behaviors through therapeutic measures before resorting to legal action. There was also a recognition of the difficulties involved in balancing the duty to protect vulnerable individuals with the need to maintain trusting therapeutic relationships.

Finally, the responses to questions about anonymous reporting and immunity for mandated reporters were mixed, reflecting differences in state regulations and the discretion allowed to professionals when reporting suspected offenses.

1.4.3 KEY FINDINGS OF THE QUESTIONNAIRE

The following pages contain an overview of the survey results for the countries discussed, sorted approximately from low reporting to high reporting. This serves to illustrate general trends which will be discussed below.





Based on this, there are some general trends across countries that are visible:

- Despite the existence of legal frameworks requiring reporting in specific circumstances, there is significant variation in how professionals interpret these requirements. This variation is influenced by factors such as perceived immediacy of risk, the availability of anonymous reporting, uncertainty about legal protections and the professional's role in maintaining confidentiality. In many cases, professionals are unclear about when to report, whether anonymous reporting is a viable option, and what legal protections are available to them, which ultimately hinders the effectiveness of the national legal framework;
- In none of the countries, practitioners agree on all cases, reflecting that broad concepts in law require an amount of discretion and that existing guidelines may be insufficient;
- Nearly all respondents indicated to be aware of applicable legislation. Still, most countries presented some discrepancy between the theoretical legal framework and the interpretation of practitioners, both in terms of reasoning, as well as in terms of outcome in at least some of the scenarios;
- Countries where there is no reporting obligation and only a reporting right (the Netherlands, Germany, Belgium, Switzerland) tend to have significantly lower reporting rates. This is a logical outcome: if the legislative framework places the decision to report more at the discretion of practitioners, practitioners often prioritize harm reduction strategies over formal reporting, as their primary focus is on mitigating immediate risks and addressing the needs of the individual before them. In these countries, there was often a focus on risk management. An outlier is the UK. While it is likely that many respondents are active in England (given the contacts received and organizations

contacted), and England not having a formal mandatory reporting obligation, practitioners clearly feel the expectation of early reporting.

- In the same vein, countries with a mandatory reporting obligation tend to have higher reporting rates in the cases presented in the survey;
- A consistent theme that emerged is the hesitation among professionals to report suspected offenses unless there is a clear and immediate threat to an identified child. This reluctance often stems from the perception that the risk is not significant enough to warrant disclosure or that other interventions, such as therapeutic or preventive measures, could mitigate the risk without breaching confidentiality. The lack of an identified child in immediate risk is in particular used as a reason to not report CSAM offences (cases 1-2) in countries with mandatory reporting obligations. The reasoning is often that, despite the fact that there is a victimized and harmed child behind every piece of CSAM, and continued use of CSAM revictimizes the child (or adult, if the material is older), scenarios 1 and 2 fail to trigger the reporting obligation since it is from the scenarios unclear whether a child is identified and in immediate danger;
- There are some outliers in the sample of the survey in terms of reporting. Germany and the Netherlands have the lowest reporting rates in general, but in particular in case 5, which presents a significant amount of risk to a specific identified child, to which the patient has regular access. In both countries, less than half of the practitioners would report. This can be understood in the light of the focus of the legal framework in both countries on maintaining professional confidentiality, leaving it to professionals to decide when the situation is serious enough to report. In the responses from Germany, several clear indication can be found that practitioners fear consequences for reporting and err on the side of not reporting. The same may be true in the Netherlands, despite having the requirement for a reporting code, the results are somewhat similar. Belgium, by contrast, which also has no mandatory reporting obligation, but a reporting right enshrined in the criminal code as a clear exception to professional confidentiality directly detailed in the law, presents similar results in cases 1-3, but shows professionals leaning towards reporting when the exception applies (which would be arguably the case in the fourth scenario, and relatively clearly the case in the fifth scenario, which is reflected in the survey results);
- On the other side of the spectrum, Ireland and the UK are the only two countries where practitioners report as of case 1, i.e. as soon as the patient declares an intent to watch CSAM. This is interesting since the legal framework varies significantly between the two countries;
- A recurrent theme in the survey responses is the confusion surrounding anonymous reporting. Many respondents expressed uncertainty about whether anonymous reporting is possible in their jurisdiction and whether doing so would protect them from legal repercussions. Often some practitioners said it was possible, while others said it was not. This confusion is particularly notable in countries like Germany and Switzerland, where there is a mix of legal frameworks at the regional or federal level that either allow or discourage anonymous reporting. The lack of clarity about available options for confidential reporting suggests that professionals may either not be fully aware of the legal mechanisms in place or are unsure to what extent they can avail themselves of such mechanisms/to what extent such mechanisms are appropriate for them, or whether such mechanisms are an effective and appropriate way to report. While not specifically caught in the survey, various factors other than lack of awareness may play a role in the answers received, e.g. anonymous reporting may be possible in theory, but not meant for professionals; mandated reporters or professionals may utilize other means, which inherently identify them or are at least more likely identify them; professionals breaching confidentiality may feel the personal/professional/deontological need or may be obliged by their employer or organization they work with to reveal their identity and role, which may moreover be necessary for the information to be given full importance and weight, as anonymous tips may more easily or readily be given less

importance. In particular, many countries organize anonymous reporting through a general helpline, which professionals may feel is not the appropriate channel for them.

1.4.4 BONUS: ANONYMOUS THERAPY

The practitioners' survey also contained some bonus questions to gather some potential insights on how practitioners view the possibility of conducting anonymous therapy online. This section presents the findings from these specific questions. It is important to note that not all survey respondents answered these particular questions, meaning the findings reflect the views of those who chose to engage with this topic rather than the entire survey population. Unlike other sections of the report, where results are analyzed based on specific countries, the discussion here considers the perspectives of 87 participants from across the world as a single dataset.

» Reported knowledge about availability of anonymous therapy

The broader trend that emerges when examining the availability of anonymous treatment across the countries is that, according to respondents' answers, it seems that in many countries, either only limited, non-state-subsidized programs exist, or practitioners are not widely aware of any available services. This suggests that even where options might be present, they may not be well-publicized or easily accessible.

Countries with stricter mandatory reporting laws (e.g. Ireland, US) tend to lack anonymous treatment options entirely based on the answers received. This may be explained because of professional and legal culture, as the applicable frameworks prioritize safeguarding and intervention over anonymity, making it difficult for individuals to seek confidential support.

On the other hand, in countries where practitioners have more discretion in determining when and whether to report certain information (e.g. Germany and the Netherlands), there seem to be more options known to respondents for those seeking anonymous treatment. The ability of practitioners to exercise significant discretion in reporting appears to be a key factor in determining whether such services can be provided.

Overall, the landscape of anonymous treatment as reported by respondents is highly varied, with availability seemingly being largely dependent on and consistent with national and regional legal frameworks and their general approach to mandatory reporting.

» Benefits of anonymous therapy

Practitioners indicated that one of the primary advantages of anonymous therapy is that it allows individuals to seek help without fear of persecution, particularly in countries where admitting to certain thoughts or behaviors could have legal or social consequences. By removing this fear, therapy becomes more accessible, lowering the barrier to entry and encouraging more people to seek support. Practitioners also noted that patients tend to be more honest when their identities are protected in this manner, leading to a more open and productive therapeutic process. This increased transparency can be particularly crucial in cases involving child protection, as treatment may be the only viable path to behavioral change. Anonymity can also reduce the tension between client and therapist, fostering a more trusting environment.

Another significant factor is stigma. People who fear they might offend against children, including people with a sexual interest in children, may find it difficult to face mental health service providers in person, at least initially, or may mistrust traditional mental health services, fearing judgment or legal repercussions. Anonymous therapy offers a space where they may feel safer to discuss their thoughts and struggles.

However, in countries where respondents indicated that to their knowledge anonymous therapy options do not exist, many practitioners expressed uncertainty about both the potential benefits and risks, as they had no direct experience with such programs. A small minority of practitioners believed that anonymous therapy provided no real benefits at all.

» **Risks of anonymous therapy**

In their answer, responding practitioners paid significant attention to potential risks associated with anonymous therapy. A major concern expressed by practitioners relates to the possibility that crimes such as sexual assault or abuse against minors may go unreported, as therapists lack the ability to intervene legally. This limitation creates ethical conflicts for professionals who have a dual responsibility: to help their patients while also protecting potential victims. Without the ability to report or follow up, therapists may be unable to ensure the safety of children who are at risk. Additionally, some respondents mentioned that anonymous patients could more easily lie or minimize their actions, making it difficult to assess whether actual harm is occurring.

Another issue or risk that was mentioned often is patient commitment. With anonymity may come a lack of accountability, and some practitioners worry that individuals may quit therapy too easily without any follow-up, potentially leaving dangerous situations unresolved. The inability to coordinate with other health institutions also means that patients cannot receive holistic care, potentially further reducing the effectiveness of treatment. Moreover, anonymous therapy requires specialized training for therapists, which can be expensive and time-consuming. In countries where anonymous therapy is only available through private therapists, the high cost may make it inaccessible to most people.

Public perception poses another challenge according to some practitioners. Many people are uncomfortable with the idea of anonymous therapy, particularly when it involves individuals presenting specific risk for offending. If such programs are poorly received, they could contribute to a broader loss of funding for mental health services. Additionally, respondents mentioned that the overall effectiveness of anonymous therapy remains uncertain due to a lack of research. Some practitioners fear that, rather than facilitating real behavioral change, anonymous therapy could become a space where individuals simply confess their thoughts without taking meaningful steps toward rehabilitation.

While some practitioners saw no major drawbacks to anonymous therapy, the overwhelming consensus was that the lack of accountability, potential risk to minors, and uncertainty about effectiveness presents significant challenges.

» **Should anonymous therapy be possible?**

The final question of the questionnaire asked respondents to express whether they believe anonymous therapy should be possible and whether policymakers should ensure this. The answers indicate strong overall support for its availability, with most therapists in favor of maintaining some form of anonymous treatment. A (small) minority opposes anonymous therapy altogether, believing that the inability to ensure accountability makes it too dangerous to implement. Many believe that it provides a critical opportunity to reach individuals who might otherwise avoid seeking help due to fear of stigma, legal consequences, or personal shame. Without this option, those most in need could remain untreated, potentially increasing risks both for themselves and society.

However, there is also widespread agreement that complete anonymity may not always be appropriate. Some practitioners advocate for the possibility of waiving or moving away from anonymity in special cases, particularly when there is a clear and immediate risk to others. Whether this is possible may depend on the technical details of how anonymous therapy is provided. A compromise approach of partial anonymity has been suggested, where patients could remain anonymous at the start of therapy but would be required or asked to disclose their identity after a limited number of sessions or once a certain level of trust is established, e.g. by transitioning into a non-anonymous online environment or by transitioning into in-person therapy sessions. That way the anonymity is used to lower the threshold of the initial contact, but is not meant to be a continuous feature of the interaction, which may help some of the concerns expressed above, at least in as far as most patients would indeed transition out of the anonymous setting eventually (rather than stop the interaction at that point).

Despite the general support for (some form of) anonymous therapy being available, opinions remain divided on whether (mandatory) reporting of criminal offenses should have a place in settings that are intended to be anonymous. While some practitioners firmly believe that therapy should remain a safe and confidential space free from legal consequences, others argue that failing to report certain cases could put vulnerable individuals—particularly children—at risk.

Among those indicating that they have worked with anonymous patients, experiences have generally been positive. One practitioner shared that their patients often disclosed more information voluntarily after a few sessions, suggesting that trust-building within an anonymous setting can still lead to meaningful engagement (and perhaps to a transition into regular confidential therapy). Another practitioner emphasized that regardless of whether therapy is anonymous or not, adequate funding must be allocated to support mental health programs, ensuring accessibility and quality of care in both types of settings.

Concerns were also raised about the suitability of anonymous treatment for high-risk individuals. Some practitioners suggested that while lower-risk patients may benefit from anonymity, those with a higher likelihood of committing harm should not have access to entirely anonymous therapy. This concern may again be partially addressed by treating anonymous treatment as a way to get people to engage, while generally trying to transition into regular confidential treatment thereafter. This may indeed be especially important in relation to patients presenting a higher risk in their behavior. Another way of addressing this may be to request patients applying to an anonymous program to fill out some questionnaires, allowing a decision whether to admit them to the program or not, or to decide whether they should be transitioned into regular confidential therapy.

Despite these variety in the answers, the general sentiment among practitioners was one of cautious optimism. Most expressed the believe that anonymous therapy should be possible and available and that it, when implemented thoughtfully and with appropriate safeguards, it could provide essential support for certain categories of people who may otherwise not engage while minimizing the inherent risks of real and effective anonymity.

1.5 KEY FINDINGS ON MANDATORY REPORTING

This section has analyzed national legislative frameworks related to mandatory reporting and rules related to professionals, in particular mental health service providers, working with people who fear they might offend against children, including people with a sexual interest in children. The research on the legal framework is complemented by a survey with practitioners using different scenarios to try and understand when, in practice, professionals providing mental health services to people who fear they might offend against children, including people with a sexual interest in children, would feel compelled to report a given situation.

As noted in the general introduction in section 1, it is important to keep in mind that in relation to someone who fears they might offend against a child, including people with a sexual interest in children, the problematic sexual interest must not be equated with illegal actions, nor should the concern of the individual about their sexual thoughts and interests be equated with an increased risk to offend. In fact, the opposite may well be true. An individual looking for help is actively trying not to act on the problematic interest and may therefore be less likely to commit an illegal act than people in a similar situation not willing or able to receive help, as receiving professional help may produce various positive effects in the patient's life and may reduce or avoid situations of increased frustration, social exclusion, continuing to engage with the problematic thoughts and sexual interests, etc. Hence, providing help to individuals who need and want said help should be possible and encouraged. For a healthy therapeutic environment, trust and confidentiality is essential. At the same time, mental health professionals should be able, or even be obliged, to report specific situations in which an individual presents specific indications of heightened risk that may put a child in imminent danger of serious harm, or when the individual presents indications that they already have committed an offence, in particular a contact offense against a child.

This balance of mandatory reporting or a reporting right with the need to maintain patient confidentiality has been the underlying topic of this section. For that reason, the abovementioned questionnaire for practitioners presents fictional scenarios especially constructed to explore the limits of the law and necessarily must present problematic cases where a practitioner may in fact be compelled to report and break confidentiality. In all of the 5 scenarios used, the fictional patient presents additional risk in his behavior beyond the problematic sexual interest itself, with additional increases of risk in his behavior being revealed in every subsequent scenario. It is that behavior that triggers the reporting need, not the problematic sexual interest in itself. Even in the first scenario, although at that point there has been no admission of any illegal acts, the fictional patient questions from the very start whether watching CSAM is actually problematic. As pointed out by various respondents, one might reasonably question the motivation of this person in looking for help in the first place, as he does not seem to struggle with the problematic sexual interest, but rather seems to be looking for justification and/or approval to act on it.

Against this background, the analysis of the national legal frameworks revealed quite divergent approaches to defining this balance, and diverging legal approaches to allow or mandate reporting in such scenarios where a patient presents specific indications of risk. All countries allow in some cases for professional confidentiality to be breached, or rather for this breach to not be (criminally) punishable. Some countries, e.g. Belgium have a specific exception to confidentiality for child (sexual) abuse, providing practitioners with an anchor in the law to understand that they have a right to report (not an obligation) when certain thresholds are met, usually related to serious harm and the danger being imminent. Although usually not specified in the law, this tends to be interpreted, as is very clear from the practitioners' questionnaire, as requiring a specifically identified child. Other countries, e.g. Germany take a different approach, and only allow breaches of professional confidentiality based on a general rule of breaching confidentiality. Most countries have such rules. In Germany Section 34 of the Criminal Code states that if there is a present danger to life, liberty or another legal interest that cannot be averted otherwise, individuals may act to avoid the danger without being deemed unlawful. The act must be an adequate means to avert the danger, and the protected interest must substantially outweigh the one interfered with. Such rules are not really reporting rights for suspected child sexual abuse, although they may be utilized in a similar way. However, by applying

a general rule, more pressure is put on practitioners to make the complete balancing exercise themselves, whereas with specific reporting rights, the legislator has defined some of the relevant elements/triggers already. Many countries have specific mandatory reporting obligations, i.e. rules obliging specific mandated reporters to report situations when specified thresholds are met. The wording and scope of such obligations varies significantly, in particular in relation to who the rules apply to (personal scope, e.g. anyone or only professionals working with children), what the state of mind of the reporter must be (i.e. the degree of certainty, e.g. “belief” vs. “knowledge”), as well as elements of significance of harm and established urgency. As generally confirmed in the answers to the practitioners’ questionnaire, the legal framework directly influences practitioners’ willingness to report and generally, countries with only a generic exception to the professional confidentiality rule will report the least, countries with a reporting right tend to report more, and countries with mandatory reporting obligations tend to report the most.

Notably, while the desktop analysis covered all relevant sources, legal and professional culture of a country must be taken into account as well, as well a potentially general legal rules and principles that may have escaped the analysis but carried relevance nonetheless. A good example of legal and professional culture influencing the willingness to report is England, where no formal reporting obligation exists but where professionals nonetheless clearly feel the duty to report early on (confirmed in the survey, and also clearly reflected in the opinions shared in the 2PS WP2 workshop held in Bristol in January 2024). This may have a variety of causes, but typically will relate to the fear of suffering negative professional consequences for the wrong behavior (i.e. reporting too early or too late, depending on whether the focus of professional culture is on confidentiality or harm reduction), such as dismissal or reputational damage.

A critical element in the national legal frameworks relates to discretion. Discretion, in this regard, refers to the amount of freedom professionals have (or perceive to have) in deciding to report an incident (in particular a statement, information being revealed) or not, and is directly related to interpreting and applying legislation regarding reporting obligations when dealing with individuals who are presenting a level of risk of committing an offence against a child. As the results of the practitioner’s questionnaire show, the amount of discretion given to practitioners in the legal system has a direct impact on their reporting behavior. It is important to realize that discretion is inherently a prerequisite for any type of reporting right or obligation, as legal rules will always need to employ certain broader concepts and will never be able to exhaustively describe every specific situation in which a professional must, should or may report in detail. Hence without discretion, the topic could not be usefully approached at all. Discretion also allows practitioners to use their expertise in determining whether a particular situation of risk is already present in a given situation, and if not, to maintain the trust with the patient and keep the therapeutic relationship intact.

However, only the right amount of discretion produces balanced results. When there is too little discretion, whether curtailed informally through policies, expectations imposed on practitioners by their organizations or professional or legal culture, or formally, through very strong reporting obligations this may produce an attitude of overreporting and a reduction of the room for therapeutic progress. This may, looking at the questionnaire responses in particular, arguably be the case for countries like the UK and Ireland. Despite differences in approach (Ireland having strong mandatory reporting obligations while the UK in particular in England has no formal reporting obligation but strong reporting expectations), roughly half the respondents in both countries indicated to already feel the need to report in case 1, and break patient confidentiality at that stage.

Conversely, having too much discretion for practitioners puts a lot of stress on them to make the right decision in complex situations with lots of unknowns. Having some reference points defined by law to limit discretion, by means of reporting obligations, i.e. an anchor in the law indicating “as of here you must report”, or at least reporting rights, i.e. an anchor in the law indicating “as of here you are allowed to report”, is necessary for practitioners to be able to allow themselves to have confidence in their decisions to break confidentiality, as well as to be able to trust that they will not face negative professional consequences (e.g. lose their license, be sanctioned) or legal consequences (e.g. incur criminal liability for breaching criminally protected patient confidentiality) for deciding to report. This may, looking at the questionnaire responses in particular, arguably be the case for countries like Germany and The Netherlands. In both countries, less than

a third of the respondents indicate that they would report in case 4, where the patient has admitted to previous contact offences and made clear insinuations about a specific identified child, and less than half the respondents indicate that they would report in case 5, where the patient has moreover contacted this child, and has revealed to have continued access to that child. In particular in Germany, many respondents mention potential negative professional consequences as a reason to hold back from reporting.

As stated above, laws cannot be exhaustive on the topic of which situations to report, and discretion will always play a role in interpreting the legal thresholds for reporting (whether reporting obligations or reporting rights). The approach in the Netherlands, to impose a mandatory protocol on certain organizations and practitioners reflects this necessity to provide guidance and structure beyond “anchors” in the law, aiming to bridge the gap between the law and the challenges in practice and translating specific legal triggers into tools that practitioners can use to guide them in exercising their discretion and in making an appropriate decision.

Notably, the framework in the Netherlands does not define a code, but provides some obligatory elements and a model protocol and protocol toolbox for organizations to build their protocol/code to decide whether to report or not. As such, it mostly guarantees that there is a code in place for the practitioner to rely on, rather than defining the content in an exhaustive manner. Of course, many organizations and associations representing practitioners in other countries may also have guidance, codes or protocols in place on a voluntary basis fulfilling a similar function. The benefit of codes on the level of the organization is that organizations can tailor them to their practice, and that the legislator can avoid the difficult task of making a one size fits all protocol. The downside is that forum shopping, or rather, differences in approach will continue to prevail. While a protocol will never take away the need for interpretation, and hence potential disagreements between practitioners on when a given trigger to report is present in a specific scenario, they could prove to be very useful to better guide practitioners by at least defining the steps to be taken and the more detailed triggers for specific actions (including reporting, but not limited to) to look out for, relating specific scenarios to their correct legal qualification and consequences.

As the practitioners questionnaire revealed, matching specific scenarios to the correct legal qualification and consequences is not easy, and may moreover lead to overapplying the behavior the legal system is leaning towards/incentivizing, i.e. countries with a lot of discretion for practitioners may see even less reporting than the legal system would require (underreporting) and countries with very limited discretion for practitioners may see even more reporting than the legal system would require (overreporting). Both are essential practitioners “erring on the side of caution”, but they may skew the balance between confidentiality and reporting that the legislator had intended. Without a proper balance, benefits of prevention (overreporting) or direct child protection through intervention when necessary (underreporting) are left on the table. Leaving necessary guidance to complement, explain and operationalize inherently vague legal concepts on the level of the organization risks divergent approaches and mistakes in the correct interpretation of the law within a given country.

It might therefore be valuable for countries to take an evidence-based approach, involving stakeholders from practice as well as legal experts in defining a protocol on the national level, taking into account the specific balance intended by the given national legal system. Currently, this difficult question is largely left to practitioners and practitioner organizations, which does not seem optimal for a coherent application of the existing legal frameworks. Whether or not this is a part of the reason that the practitioners’ questionnaire presented significant disagreement in every country is hard to ascertain, since reasonable practitioners may also disagree on whether a given scenario presented the risk level necessary to trigger the national obligations. The reasoning provided by practitioners however, seems to indicate they have very divergent reasoning behind their decisions. A common protocol would at least help structure the discussion and analysis of any given scenario, aligning people on how to approach it, what steps to take, and what elements to give appropriate weight.

In addition to potentially quite divergent approaches between practitioners and organizations subject to the same legal framework, there is a substantial difference within the EU between Member States and their

approach to reporting, which quite clearly leads to a different level of discretion given and potential to protect the therapeutic relationship, meaning that, provided that language is not a barrier (e.g. programs in English), someone could theoretically forum shop and get (online) mental health support from a practitioner based in a country that provides more leeway for practitioners to respect confidentiality. This may put additional strain on organizations in terms of resources, and to some countries paying for the mental health needs of foreign nationals.

This raises the question whether such significant discrepancies can be maintained in the EU, in particular given that the regulation of the underlying offences are strongly harmonized, meaning there is substantial agreement on what actions in the various scenarios are illegal in order to protect children, but not on what type of indications of intent to perform such an illegal action or indications of having performed an illegal action are sufficient to break through confidentiality and consequently, on how easy or difficult it is to organize dedicated services for this population.

Finding the right balance in reporting is an essential part of child protection too, both directly (by reporting when someone presents indications of serious risk to offend) and indirectly (by helping people who fear they might offend against children, including people with a sexual interest in children, thereby assumedly lowering the chance that they commit an offense against a child in the future). Hence, having strongly divergent approaches in the EU may need to be called into question. First, there must likely be an optimal point at which to trigger reporting to maximize the combination of direct and indirect protection of children. Evidence on this is lacking, but it is unlikely that all national systems are equally effective at protecting children, although some national differences (e.g. in culture, which influences how people express themselves and how risk should be assessed based on the patient's statements) may in fact justify maintaining (slightly) divergent national approaches, although the divergence highlighted by the practitioners' questionnaire is substantial. Like with any policy question, more evidence and research will help define an appropriate answer to this question. Another potential issue with divergent national approaches is that it may lead to situations of conflict of laws in particular in online therapeutic programs, potentially putting practitioners at the mercy of two legal systems which may present different (and incompatible) obligations. That however, would still be a potential issue globally, even if the rules within the EU were harmonized.

Notably the proposed recast of Directive 2011/93/EU⁴⁹⁵ may introduce a measure of harmonization of mandatory reporting obligations. The proposal, if passed into law, would require Member States to have a mandatory reporting obligation for professionals working in close contact with children, whereas the current version of the Directive only requires that such professionals have the possibility to break confidentiality in case of suspicion of one of the offences covered by the Directive (e.g. sexual abuse or exploitation of children). Member States may widen the personal scope, e.g. to include any type of (mental) health service provider, but are not obliged to do so. Importantly, under the text of the proposed recast, Member States must exempt practitioners working with offenders (to avoid recidivism) or with people who fear they may offend (non-offenders) from that mandatory reporting obligation. While the step from a reporting right to an obligation may provide more certainty for professionals working with children if the proposed text is passed into law, the impact of this may remain more limited than one might suspect at first sight and certainly would not fully harmonize the rules. While the proposed recast would have the effect of forcing Member States without any mandatory reporting to introduce such a rule, a difference in personal scope will remain, with certain Member States limiting the mandatory reporting obligation to professionals working with children, while others will go more broadly, as is already the case currently. In fact, for many Member States the proposed recast may not change much at all, as they already have mandatory reporting rules with the limited personal scope of only applying to professionals directly working with children. Moreover, not only will the difference in personal scope for mandatory reporting remain under the proposed recast, the same is true for national law regarding reporting rights and possibility to breach confidentiality. These rules will

⁴⁹⁵ Legislative file 2024/0035(COD), more information and legislative proposal COM(2024)0060 available at [https://oeil.secure.europarl.europa.eu/oeil/en/procedure-file?reference=2024/0035\(COD\)](https://oeil.secure.europarl.europa.eu/oeil/en/procedure-file?reference=2024/0035(COD)), last accessed 14 February 2025.

remain unchanged, unless Member States would decide to re-evaluate the national regulation of reporting more broadly (and perhaps critically evaluate if they meet the existing text of the directive that they are not preventing such professionals from reporting in cases where there are reasonable grounds to believe sexual abuse or exploitation is happening). Moreover, the different interpretation of the same or similar legal concepts in Member States with different professional cultures will continue to prevail as well, in the absence of additional (soft law) measures. Hence, even if the currently proposed recast text is passed into law, more is likely needed in terms of guidance, protocols etc. The proposed recast of Directive 2011/93/EU also acknowledges this by introducing a guidance requirement to supplement the mandatory reporting obligation it introduces, but keeps the guidance on a national level, stating that the Member States must develop and issue guidelines for mandated reporters on how to determine whether an offence punishable under the Directive has been committed or is likely to be committed and on reporting to competent authorities.

A noteworthy alternative approach to the difficult question of when to report (and breach confidentiality) can be found in the concept of anonymous therapy. Anonymous therapy refers to certain therapeutic programs or chat support services that are offered online in a intentionally (technically completely) anonymous manner. The idea of this anonymity by design is to focus on the therapeutic relationship and to engage people who would otherwise not engage for fear of legal consequences for admitting their problematic interest. If truly anonymous, this also means that the therapist is not able to usefully report the person in case they present additional risk. As shown in the analysis of the bonus questions about anonymous therapy, there are benefits and risks to anonymous therapy and mixed systems (with patients transitioning into confidentiality eventually) may be more appropriate. However, the idea is that the mental health service provider makes themselves unable to report usefully, since they lack the means to identify the patient, and may organize the service in such a way that any other relevant information that might be used for reporting is avoided to be shared as well. As is shown in the bonus questions from the practitioners' questionnaire, availability of such services tends to be linked to the legal framework and the amount of discretion left to practitioners. This is a logical finding, as practitioners in a legal system with very strong mandatory reporting laws would likely fear legal consequences if they intentionally make themselves unable to comply with mandatory reporting obligations, failure to comply with which may moreover be criminalized. On the contrary, in systems where the legal system has a stronger focus on professional confidentiality, the breach of which is usually disincentivized by criminal sanctions, a truly anonymous therapeutic setting may provide comfort to practitioners: unless the patient reveals identifying information, the practitioner does not really have to consider the question whether reporting is necessary or not when additional risk is presented; they simply lack any relevant information to make reporting useful and effective.

The phenomenon of anonymous therapy is linked to the broader question of what protections are available to the reporter (ensuring they do not face professional or legal consequences) and the possibility (or lack thereof) for the reporter to remain anonymous when reporting. A lack of protections or options in this regard may lead to practitioners not reporting despite strong indications of serious risk, which would legally allow them to report. It was a recurrent theme in the responses to the practitioners' questionnaire that respondents expressed uncertainty about whether anonymous reporting is possible in their jurisdiction and whether doing so would protect them from legal repercussions. Often some practitioners said it was possible, while others said it was not. This confusion is particularly notable in countries like Germany and Switzerland, where there is a mix of legal frameworks at the regional or federal level that either allow or discourage anonymous reporting. Generally, the lack of clarity about available options for confidential reporting suggests that professionals may either not be fully aware of the legal mechanisms in place or are unsure to what extent they can avail themselves of such mechanisms, to what extent such mechanisms are appropriate for them, or whether such mechanisms are an effective way to report. While not specifically caught in the survey, various factors other than lack of awareness may play a role in the answers received, e.g. anonymous reporting may be possible in theory, but not meant for professionals; mandated reporters or professionals may utilize other means, which inherently identify them or are at least more likely identify them; professionals breaching confidentiality may feel the personal/professional/ethical/deontological need or may be obliged by their employer or organization they work with to reveal their identity and role, which may moreover be necessary for the information to be given full importance and weight, as anonymous tips may

more easily or readily be given less importance. In particular, as is clear from the desktop analysis, many countries organize anonymous reporting through a general helpline, which professionals may feel is not the appropriate channel for them. However, protections for reporters and clarity on how this goes in practice is important to allow practitioners to report when needed. Anonymous reporting could be considered to play a role here, in as far as allowed by national law and deontological and professional rules, but the most essential element is that professionals do not fear personal or professional legal consequences when exercising their discretion in good faith, so that they refrain from reporting. Hence, reporting does not necessarily have to be anonymous to be functional (and in fact anonymity may in addition to ethical/deontological considerations simply not work in practical terms given the level of information to be provided or the reporting to receive the appropriate consequences), but there must be clear procedures and protections for the reporter. However, in particular in countries where there is no clear reporting obligation, having an anonymous reporting option, that is still given sufficient weight (e.g. because it comes in through a channel accessible only to practitioners), might be an important and necessary safeguard to prevent professionals from erring on the side of not reporting. After all, if practitioners must identify themselves as part of the reporting and (fear) they risk their professional reputation, potentially their license and often, at least theoretically, to face criminal charges (for having breached criminally protected professional confidentiality assumedly without proper justification) for doing so, this may have a cooling effect and lead to underreporting. Moreover, while anonymous therapy may have significant benefits, it must also be pointed out that the absolute impossibility to report may be a significant risk if the patient presents serious risk indicators. At that point, practitioners could face the situation where they are worried about the patient committing an offence against a child and unable to take any action.

Hence, in conclusion, the analysis on the legal frameworks on mandatory reporting has found very divergent understandings of when a mental health service provider may, should or must breach confidentiality when working with people who fear they might offend against children, including people with a sexual interest in children. All legal frameworks seem to agree that the legal trigger for reporting must relate to a person presenting additional risk, e.g. through their behavior, statements or admissions, that indicate their intent to commit a criminal offense related to children or that indicates that they may have already committed such an offense. There is however strong disagreement on the level of risk required for breaching confidentiality and reporting a situation to dedicated services or authorities (including child protective services and law enforcement), or at least on how to express this in the language and legal concepts utilized in the national legal framework. This divergence is likely suboptimal to reach an optimal combination of indirect and direct child protection by protecting the therapeutic confidentiality as long as possible, while breaching it when needed.

The analysis of the legal frameworks and the answers provided by respondents to the practitioners' questionnaire shows that more guidance or a type of protocol may be useful to guide practitioners in exercising their discretion on when specific triggers defined in the law are present in a given scenario, and which steps must be taken before and as part of the reporting possibility, right or obligation. It has also revealed that more clarity is needed on legal protections for reporters in general, and the use of anonymous reporting mechanisms in particular. Uncertainty in these areas may result in professionals either overreporting or underreporting based on the legal framework applicable to them. Neither scenario is a desirable outcome.

Every country has defined a specific point or specific points at which professionals may, should or must report. As pointed out above, given the significant divergence, it is unlikely that all national solutions are equally effective, which may leave children at risk more in certain countries than in others. The proposed recast to Directive 2011/93/EU, if passed into law, will only introduce a mandatory reporting obligation with limited personal scope, meaning that it will not have a profound effect on the rules applicable in a therapeutic setting.

A more evidence-based approach could help to define the best solution and to bridge the gap between legal requirements and practical application, e.g. in the form of a common protocol (or requirements for a common protocol) ensuring that professionals can effectively fulfill their role of reporting when necessary to

protect children at risk without unnecessary breaches of confidentiality. More evidence collection and research should be carried out both on the national and EU level to underpin the legal framework and to help define policies. Ideally, a minimum standard would be set at the EU level, based on additional research and data.

Theoretically, a solution could be that the EU harmonizes the national rules. Given the strong national divergence, this however does not seem very likely in the short to medium term, which is also reflected in the text of the proposal for a recast of Directive 2011/93/EU and aims pursued there.

Guidance or a protocol at the EU level would be the next best solution. Such guidance should aim to define the concrete circumstances (e.g. through detailed scenarios) under which reporting is mandatory, when discretion remains appropriate, and what protections should apply to professionals who report in good faith (including from a practical angle, e.g. answering the question how to facilitate safe reporting, including, where appropriate, through dedicated anonymous reporting options). This, however, may also be practically difficult to realize if Member States have strongly divergent views on the topic.

Alternatively however, the EU could aim to support efforts for more defined, evidence based policies, guidance and a common protocol at the national level. The text of the recast of Directive 2011/93/EU proposes the EU centre to support Member States in defining guidance for mandated reporters under the proposed new (i.e. new to the Directive, not quite new to many national laws of the Member States) mandatory reporting obligation. However, more may be needed, with the EU funding and supporting more overarching efforts on the EU level, including additional research and data collection, and setting up structures or initiatives for Member States to share best practices, experiences and information. Such efforts would help to create more awareness and provide EU and national stakeholders with more evidence to work with towards a more harmonized approach in the future.

Even if defined ‘only’ at the national level, clearer guidelines would at least help to ensure that reporting behavior does not vary significantly between regions or professional sectors in the same jurisdiction, and that they are in line with the (intentions of) the legal framework, thereby promoting greater uniformity in practice. Additionally, more clarity regarding the possibility of anonymous reporting and the legal protections for reporters would serve to ensure that professionals, within the national framework applicable to them, in practice observe the right balance intended by the national legislator and are not deterred from reporting out of concern for personal or professional repercussions.

Policymakers should generally consider how to measure and ensure through appropriate guidance that practitioners in their jurisdiction are not overly eager to report or overly cautious in reporting because they fear professional (e.g. reputational damage, lose their license, dismissal etc.) or legal consequences (e.g. criminal sanctions). Legal systems with very broad discretion risk underreporting while legal systems with very strong mandatory reporting obligations risk overreporting. Both concerns and tendencies have been observed in the practitioners’ questionnaire and the reasoning provided by respondents.

Ultimately, policymakers, whether at the EU or national level, must aim to strike a careful balance between two essential objectives: ensuring an effective reporting system that safeguards children when needed, while also preserving sufficient discretion to prevent the needless breach of confidentiality, which undermines necessary therapeutic interventions. Overly strict reporting rules may discourage individuals from seeking help, increasing the risk of offenses, whereas excessive discretion and too much focus on confidentiality may lead to failure to report in situations where intervention is necessary. Neither scenario is a desirable outcome.

2 SEX OFFENDER REGISTRIES AND THE CRIMINAL JUSTICE SYSTEM

2.1 INTRODUCTION

Sex offender registries have been a significant tool in addressing sexual offenses across the globe. However, while the U.S. has long had a system of sex offender registries, the approach to such systems varies widely across different countries, with some nations, including many in the European Union (EU), having developed their own unique frameworks. This has led to diverse practices regarding the identification, monitoring, and reintegration of individuals convicted of sexual crimes, particularly in relation to the management of individuals who may be at risk of offending in the future. The EU, through its various legislative and non-legislative initiatives, plays a role in shaping these frameworks, while also balancing privacy concerns and the rehabilitation of offenders. Sex offending is a broader policy field that Child sexual abuse and exploitation, but these will typically be offences for which registration will be mandatory/applicable, if a sex offender registry exists in the country in question.

In the U.S., sex offender registries are mandatory and typically publicly accessible, with convicted offenders required to report their personal information to authorities, who make it available to the public. All states and the District of Columbia maintain registries, and on the federal level, there is the National Sex Offender Public Website (NSOPW), which integrates data from various sources, including the state registries. These registries, which have existed for decades, aim to protect communities by notifying the public of potential risks posed by sex offenders. However, such a system has faced criticism for its broad inclusion criteria and its emphasis on punitive rather than rehabilitative measures. For instance, in many U.S. states, individuals who have not re-offended or who are suspected of being at risk of re-offending remain on the registry indefinitely. Moreover, depending on the state, registration may include not only serious sexual offences, but also things like public urination. Moreover, questions have been raised not only about the fairness of their scope but also about the effectiveness of these registries in promoting public safety, since they may hinder rehabilitation and the successful reintegration of an offender in society, thereby inadvertently increasing chances of recidivism. It is outside the scope of this report to fully analyze the complexity of the situation in the US, including classification of offenders and risk assessments for classification and registration but it provides an interesting point of comparison.

The EU's approach to sex offender registries is different from the US. According to Recital 43 of Directive 2011/93/EU, which focuses on combating the sexual abuse and exploitation of children, Member States are encouraged to consider adopting sex offender registries for individuals convicted of sexual offenses, especially those involving minors, recognizing such registries may have an important function in keeping track of (repeat) offenders. However, the directive also emphasizes the protection of personal data and limited access to these registries, stating that access should generally be restricted to judicial and law enforcement authorities.⁴⁹⁶ Hence, such information is typically not publicly accessible. This stance reflects the EU's prioritization of privacy and its commitment to the reintegration of ex-offenders into society.⁴⁹⁷

Despite this directive, the implementation of sex offender registries within the EU is varied. While the EU encourages such measures, it does not mandate them, and as a result, many Member States have not established dedicated sex offender registries. For those countries that have implemented these systems, the

⁴⁹⁶ Recital 43 of the Directive 2011/93/EU of the European Parliament and of the Council of 13 December 2011 on combating the sexual abuse and sexual exploitation of children and child pornography, and replacing Council Framework Decision 2004/68/JHA.

⁴⁹⁷ European Parliamentary Research Service. (2017). *Combating sexual abuse of children: Directive 2011/93/EU European implementation assessment*. European Parliament. Retrieved from: [https://www.europarl.europa.eu/RegData/etudes/STUD/2017/598614/EPRS_STU\(2017\)598614_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2017/598614/EPRS_STU(2017)598614_EN.pdf). Last consulted on 14 February 2025.

specific implementation varies as well, although the common primary objectives seems to be the need to monitor convicted offenders and ensure they comply with post-sentencing requirements, such as regular reporting on their whereabouts.

The issue of whether individuals who have not yet been convicted but are suspected of being at risk of offending (e.g. persons who have presented additional risk and are under observation, or suspects in sexual crimes who have not been to trial yet) should be included in sex offender registries is a complex and contentious one. Arguments against include the fact that people should be considered innocent until proven guilty, and the inclusion on such a registry may have very real consequences, even if only internally accessible to law enforcement. Argument for inclusion tend to be centered around public safety, and the fact that inclusion will be based on an individual presenting specific risk in their behavior related to sexual offending or assumed reoffending.

Some Member States have adopted a dual registry system, where convicted offenders are included in both restricted access and public registers, depending on the severity of the crime. While the public register can be accessible to anyone, it is often limited to the most dangerous offenders.

The regulation of sex offender registries in the EU is shaped by a delicate balance between ensuring public safety, protecting individuals' privacy, and promoting the rehabilitation of offenders. While some EU countries have implemented systems that allow for the registration of convicted sex offenders, these systems are generally limited in scope and access. The challenge remains in determining how best to manage individuals who pose a potential risk of offending, particularly when they have not yet committed a crime or when a long time has passed since they committed an offence. As the EU continues to navigate these complex issues, the debate over sex offender registries will likely continue, with an emphasis on safeguarding both public safety and the rights of individuals.

To assist in understanding how these systems differ across countries, the report first examines whether sex offender registries exist in the focus countries, namely the EU countries, the EEA, as well as Australia, Canada, Switzerland, and the United Kingdom, and, if so, whether individuals who have not yet offended but are considered at risk of offending are included in these registers. In cases where no sex offender registry exists, the study looks into whether a criminal register is available, and whether individuals are listed there, as well as who has access to this information. Following this analysis, a schematic overview is provided that compares the findings across the different countries. This schematic overview allows for an easier comparison of the systems in place, detailing the criteria for inclusion, who has access to the information, and whether individuals at risk but not yet convicted are included.

2.2 RULES IN THE COUNTRIES IN FOCUS

2.2.1 AUSTRALIA

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, only offenders are included.	Police, selected individuals (employers, landlords, school/childcare administrators) and organizations (schools, childcare centers) under exceptional circumstances.

All Australian states and territories maintain a sex offender register that records the details of individuals convicted of sexual offenses against children. Despite ongoing public debate and calls for transparency, these registers are not publicly accessible in any Australian jurisdiction. Consequently, there is no way to check online whether someone is listed on the sex offender database.

However, in exceptional circumstances, the police may disclose information from the register to specific individuals or organizations. This usually occurs if the police determine that the registered person poses a significant risk to another individual, a group (such as children), or the broader community. In such cases, the police may inform individuals they believe to be at risk or notify relevant organizations, including schools, childcare centers, or other child-related organizations located near the offender's residence.

Access to this information is strictly controlled. Individuals must submit a request to the police, typically accompanied by a legitimate and compelling reason for the inquiry. Those who usually make such requests include employers, landlords, and administrators of schools or childcare centers who have serious concerns about the safety of children due to a particular individual's behavior.⁴⁹⁸

⁴⁹⁸ Federal Research Division, Library of Congress. (2022). Sex offender registration and notification laws around the world: A report prepared under an interagency agreement with the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking, U.S. Department of Justice. Retrieved from: [Sex Offender Registration and Notification Laws around the World](#). Last consulted on 14 February 2025.

2.2.2 AUSTRIA

Sex offender register?	Only offenders included?	Who has access?
No, but there is a centralized criminal record system.	Not applicable.	Only the applicant, employers (for specific roles involving minors or vulnerable individuals).

Austria does not maintain a separate sex offender registry. Instead, it uses a centralized criminal records system to document all criminal convictions, including sexual offenses. The criminal record certificate (Strafregisterbescheinigung) provides information about a person's registered convictions or confirms the absence of any convictions. Only the applicant can receive this document, which is often required for job applications in sectors like security and surveillance. Typically, the certificate must be no older than three months.

Austria also offers special criminal record certificates for specific purposes. The special certificate for children and youth welfare (Strafregisterbescheinigung Kinder- und Jugendfürsorge) is required for roles involving the supervision, care, or education of minors. It can only be issued if the employer or organization confirms the need for it. Similarly, the special criminal record certificate for care and support (Strafregisterbescheinigung Pflege und Betreuung) is needed for positions involving the care of vulnerable individuals, again requiring confirmation from the employer. These certificates provide information on convictions related to sexual integrity, self-determination, or related activity bans.

Applications for criminal record certificates can be made online or at local authorities, with special certificates requiring in-person applications. Proof of identity and confirmation from the employer are necessary. The certificates are usually bilingual (German and English) if no convictions are recorded. Fees vary depending on the type of certificate and application method, with exemptions available for voluntary work in certain organizations.

Recent amendments to the Criminal Records Act aim to protect vulnerable persons further. A new certificate type, the Strafregisterbescheinigung Pflege und Betreuung, was introduced specifically for roles involving the care and support of vulnerable individuals.⁴⁹⁹

⁴⁹⁹ Strafregistergesetz 1968 [Federal Act of July 3, 1968, on the Recording of Criminal Convictions], BGBl. Nr. 277/1968, Sections 10, 10a, 11. Retrieved from: [Strafregistergesetz 1968](#). Last consulted on 14 February 2025; Criminal record certificate (Strafregisterbescheinigung) – Request a certificate. oesterreich.gv.at. Retrieved from: [Criminal record certificate \(Strafregisterbescheinigung\) – Request a certificate](#). Last consulted on 14 February 2025; Criminal record certificate for children and youth welfare (Strafregisterbescheinigung Kinder- und Jugendfürsorge) – Confirmation by the employer. oesterreich.gv.at. Retrieved from: [Criminal record certificate for children and youth welfare \(Strafregisterbescheinigung Kinder- und Jugendfürsorge\) – Confirmation by the employer](#). Last consulted on 14 February 2025; Criminal record certificate for care and support (Strafregisterbescheinigung Pflege und Betreuung) – Confirmation by the employer. oesterreich.gv.at. Retrieved from: [Criminal record certificate for care and support \(Strafregisterbescheinigung Pflege und Betreuung\) – Confirmation by the employer](#). Last consulted on 14 February 2025.

2.2.3 BELGIUM

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Judicial authorities, police and intelligence services, authorized administrative bodies, citizens (via local authorities), and foreign authorities.

In Belgium, there is currently no specific registry for suspected or convicted sex offenders. However, a Central Criminal Record is maintained as a national database that stores the criminal records of both individuals and legal entities. It includes convictions and other criminal judgments issued by Belgian courts, as well as those handed down abroad against Belgian citizens.

The Central Criminal Record Office is responsible for issuing criminal records to judicial authorities, police and intelligence services, authorized administrative bodies, citizens through local authorities, and foreign authorities. To obtain an extract from the Belgian criminal record, an email must be sent to the Federal Public Service Justice at strafregister@just.fgov.be.⁵⁰⁰

⁵⁰⁰ Centraal strafregister - Authentieke Bronnen. (2025). BOSA. Retrieved from: [Centraal strafregister - Authentieke Bronnen](#). Last consulted on 14 February 2025.

2.2.4 BULGARIA

Sex offender register?	Only offenders included?	Who has access?
No register exists. A National Register of Pedophilia is under development.	Not yet implemented.	Limited to law enforcement agencies, authorities, and relevant organizations involved in child protection.

As of now, Bulgaria does not have a sex offender register. Information regarding individuals convicted of sexual offenses is limited and primarily accessible to law enforcement agencies and relevant authorities. However, there have been recent developments regarding the creation of a 'National Register of Pedophilia'. This register will track cases of pedophilia committed on Bulgarian territory or against Bulgarian citizens abroad who have sought help and support.

The Ministry of Interior is responsible for creating and maintaining this National Register, which is part of the broader measures outlined in the Protection from Domestic Violence Act. The primary goal of this register is to prevent crimes against children and protect victims by collecting data on all pedophilia cases.⁵⁰¹

⁵⁰¹ Krusteva, N. (2024, September 13). Will they prepare a National Register of Pedophilia Cases? The interim Prime Minister Dimitar Glavchev announced that a National Register of Pedophilia will soon be created in Bulgaria. Retrieved from: [Will they prepare a National Register of Pedophilia Cases?](#). Last consulted on 14 February 2025; The Ministry of Interior is looking for an option to create a register of pedophilia cases. (2024, September 13). Struma Newspaper. Retrieved from: [The Ministry of Interior is looking for an option to create a register of pedophilia cases – Struma Newspaper](#). Last consulted on 14 February 2025.

2.2.5 CANADA

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes. The registry includes individuals who have been convicted of a designated sex offence, as well as those who have been released from custody, or released pending an appeal. It also includes individuals required to report international travel, especially child sex offenders who must notify the registry of any international travel, regardless of duration.	Access to the National Sex Offender Registry Database is strictly restricted to police agencies. These agencies can access offender data through provincial or territorial centres. In certain cases, international police forces may receive information, but only under specific conditions outlined in the Sex Offender Information Registration Act (SOIRA).

The National Sex Offender Registry is a system designed to help prevent and investigate crimes of a sexual nature. It was established to manage individuals convicted of designated sex offences, requiring them to report to the police annually. Offenders must report their information to designated registration centers in each of Canada's provinces and territories. The Registry collects various details including legal names, aliases, addresses, physical descriptions, photographs, vehicle information, and employment details.

Individuals who have been served with an order under the Sex Offender Information Registration Act must report to a registration center within 7 days after being convicted of a designated sex offence, released from custody, or released from custody pending the outcome of an appeal. In addition, offenders must report any international travel lasting seven or more days, particularly child sex offenders who are also obligated to notify the registry of any such travel, regardless of duration.

The information provided by registered offenders is stored in the National Sex Offender Registry Database, which is managed by the Royal Canadian Mounted Police. The database contains essential data like the offender's personal identification details, residential addresses, education and employment information, and vehicle details. Information is retained for varying periods based on the seriousness of the offence, ranging from ten years to a lifetime, depending on the severity of the conviction. Offenders can apply for the termination of their registration after a specified number of years.

Access to the National Sex Offender Registry Database is strictly restricted to police agencies. These agencies can access offender data through provincial or territorial centers. In certain cases, international police forces may receive information, but only under specific conditions outlined in the Sex Offender Information Registration Act (SOIRA). Any misuse of the data is punishable by criminal penalties.

Registered offenders must inform their designated registration center within seven days if there are any changes in their personal information, including their name, address, employment, or travel plans. Failure to comply with these reporting requirements, or providing false information, is considered a criminal offence and may result in penalties such as fines or imprisonment.

Offenders may apply for the removal of their registration, subject to specific conditions. Applications for a termination order can be made after a set period: five years after a ten-year order, ten years after a twenty-year order, or twenty years after a lifetime order.⁵⁰²

⁵⁰² Sex offender management. (2024, December 24). Royal Canadian Mounted Police. Retrieved from: [Sex offender management | Royal Canadian Mounted Police](#). Last consulted on 14 February 2025.

2.2.6 CROATIA

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, only convicted offenders.	Courts, police, State Attorney's Office.

In Croatia, a registry for convicted sex offenders has existed since 2013, but it is not a public database. The information within this registry is only accessible upon request by courts, the police, or the State Attorney's Office. Additionally, Croatia has implemented a system for monitoring visiting sex offenders. Offenders entering Croatia must register with the local police within 24 hours of arrival, providing accurate and up-to-date personal details, travel itinerary, and contact information. Failure to comply with this requirement can lead to arrest, prosecution, and deportation.⁵⁰³

⁵⁰³ Combating sexual abuse of children: Directive 2011/93/EU European Implementation Assessment. (2017). *European Parliament Research Service*. Retrieved from [https://www.europarl.europa.eu/RegData/etudes/STUD/2017/598614/EPRS_STU\(2017\)598614_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2017/598614/EPRS_STU(2017)598614_EN.pdf); Montoya, S. (2023, August 8). *Can Sex Offenders Travel To Croatia? Discover The Restrictions In Place*. QuartzMountain. Retrieved from: [Can Sex Offenders Travel To Croatia? Discover The Restrictions In Place | QuartzMountain](#). Last consulted on 14 February 2025.

2.2.7 CYPRUS

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, registration in the registry is mandatory for individuals convicted of specific sexual offenses against children, including sexual abuse, sexual exploitation, CSAM offences, solicitation of children for sexual purposes, and advertising opportunities for child sex tourism. The law does not permit registration based on suspicion alone; a formal conviction is required.	It is maintained and administered by the police and is not accessible to the public. However, employers hiring for positions involving frequent contact with children must request a certificate confirming that prospective employees are not listed in the registry.

The Prevention and Combating of Sexual Abuse and Sexual Exploitation of Children and Child Pornography Act in Cyprus established the 'Registry of Persons Convicted for Sexual Offences Against Children'. This registry records the personal information of individuals convicted of sexual offenses against minors, serving as a tool for post-conviction monitoring and public safety. The law provides the legal framework for the creation, administration, and maintenance of the registry, specifying the offenses that require registration and the associated notification and surveillance obligations.

Under the Act, registration in the registry is mandatory for individuals convicted of specific sexual offenses against children, including sexual abuse, sexual exploitation, CSAM offences, solicitation of children for sexual purposes, and advertising opportunities for child sex tourism. It also applies to incitement, abetting, or attempts to commit these offenses. Registration is required for those convicted under previously repealed laws on trafficking and exploitation, as well as for offenses specified in the Convention on Cybercrime (Ratification) Law. Notably, individuals convicted abroad for similar offenses under international agreements signed by Cyprus are also subject to registration. The law does not permit registration based on suspicion alone; a formal conviction is required.

The Act mandates that specific information be entered into the registry, including the individual's date of birth, identity card number, full name and any aliases, and home address. Additionally, the registry must include the addresses where the offender resides, frequently stays, works, or carries out operations. If the offender holds a passport, details must also be provided for each passport, including the issuing authority, passport number, issue and expiry dates, as well as the name and date of birth of the passport holder.

The registration period is based on the severity of the sentence. Life sentences or those lasting more than 30 months result in indefinite registration. Sentences between six and 30 months require registration for 10 years, whereas sentences of six months or less lead to a seven-year registration period.

For offenders sentenced to indefinite registration, a periodic court review occurs every 15 years, considering factors such as the severity of the offense, the time passed, the age of the offender, and any evidence of reduced danger to society. For minors convicted of offenses, the registration period is halved. Time spent in detention or imprisonment is not counted towards the registration duration. The Act does not specify a maximum retention period for the registry data, and there is no provision for automatic deletion after a set period.

Access to the registry is highly restricted. It is maintained and administered by the police and is not accessible to the public. However, employers hiring for positions involving frequent contact with children must request a certificate confirming that prospective employees are not listed in the registry. Failure to comply with this

requirement can result in criminal sanctions, including fines or imprisonment. Additionally, the Act mandates the transmission of registry information to other EU member states under EU Council Framework Decision 2009/315/JHA. The law does not require offenders to notify authorities of international travel.

The Act imposes strict notification requirements on registered offenders to ensure the accuracy of information in the registry. Offenders must inform the police of any changes to their registered details at least three days before the change, or 15 days in advance for address changes. Even without changes, all information must be resubmitted at least once per year. Non-compliance with these obligations is punishable by imprisonment of up to three years or fines up to EUR 170,000. The law does not explicitly outline a process for offenders to request corrections to inaccurate data, but the mandatory update requirements indirectly serve to maintain data accuracy.

Law 91(I)/2014 does not provide specific rules for the deletion of information from the registry. In particular, it states that certain sexual offenses against minors cannot be expunged from criminal records under ordinary rehabilitation rules. Offenses under sections 6 to 10 and 15 of the law are permanently recorded. Although the law mandates periodic reviews of indefinite registration obligations, it does not specify a procedure for the complete removal of data from the registry. Consequently, data deletion is not automatic and is tied to judicial decisions about the continuation or termination of the notification obligation.⁵⁰⁴

⁵⁰⁴ Ο περί της Πρόληψης και της Καταπολέμησης της Σεξουαλικής Κακοποίησης, της Σεξουαλικής Εκμετάλλευσης Παιδιών και της Παιδικής Πορνογραφίας Νόμος του 2014 [Law on the Prevention and Combating of Sexual Abuse and Sexual Exploitation of Children and Child Pornography of 2014], Law 91(I)/2014, Official Gazette [E.E.] No. 4451, July 4, 2014, §22 (Cyprus). Retrieved from http://www.cylaw.org/nomoi/arith/2014_1_091.pdf and <http://www.olc.gov.cy> (Office of the Law Commissioner unofficial English translation). Last consulted on 14 February 2025.

2.2.8 CZECHIA

Sex offender register?	Only offenders included?	Who has access?
Planned, but postponed.	Yes, both newly convicted offenders and those convicted before the law takes effect. For severe crimes (e.g., child rape), registration is automatic. For less serious offenses, courts can impose registration as a protective measure.	Not explicitly stated, but likely entities responsible for child safety (e.g., employers in education, childcare, and sports organizations) will have access through the 'children's certificate'.

Czechia is planning to introduce a sex offenders register, but its implementation has faced multiple delays.

Currently, the country has a general criminal register, which does not specifically identify sex offenders. The new register was proposed in response to a case involving a repeat sex offender who was able to work with children despite prior convictions. It was postponed to 1 January 2025, but it may be delayed again.

The planned register aims to prevent sex offenders from working with children and will include both newly convicted offenders and those convicted before the law takes effect. For severe crimes, such as child rape, registration will be automatic, while for less serious offenses, courts can impose registration as a protective measure. This approach bypasses retroactivity issues in criminal law by treating the register as an administrative measure.

The register will be implemented through a 'children's certificate', a new type of criminal record that will reveal relevant convictions. This certificate will also include offenders whose crimes are deemed to pose ongoing risks, even if the usual period for deleting criminal records has passed.⁵⁰⁵

⁵⁰⁵ Fodor, A. (2024, May 23). *Inaction on sex offenders register likely to result in postponed launch*. iROZHLAS. Radio Prague International. Retrieved from: [iROZHLAS: inaction on sex offenders register likely to result in postponed launch | Radio Prague International](#). Last consulted on 14 February 2025; Czech Justice. (2023, October 9). *Register of sex offenders against children to include former offenders - Czech Justice*. Registr sexuálních delikventů vůči dětem má zahrnout i dřívější pachatele. Retrieved from [Register of sex offenders against children to include former offenders - Czech Justice](#). Last consulted on 14 February 2025; Řepka, V. (2023, October 9). *We are getting closer to the creation of a register of sex offenders, the so-called child certificate - Ministry of Justice of the Czech Republic - Portál spravedlnosti*. Retrieved from: [We are getting closer to the creation of a register of sex offenders, the so-called child certificate - Ministry of Justice of the Czech Republic - Portál spravedlnosti](#). Last consulted on 14 February 2025; Embassy of the Czech Republic in London. (n.d.). Applying for an Extract from the Czech Republic Criminal Register. Retrieved from: [Applying for an Extract from the Czech Republic Criminal Register | Embassy of the Czech Republic in London](#). Last consulted on 14 February 2025.

2.2.9 DENMARK

Sex offender register?	Only offenders included?	Who has access?
No, Denmark does not have a public sex offender register. Criminal convictions, including sexual offenses, are stored in the Central Criminal Register.	No, the register stores information about charges and decisions made in criminal cases, including criminal convictions and details of cases that are of importance to police.	Law enforcement agencies and certain government organizations have access to the Central Criminal Register. Individuals can only request their own criminal records, and public authorities may access it for specific purposes.

Denmark does not have a public sex offender register. Instead, data on criminal convictions, including sexual offenses, are maintained in the Central Criminal Register, which is accessible to law enforcement agencies and certain government organizations. The register stores information about charges and decisions made in criminal cases, including criminal convictions and details of cases that are of police importance.

Criminal records are issued from the register of decisions at the request of individuals or public authorities. Annual crime statistics are based on data from this register. The Central Criminal Register, managed by the National Commissioner of Police, includes an investigation register containing information on charges brought and data used exclusively for police investigations. Additionally, the decision register contains information on decisions made in criminal proceedings, serving as a basis for preparing criminal records.⁵⁰⁶

⁵⁰⁶ The National Centre for Register-based Research. (n.d.). The Danish Central Crime Register. Retrieved from: [The Danish Central Crime Register](#). Last consulted on 14 February 2025; Koch, H. (2024, October 3). Central Criminal Register – Lex. Den Store Danske. Retrieved from: [Central Criminal Register – Lex](#). Last consulted on 14 February 2025.

2.2.10 ESTONIA

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Access is granted through the Criminal Records Database. The right to obtain information about an individuals criminal record (obtaining data from the archives of the database) is limited to the person themselves, legal representatives for the data of a minor, and various governmental entities (e.g. prosecutor's office), as well as employers in specific cases.

In Estonia, there is no separate sex offender registry. Instead, information about offenses, including crimes against minors, is available through the Criminal Records Database.

To obtain an extract from the Criminal Records Database, a request must be submitted, either electronically via email, through the e-File environment, or by regular mail. All inquiries made to the Criminal Records Database are recorded, and anyone can check who has requested information about them.

The right to obtain information about an individuals criminal record (obtaining data from the archives of the database) is limited to the person themselves, legal representatives for the data of a minor, and various governmental entities (e.g. prosecutor's office), as well as employers in specific cases.⁵⁰⁷

⁵⁰⁷ Registrate ja Infosüsteemide Keskus. (n.d.). *Frequently Asked Questions*. Retrieved from: [FREQUENTLY ASKED QUESTIONS | Registrate ja Infosüsteemide Keskus](#). Last consulted on 14 February 2025; Criminal Records Database Act. (2011, February 17). *RT I, 21.03.2011, 3*. Retrieved from: [Criminal Records Database Act–Riigi Teataja](#). Last consulted on 14 February 2025.

2.2.11 FINLAND

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Access is regulated under the Criminal Records Act and is primarily for imposing and enforcing criminal sanctions. It can also be used to assess an individual's reliability or suitability.

In Finland, there is no separate sex offender register. Instead, the Legal Register Centre manages the criminal records database. Information is recorded in the criminal records when an individual or company is sentenced to penalties such as imprisonment, corporate fines, community service, or juvenile penalties. However, minor fines and certain military-related sentences are not included. The records are primarily used for imposing and enforcing criminal sanctions but can also be accessed to assess an individual's reliability or suitability. Access to this information is strictly regulated under the Criminal Records Act.⁵⁰⁸

⁵⁰⁸ Oikeusrekisterikeskus. (n.d.). *Criminal records*. Retrieved from: [Criminal records - Oikeusrekisterikeskus](#). Last consulted on 14 February 2025; Ministry of Justice, Finland. (n.d.). *Criminal Records Act (770/1993; amendments up to 1114/2018 included)*. Finlex. Retrieved from: [Microsoft Word - E19930770.docx](#). Last consulted on 14 February 2025.

2.2.12 FRANCE

Sex offender register?	Only offenders included?	Who has access?
Yes.	No, also individuals suspected of committing sexual or violent offences.	Judicial authorities, law enforcement officers authorized to conduct investigations under the supervision of the public prosecutor and the general prosecutor, as well as under the control of the investigative chamber. Additionally, prefects and authorized officials from certain administrative bodies involved in recruitment for specific positions, such as regional education services, may access the file. Authorized officers of a penitentiary registry responsible for monitoring the obligations of individuals registered in the Fijais are also permitted to consult it.

Under the French Code of Criminal Procedure, the national automated register of sexual and violent offenders, known as the Fichier des auteurs d'infractions sexuelles ou violentes (Fijais), is a database managed by the criminal records department under the authority of the Minister of Justice and supervised by a judge or prosecutor.⁵⁰⁹ It records individuals suspected of or convicted for committing sexual or violent offences, facilitating their identification and aiming to prevent the recurrence of such offences.⁵¹⁰ Registered individuals can access their records and request corrections or deletions when necessary, with different rules applying depending on whether the individual is an adult or a minor.

As an adult, you are registered in the Fijais if you are convicted, even if the decision is not definitive, for having committed a crime or an offence punishable by a sentence greater than or equal to 5 years. If the prison sentence is less than 5 years, the decision will not be registered unless the court, or the Public Prosecutor decides otherwise. If the victim is a minor, the decision is registered regardless of the length of the sentence, unless the judge or Public Prosecutor expressly decides otherwise.

Decisions that can also result in registration in the Fijais contain a determination of non-criminal responsibility due to a mental disorder, the application of a criminal composition – a compensation or reparation measure proposed by the Public Prosecutor to a person who admits to committing one or more offences to avoid trial – and an indictment. In the case of an indictment for a serious crime, registration occurs unless the investigating judge decides otherwise. For lesser offences, registration is only made if explicitly ordered by the investigating judge.

As a minor, decisions that may lead to registration in the Fijais, include a conviction, even if not final, as well as cases where the court issues a conviction without imposing a sentence or postpones sentencing to a later hearing. Educational measures, even if not definitive, may also result in registration. Additionally, a

⁵⁰⁹ France. (n.d.). *Code of Criminal Procedure (France)*, 706-53-1, et. seq. Retrieved from: [France Code of criminal procedure EN.pdf](#). Last consulted on 14 February 2025.

⁵¹⁰ *Fichier des auteurs d'infractions sexuelles ou violentes (Fijais)*. Service-Public.fr. Retrieved from: [Fichier des auteurs d'infractions sexuelles ou violentes \(Fijais\) | Service-Public.fr](#). Last consulted on 14 February 2025.

determination of non-criminal responsibility due to a mental disorder, the application of a criminal composition—a compensation or reparation measure proposed by the public prosecutor to avoid trial—and an indictment can lead to registration. In the case of an indictment for a serious crime, registration occurs unless the investigating judge decides otherwise, whereas for lesser offences, registration is only made if explicitly ordered by the investigating judge. However, registration is not automatic and depends on the specific offence committed by the minor.

The offences that may result in registration are, among others, rape, sexual assault or attempted sexual assault, violence causing serious injury to a minor under the age of 15 years, sexual proposal made to a minor under the age of 15 years, recording, acquiring, possessing or offering pornographic images or representations of a minor, habitual or paid consultation of a site disseminating pornographic images or representations of a minor, making, transporting, disseminating or dealing in violent or pornographic messages that may be seen or perceived by a minor, incitement of a minor to submit to or commit sexual mutilation, etc.

Once registered, individuals are formally notified and receive documentation detailing their obligations. The recorded information includes identity details, the nature of the offence and the decision leading to registration, and obligations regarding address reporting and file updates.

Access to the Fijais is granted to certain authorities to varying degrees. Judicial authorities, law enforcement officers authorized to conduct investigations under the supervision of the public prosecutor and the general prosecutor, as well as under the control of the investigative chamber, may consult the file in the context of an investigation related to an offence leading to registration in the Fijais or a violation of Fijais-related obligations. Additionally, prefects and authorized officials from certain administrative bodies involved in recruitment for specific positions, such as regional education services, may access the file. Authorized officers of a penitentiary registry responsible for monitoring the obligations of individuals registered in the Fijais are also permitted to consult it.

For adults, information is retained in the Fijais for 30 years in cases of crimes or offences punishable by at least 10 years of imprisonment, and for 20 years in all other cases. This period generally begins from the notification of the decision to register in the Fijais. However, if the individual is incarcerated, the retention period starts from the date of release. Information is removed earlier in certain circumstances, such as in the event of death, a judicial decision of dismissal, acquittal, or discharge, or if the public prosecutor decides to erase the data.

For minors, information is retained for 10 years, with the retention period generally starting from the notification of the registration decision. If the individual is incarcerated, the period begins upon release. As with adults, information is removed earlier in cases of death, judicial decisions of dismissal, acquittal, or discharge, or if the public prosecutor decides to erase the data.

Individuals who believe their registered information is inaccurate may request corrections through a formal process involving the Public Prosecutor of the last jurisdiction that ruled on their case. The prosecutor has two months to respond, or four months if an expert review is ordered. If the request is accepted, the correction is made in the register. If rejected, the individual may appeal the decision.

Requests for deletion of information are possible if its retention is no longer justified, but certain conditions must be met. Deletion is not possible if the data relates to an ongoing judicial proceeding, if the individual has not been rehabilitated, or if the measure leading to registration remains in bulletin no. 1 of the criminal record. Requests must be submitted in writing to the relevant public prosecutor, following the same procedural steps as correction requests.⁵¹¹

⁵¹¹ France. (17 December 2024). *Fichier des auteurs d'infractions sexuelles ou violentes (Fijais)*. Service-Public.fr. Retrieved from: [Fichier des auteurs d'infractions sexuelles ou violentes \(Fijais\) | Service-Public.fr](#). Last consulted on 14 February 2025.

2.2.13 GERMANY

Sex offender register?	Only offenders included?	Who has access?
There is no federal law mandating the registration of sex offenders. However, several German states have established their own central registries for individuals convicted of specific sexual offenses.	It depends on the state, but under KURS, only offenders convicted of specific serious sexual offenses who are under supervision are registered.	Local police departments in the offender's residing district have access to the registry. The registry is not public and is only accessible to law enforcement officials with a legitimate need for the data.

The German legal framework surrounding sex offender registration varies by state, as there is no federal law mandating the registration of sex offenders. However, several states, including North Rhine-Westphalia, have established central registries for individuals convicted of specific sexual offenses, using systems like KURS (Konzeption zum Umgang mit rückfallgefährdeten Sexualstraftätern). These systems are designed to assist in reducing recidivism by improving coordination and information sharing among different authorities, including the police, probation services, and forensic psychiatric services.

In states with established sex offender registries, offenders convicted of certain serious sexual offenses are required to be registered. This includes crimes such as sexual offenses against sexual self-determination, sexually motivated homicide, or offenses committed while intoxicated. Once convicted, individuals under supervision of conduct must report their personal information to the registry. This information is stored in a central database, which includes court decisions, probation conditions, risk assessments, and residential details, among other critical data.

Individuals are registered in the system after they have been convicted of a designated sex offense and are placed under supervision of conduct upon release from prison. The registration process occurs automatically as part of the conditions set out by the court. The system is focused on individuals who are under active supervision, ensuring that the authorities can closely monitor offenders and take necessary actions to prevent re-offending. The registry primarily tracks those who have been convicted and are under supervision, not those under mere suspicion of an offense.

The duration of an individual's registration in the system correlates with the length of their supervision, which typically lasts between two and five years. The registration ends when the supervision period concludes. Additionally, the registry retains a variety of information on the offenders, including sentencing details, risk assessments, and data from ongoing investigations that may indicate an increased risk.

Access to the registry is strictly controlled. Local police departments in the offender's residing district are authorized to access the registry. This information is not made public, ensuring that only law enforcement officials with a legitimate need for the data can view it. The registry is used to inform and guide the actions of the police in monitoring offenders and ensuring compliance with the conditions of their supervision.

Any updates or corrections to the data in the registry are based on new information that may emerge, such as findings from further investigations or changes in the offender's risk classification. This ensures that the information remains accurate and reflects the current risk posed by the individual.

The registry does not allow for automatic deletion of data. The information is retained for the duration of the offender's supervision, and it is removed once that period ends. In the case of an offender's application for early termination of their registration, the request would be evaluated based on the specific circumstances and risk assessment, which could lead to the removal of the offender from the registry.

The KURS system, as implemented in North Rhine-Westphalia, is a comprehensive measure designed to track sex offenders under supervision and mitigate the risk of recidivism. The database is an essential tool for local police to manage high-risk individuals, coordinating closely with probation and psychiatric services. Though

no national sex offender registry exists in Germany, these state-level systems play a critical role in monitoring and managing sex offenders post-release, thereby contributing to public safety and the prevention of further offenses.

Other established systems for managing sex offenders in Germany include the Haft-Entlassenen-Auskunfts-Datei-Sexualstraftäter (HEADS), used in Brandenburg, Bremen, and Thuringia; the Konzeption zum Umgang mit rückfallgefährdeten Sexualstraftätern (KURS), employed also in Lower Saxony, and Baden-Württemberg; the Risikomanagement für besonders rückfallgefährdete Sexualstraftätern (RiMS), which operates in Saxony-Anhalt; and the Kieler Sicherheitskonzept Sexualstraftäter (KSKS), utilized in Schleswig-Holstein, among others. Each of these systems serves a similar purpose.⁵¹²

⁵¹² Federal Research Division, Library of Congress. (2022). Sex offender registration and notification laws around the world: A report prepared under an interagency agreement with the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking, U.S. Department of Justice. Retrieved from: [Sex Offender Registration and Notification Laws around the World](#). Last consulted on 14 February 2025; Merk, B. (2007, May 21). Vorstellung der Sexualstraftäterdatei "HEADS": "Sexualstraftäter ziehen über Ländergrenzen" – Justizminister anderer Bundesländer zeigen sich interessiert. Retrieved from: [Vorstellung der Sexualstraftäterdatei "HEADS" / Justizministerin Merk: "Sexualstraftäter ziehen über Ländergrenzen" / Justizminister anderer Bundesländer zeigen sich interessiert](#). Last consulted on 14 February 2025; Justizministerium Nordrhein-Westfalen, Innenministerium Nordrhein-Westfalen, & Ministerium für Arbeit, Gesundheit und Soziales Nordrhein-Westfalen. (2010, January 13). Konzeption zum Umgang mit rückfallgefährdeten Sexualstraftätern in Nordrhein-Westfalen (KURS NRW) – Gemeinsamer Runderlass (4201 – III. 18, 4 – 62.12.03, III B 1 – 1211.4). Retrieved from: [SMBI Inhalt : Konzeption zum Umgang mit rückfallgefährdeten Sexualstraftätern in Nordrhein-Westfalen \(KURS NRW\) Gem. RdErl. d. Justizministeriums - 4201 – III. 18 -, d. Innenministeriums -4 – 62.12.03- u. d. Ministeriums für Arbeit, Gesundheit und Soziales -III B 1 – 1211.4- \(KURS\)\) v. 13.1.2010 | RECHT.NRW.DE](#). Last consulted on 14 February 2025; Breuer, O. (2017, July 20). Kieler Sicherheitskonzept Sexualstraftäter (KSKS) wird ausgeweitet – Justizministerin Sütterlin-Waack stellt Fortentwicklungen vor. Ministerium für Justiz, Europa, Verbraucherschutz und Gleichstellung (Schleswig-Holstein). Retrieved from: [Kieler Sicherheitskonzept Sexualstraftäter \(KSKS\) wird ausgeweitet - Justizministerin Sütterlin-Waack stellt Fortentwicklungen vor - Onlinenachrichten](#). Last consulted on 14 February 2025; Informationssysteme zur Überwachung rückfallgefährdeter Gewalt- und Sexualstraftäter. (2021, November 25). Retrieved from: [informationssysteme zur ueberwachung rueckfallgefaehrddeter gewalt 25.11.2021.pdf](#). Last consulted on 14 February 2025.

2.2.14 GREECE

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Law enforcement agencies, certain government organizations, and individuals applying for their own criminal record through the National Criminal Records portal.

Greece does not have a public sex offender registry. Instead, data on criminal convictions, including sexual offenses, are maintained in the Central Criminal Register, which is accessible to law enforcement agencies and certain government organizations.

The National Criminal Records portal provides information on criminal record issues from the First Instance Prosecutor's Offices and the Independent Criminal Records Department of the Ministry of Justice. The portal allows both citizens and public services to electronically apply for and receive copies of criminal records.⁵¹³

⁵¹³ National Criminal Records Portal. Retrieved from https://www.ncris.gov.gr/portal/page/portal/epm/epm_main. Last consulted on 14 February 2025; National Registry of Administrative Public Services. *Copy of Criminal Record*. Retrieved from: [Copy of Criminal Record - National Registry of Administrative Public Services](#). Last consulted on 14 February 2025.

2.2.15 HUNGARY

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, only for convicted offenders.	Parents and teachers (with digital identification).

In Hungary, a registry of sex offenders has been established and is accessible to the public under strict conditions. This measure was introduced as part of amendments to Hungary's child protection law, which were passed by parliament in June 2021. Since February 1, Hungarian adults who are responsible for minors, such as parents or teachers, can check whether an individual in contact with their child has a criminal record related to pedophilia.

To access the registry, users must undergo digital identification. The information obtained is legally required to be treated as confidential and can only be used to protect children in contact with the person in question. It is strictly prohibited to make the information public, copy it, or store it outside the registry. Any violation of these regulations can result in a prison sentence of up to two years.⁵¹⁴

⁵¹⁴ MTI-Hungary Today. (2022, February 2). Registry of Criminals with Pedophile Offences Made Accessible. Retrieved from: [Registry of Criminals with Pedophile Offences Made Accessible](#). Last consulted on 14 February 2025.

2.2.16 IRELAND

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, only convicted individuals of sexual offences, such as rape, sexual assault, or child sexual offences are registered; those merely suspected of those offences are not included.	The Sex Offenders Register is not publicly accessible. It is managed by An Garda Síochána, and information is shared only with relevant authorities involved in the monitoring and management of offenders to ensure public safety. In certain cases, information may be disclosed to specific individuals or organizations, such as schools or employers, when necessary to protect the public.

In the Republic of Ireland, the Sex Offenders Register is maintained by An Garda Síochána and records the personal details of individuals convicted of sexual offences, such as rape, sexual assault, or child sexual offences. Its primary purpose is to promote public safety by monitoring and managing sex offenders in the community.

Under the Sex Offenders Act, 2001, individuals are entered into the Sex Offenders Register upon conviction, sentencing, and/or release from prison for a sexual offence. The Act may also apply to offenders who travel to Ireland and were subject to registration requirements in their home country. Only convicted individuals are registered; those merely suspected of sexual offences are not included.

Individuals who are subject to the requirements of the Sex Offenders Act, 2001, must provide detailed personal information to An Garda Síochána. This includes their full name, any aliases or other names used, date of birth, and current home address. If they use a new name or change their address, they must report these changes within seven days. Additionally, they must provide information about their convictions, including the nature of the offence, the date of conviction, and the sentence received. If there are any changes in their circumstances—such as changes in employment, travel outside the state for more than seven days, or residing temporarily at another location—these must also be reported.

If an individual intends to leave Ireland for seven days or more, they are required to notify An Garda Síochána of their travel plans, including the destination and duration of their stay. If the travel duration is unexpectedly extended, they must report this within seven days.

Compliance with these reporting requirements is mandatory. Failure to provide accurate and timely information, or to notify An Garda Síochána of any changes, constitutes a criminal offence and may result in legal consequences, including imprisonment.

The duration of registration depends on the severity of the offence, ranging from five years to lifetime registration. The specific retention period is determined by the nature of the offence and the sentence imposed.

The Sex Offenders Register is not publicly accessible. It is managed by An Garda Síochána, and information is shared only with relevant authorities involved in the monitoring and management of offenders, ensuring public safety. In certain cases, information may be disclosed to specific individuals or organizations, such as schools or employers, to protect the public.

Registered individuals have the right to access their records and request corrections if the information is inaccurate or outdated. An Garda Síochána is responsible for processing these requests and ensuring that

the data is accurate and up-to-date. Information is deleted from the Sex Offenders Register once the registration period has expired, as specified under the Sex Offenders Act, 2001. In certain cases, individuals may apply for early removal if they can demonstrate rehabilitation and compliance with all legal requirements.⁵¹⁵

⁵¹⁵ Sex Offenders Act, 2001. (ISB Number 18 of 2001). Sex Offenders Act, 2001. Retrieved from: [Sex Offenders Act, 2001](#). Last consulted on 14 February 2025.

2.2.17 ITALY

Sex offender register?	Only offenders included?	Who has access?
No, there is not a sex offender register. Data on sex offenses is included in the national criminal record.	Yes, only convicted offenders are included.	Relevant authorities and judicial bodies, and individuals requesting their own criminal record certificates.

In Italy, there is no public sex offender register. Instead, information about individuals convicted of sexual offenses is maintained in the national criminal record system (Casellario Giudiziale), which is only accessible to the relevant authorities. There is no publicly accessible list of sex offenders.

The Italian criminal record system keeps track of judicial and administrative measures related to individuals, including criminal convictions, administrative sanctions, and pending charges. It provides different types of certificates, such as general criminal records, criminal certificates of good conduct, civil certificates of good conduct, and pending charges certificates. These documents cover irrevocable judicial actions related to criminal, civil, and administrative matters, as well as pending criminal proceedings. They are mainly used for administrative purposes, employment, migration, adoption, citizenship, and legal capacity verification.

Italian citizens and foreign residents can request these certificates to prove their criminal record history. Requests can be made at any court in Italy, except for the Pending Charges Certificate, which must be obtained from the court in the applicant's official residence area.⁵¹⁶

⁵¹⁶ Ministero della giustizia. Certificato casellario giudiziale e dei carichi pendenti richiesti dall'estero. Retrieved from: [Ministero della giustizia | Certificato casellario giudiziale e dei carichi pendenti richiesti dall'estero](#). Last consulted on 14 February 2025; Arletti Partners. (2025). Criminal Record Certificate Italy: types and validity. Retrieved from: [Criminal Record Certificate Italy: types and validity](#). Last consulted on 14 February 2025.

2.2.18 LATVIA

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, only convicted offenders.	Law enforcement agencies, educational establishments, custody courts.

In Latvia, there is a registry of convicted sex offenders, but public access to this information is currently limited. Currently, access to the registry is restricted to:

- Law enforcement agencies;
- Educational establishments;
- Custody courts.

The general criminal records system in Latvia contains information on individuals involved in criminal proceedings, including those who have been charged, convicted, or are under investigation. This information is primarily available to law enforcement authorities and is maintained by the Information Centre of the Ministry of the Interior.⁵¹⁷

⁵¹⁷ LETA. (15 January 2018). Justice Ministry wants to increase access to sex offender registry. Latvian Public Media. Retrieved from: eng.lsm.lv. Last consulted on 14 February 2025; The Baltic Times. (17 December 2018). Latvia to propose a public sex offenders register and chemical castration of paedophiles. Retrieved from: baltictimes.com. Last consulted on 14 February 2025; LETA. (15 January 2018). Justice Ministry wants to increase access to sex offender registry. Retrieved from <https://eng.lsm.lv>. Last consulted on 14 February 2025; Information Centre of the Ministry of the Interior. (2020, February 13). Register of offences. Retrieved from <https://www.vp.gov.lv>. Last consulted on 14 February 2025.

2.2.19 LITHUANIA

Sex offender register?	Only offenders included?	Who has access?
No, data on sexual offenses is included in the departmental register of criminal offenses.	Not applicable.	Law enforcement agencies, state and municipal authorities, legal entities, individuals (for their own records), and foreign governments upon request.

In Lithuania, there is no dedicated sex offender registry. Instead, Lithuania maintains a departmental register of criminal offenses, which was created in 2006 following a reorganization of the central criminal statistics database. The Department of Informatics and Communications, under the Ministry of the Interior, oversees the management of this register. The office responsible prepares official crime reports based on the register's data and provides information from the register to individuals, legal entities, law enforcement agencies, other state and municipal authorities, as well as foreign governments upon request.⁵¹⁸

⁵¹⁸ Minister of the Interior of the Republic of Lithuania. (2016, October 31). On the approval of the rules for the processing of data in the departmental register of criminal offenses (Order No. 1V-776). Vilnius. Retrieved from: [1V-776 On the approval of the rules for the processing of data in the departmental register of criminal offenses](#). Last consulted on 14 February 2025.

2.2.20 LUXEMBOURG

Sex offender register?	Only offenders included?	Who has access?
Not formally. There is however a minors bulletin for child sex offenses.	Yes, only convicted offenders are included.	Relevant authorities, judicial proceedings, and authorized employers/associations hiring for work with children.

Luxembourg does not have a public sex offender registry. Instead, there is a system for the registration of convicted sex offenders, which is strictly managed by the relevant authorities and is not accessible to the public. Data on criminal convictions, including sexual offenses, are processed by the appropriate governmental agencies and may be consulted in specific cases, such as during judicial proceedings or upon request by authorized authorities.

In Luxembourg, an extract from the criminal record is a document containing details from the national criminal record register. This document is used to check an individual's criminal background, and it shows whether a person has been convicted in the past. It is commonly used to provide proof of integrity, for example, when applying for certain professions or contracts. The criminal record register contains sentences pronounced by Luxembourg's criminal jurisdictions, as well as sentences from other EU Member States, which are automatically notified to the relevant national authorities via the European Criminal Records Information System (ECRIS). Extracts from the criminal record can be requested remotely (via internet, email, post, or fax) or in person at the Criminal Records Department in Luxembourg City. These extracts are issued free of charge to both natural and legal persons who request them and can also be provided to authorized administrations with the concerned person's prior approval.

Luxembourg currently does not plan to create a specific sex offender register, as stated by the Justice Minister. Instead, a minors bulletin is published, listing individuals convicted of child sex offenses. Employers or associations wishing to hire individuals to work with children may consult this bulletin. The minister explained that creating a specific register in addition to the judicial document would not offer any additional benefits. This bulletin only includes actual convictions, as the law presumes innocence until proven guilty.⁵¹⁹

⁵¹⁹ Guichet.lu. (12 October 2021). Extract from the criminal record of a natural person. Retrieved from: [Extract from the criminal record of a natural person - Guichet.lu - Luxembourg](#). Last consulted on 14 February 2025; Luxembourg Times. (2016, March 1). *No need for sex offender register in Luxembourg*. Retrieved from: [No need for sex offender register in Luxembourg | Luxembourg Times](#). Last consulted on 14 February 2025.

2.2.21 MALTA

Sex offender register?	Only offenders included?	Who has access?
Yes	<p>Not only. A person is subject to the notification requirements, if they are convicted of a scheduled offence, unless the Court deems it appropriate not to impose the notification requirements, based on the specifics of the case.</p> <p>Additionally, a person is subject to these requirements if they are found not guilty of such an offence due to insanity. The notification requirements also apply if a person is convicted of an offence not listed in Schedule I, but the Court considers them to be a threat or danger to the education, care, custody, welfare, or upbringing of minors and orders their registration in the Register.</p>	<p>Access to the register is strictly controlled, with only certain entities allowed to request information. Institutions or organizations employing individuals who work with minors must first seek court approval before hiring or assigning such individuals to a position.</p>

The Protection of Minors (Registration) Act, 2012 in Malta established the Malta Register, a system for the registration of individuals convicted of sexual offenses against minors. It provides a legal framework for post-conviction monitoring and the prevention of future harm to minors.

Under the Act, registration in the Malta Register is mandatory for any person convicted of a ‘scheduled offense’—sexual offenses against minors as outlined in Schedule 1 of the Act. These offenses include sexual abuse, exploitation, CSAM offences, and related crimes.

A person is subject to the notification requirements, if they are convicted of a scheduled offence, unless the Court deems it appropriate not to impose the notification requirements, based on the specifics of the case. Additionally, a person is subject to these requirements if they are found not guilty of such an offence due to insanity. The notification requirements also apply if a person is convicted of an offence not listed in Schedule I, but the Court considers them to be a threat or danger to the education, care, custody, welfare, or upbringing of minors and orders their registration in the Register.

The Malta Register holds information such as the offender's name, any aliases used, their date of birth, legally valid identification document or passport number, and their home address at the time of notification, along with any other address where the offender regularly stays. Offenders are required to notify the police within three days of any changes to their name, address, or status, such as being released from custody, and they must also update their details annually. Failure to comply with these notification requirements may result in legal consequences.

The registration period is influenced by the severity of the offense and the specifics of the conviction. Life imprisonment or being committed to a hospital leads to indefinite registration. Sentences longer than six months but shorter than 30 months result in 15 years of registration, while sentences of six months or less require 10 years. A conditional discharge or probation order leads to a 10-year registration, and in other instances, the registration lasts for five years.

The law requires offenders to notify the police every year about the details stored in the registry and within three days if their name or address changes, or if they are released from custody. The registry does not automatically expunge data; instead, it is reviewed based on the individual's circumstances and the severity of their crime.

Access to the register is strictly controlled, with only certain entities allowed to request information. Institutions or organizations employing individuals who work with minors must first seek court approval before hiring or assigning such individuals to a position. The court will review the request and may grant access to information in the register, including the individual's name and details of their criminal conviction. All requests for information must comply with data protection laws and be submitted to the Attorney General, who has seven working days to respond. The law also mandates that the court registrar keeps a record of all access requests. Voluntary organizations can check the register without paying the 500,00 EUR access fee, provided they do not directly employ individuals working with minors.

The Protection of Minors (Registration) Act, 2012 does not explicitly detail a process for requesting corrections to the information in the register. However, the law requires offenders to notify the authorities of any changes to their information, including name, address, or status. Offenders are also required to resubmit information annually, ensuring that the register remains up to date.

The law does not provide a specific mechanism for the deletion of information from the registry. The retention period for registration is determined by the sentence received, and offenders are obligated to provide annual updates and notify the police of any changes. In certain cases, the court may review the offender's registration status, particularly for those sentenced to indefinite registration. However, there is no automatic deletion of data after a specific time period, and the data may remain on file for as long as the individual is subject to registration requirements.⁵²⁰

⁵²⁰ Malta. (2012). Protection of Minors (Registration) Act, Chapter 518. Retrieved from: <https://legislation.mt/eli/cap/518/eng/pdf>. Last consulted on 14 February 2025.

2.2.22 NORWAY

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Law enforcement agencies and certain government organizations.

Norway does not have a sex offender registry. The Central Criminal and Police Information Register (SSP) is an essential tool for the police and prosecuting authority in Norway. It is used to register personal data related to preventive measures, investigations, and prosecutions. The register provides a comprehensive overview of various incidents and responses related to crime and punishment, including arrests, detentions, discharges, and the execution of sentences. It also contains important biometric data such as fingerprints, photos, DNA profiles, and descriptions of registered individuals' signals.

The SSP plays a vital role in maintaining law and order in Norwegian society by helping the police and prosecuting authorities effectively collect and organize critical information. This ensures proper identification of suspects and convicted individuals, supports thorough investigations, and facilitates fair trials. The SSP contributes to strengthening the rule of law and promoting security for citizens in Norway.

Criminal records are stored in registers related to sentences, including imprisonment, community sentences, and certain other decisions in criminal cases. The Criminal Register is established under the Criminal Registration Act and managed by the National Criminal Investigation Service. The register is used to process criminal cases and can also be used to issue police certificates. Additionally, there is a register of fines, which contains information on all fines imposed and is managed by the Norwegian National Collection Agency in Mo i Rana.⁵²¹

⁵²¹ Wulff, A. (2024, February 25). *The Central Criminal and Police Information Register (SSP) – Punishable*. Retrieved from: [The Central Criminal and Police Information Register \(SSP\) – Punishable](#). Last consulted on 14 February 2025; Politiet. (n.d.). Police certificate of conduct. Politiet.no. Retrieved from: [Police certificate of conduct - Politiet.no](#). Last consulted on 14 February 2025.

2.2.23 THE NETHERLANDS

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Law enforcement agencies and certain government organizations.

The Netherlands does not have a public sex offender registry. Instead, data on criminal convictions, including sexual offenses, are stored in the Judicial Documentation System. The Judicial Documentation System is a central registry managed by the Dutch Custodial Institutions Agency and is used by judicial authorities, such as the police, public prosecutors, and courts, to process sentences and legal procedures. In the Netherlands, there is also a system in which convicted sex offenders can be monitored or treated under specific conditions. This falls under the legislation of the measure of Placement in a Juvenile Institution and other judicial measures but does not exist as a public registry accessible to the wider public.

Since January 1, 2018, offenders convicted of serious violent or sexual offenses can be subjected to an independent surveillance measure, that aims to impose behavioral changes and restrict freedom. This type of measure was introduced by the Law on Long-Term Supervision. It is most commonly combined with conditional placement in a forensic psychiatric institution, though it may also be used with other modalities or combined with unconditional prison sentences and/or partially conditional prison sentences.⁵²²

⁵²² Nagtegaal, M.H., Fechner, E.A.E., Kool, J.K., & Varkevisser, T. (2022). *Zeden- en geweldsdelinquenten onder langdurig toezicht: Opleggingen en kenmerken van de Gedragsbeïnvloedende en Vrijheidsbeperkende Maatregel in 2020* (Factsheet 2022-2). Wetenschappelijk Onderzoek- en Documentatiecentrum. Retrieved from: [Zeden- en geweldsdelinquenten onder langdurig toezicht](#). Last consulted on 14 February 2025; Evocaat. (n.d.). *Alles wat u moet weten over het Centraal Strafregister, ook strafblad geheten*. Retrieved from: [Alles wat u moet weten over het Centraal Strafregister, ook strafblad geheten | Evocaat](#) Last consulted on 14 February 2025; Rijksoverheid. (n.d.). *Overzicht Justitiële Gegevens (strafblad) opvragen | Wetten en regelingen*. Retrieved from: [Overzicht Justitiële Gegevens \(strafblad\) opvragen | Wetten en regelingen | Rijksoverheid.nl](#). Last consulted on 14 February 2025.

2.2.24 POLAND

Sex offender register?	Only offenders included?	Who has access?
Yes.	No, the Register also includes individuals with conditionally discontinued proceedings, protective measures, and certain juveniles, not just convicted offenders.	The Restricted Access Register is available to authorized courts, law enforcement, government bodies, and employers hiring for positions involving minors. The Public Register is accessible to everyone.

The Register of Sexual Offenders is a system set up by the Minister of Justice, which consists of two distinct databases: one with limited access and another that is public. The primary role of the Register is to collect and store personal data on individuals convicted of or involved in sexual offenses. The Information Office, which is a part of the Ministry of Justice, ensures the proper maintenance and management of the Register. This office is tasked with processing personal data, securing it against unauthorized access, and assisting in matters related to data handling and complaints.

The Register with limited access in Poland collects data on individuals who have been convicted by a final judgment for offenses specified in Article 2, those whose criminal proceedings were conditionally discontinued for such offenses, individuals subjected to protective measures for these offenses, and juveniles who have been legally subjected to educational, correctional, or educational-therapeutic measures, or punished under Article 94 of the Juvenile Justice Act for criminal acts listed in Article 2, excluding Article 200 § 1 of the Criminal Code.

The Public Register, on the other hand, collects data on individuals from the limited access category if their legal classification involves Article 197(3)(2) or Article 197(3)(4) of the Criminal Code (e.g., rape of children and rape of children with extraordinary cruelty), or if they committed the offense after previously serving an unconditional prison sentence for the same type of offense, particularly if the crime was committed against a minor.

The Register with limited access in Poland collects detailed personal data from the National Criminal Register, including names, date and place of birth, citizenship, place of residence, and a facial image. It also records information about legal proceedings, such as the issuing authority, case details, legal classification of the offense, sentencing, probation, detention, conditional release, and measures related to juveniles and military service.

The Public Register contains similar information but excludes parents' names, the victim's age, the national identification number, and exact residence details, showing only the city of residence. Data is promptly entered into the Register, and the Minister of Justice oversees its secure and reliable transfer and updating.

Data collected in the Register is generally retained and cannot be removed unless legally mandated. Specific timeframes are set for the removal of certain data, such as after the completion of sentences, the granting of amnesty or pardon, or other similar legal events. For individuals who were juveniles at the time of their offenses, data may be removed after a certain period, typically when they reach adulthood or after certain legal events have concluded. In cases where individuals are deceased, their data is also removed from the Register upon receipt of confirmation of their death.

Access to the data in the Register is granted according to specific legal permissions. The Register with limited access can be accessed by authorized entities such as courts, law enforcement agencies, and specific government bodies, to perform their respective duties. These authorities are allowed to obtain information based on their ongoing investigations or for ensuring public safety. For example, employers who are hiring individuals for positions involving minors are required to check if the person's data is included in the Register

before proceeding with employment. The Public Register, in contrast, is publicly accessible, with data available through the Ministry of Justice's Public Information Bulletin.

If discrepancies are found in the data stored in the Register, such as errors in personal information or the legal classification of an offense, corrections are promptly made. The Information Office is responsible for investigating and confirming the accuracy of the data. If any discrepancies are found with data sourced from external registers, such as the national identification number or Identity Cards Registers, the Information Office will request confirmation and rectify the entries as needed. In some cases, the relevant details may not be made publicly available until the accuracy of the information is verified.

Data may be deleted from the Register upon legal orders or if the information becomes obsolete. For example, when a conviction is overturned, when a pardon is granted, or when the statute of limitations expires, the corresponding data will be removed. Similarly, when a minor offender reaches adulthood and has completed their rehabilitation, their records may also be deleted, provided they meet the legal requirements set forth by the law. This ensures that personal data is kept up to date and accurate, and only the most relevant information remains accessible to authorized parties.

This structure ensures that the privacy rights of individuals are respected while maintaining public safety and protecting minors from individuals with a history of sexual offenses.⁵²³

⁵²³ O przeciwdziałaniu zagrożeniom przestępczością na tle seksualnym, Ustawa z dnia 13 maja 2016 r. (2016, May 13). On counteracting the threat of sexual crime, Law of May 13, 2016. Dziennik Ustaw Rzeczypospolitej Polskiej (Dz. U.) [Journal of Laws of the Polish Republic], 16 June 2016, Item 862. Retrieved from: <https://rps.ms.gov.pl/en-US/Public#/law>. Last consulted on 14 February 2025; Kodeks Karny, Ustawa z dnia 6 czerwca 1997 (1997, June 6). Penal Code, Law of June 6, 1997. Dziennik Ustaw, 1997, No. 88, Item 553. Retrieved from: <http://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19970880553/U/D19970553Lj.pdf>. Last consulted 14 February 2025.

2.2.25 PORTUGAL

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, it applies to both national and non-national residents in Portugal who have been convicted of specific sexual offenses against minors.	Judicial magistrates, public prosecutors, investigative entities, international crime prevention organizations, the Directorate-General for Reinsertion and Prison Services, and the Committees for the Protection of Children and Youth. Citizens with parental responsibilities can request police confirmation without accessing the offender's identity or address.

The Criminal Identification Register of Convicted Sex Crimes against Sexual Self-Determination and Sexual Freedom of Minors was established in Portugal in March 2015. It records personal information, including the name, age, residence, and details of offenses committed by individuals convicted of sexual crimes against minors.

This Register operates under Law No. 103 of 24 August 2015 and applies to both national and non-national residents in Portugal who have been convicted of specific sexual offenses against minors. These offenses are detailed in Articles 171 to 176-B of the Penal Code and include child sexual abuse, sexual abuse of vulnerable minors, sexual acts with teenagers, exploitation of child prostitution, CSAM offences, recruitment of minors for sexual purposes, and organizing sex tourism involving minors.

The Register collects detailed personal information, including the full name, date and place of birth, residence, professional address, nationality, civil identification number, passport details, tax and social security numbers, and criminal record number. Convicted individuals are notified of their registration and informed of their rights, duties, and the consequences of noncompliance.

Data retention periods depend on the severity of the sentence. Information is retained for 5 years if the sentence involves a fine or imprisonment of up to one year, 10 years for sentences between one and five years, 15 years for sentences between five and ten years, and 20 years for sentences exceeding ten years. Registration is canceled once these periods expire, provided there are no new convictions or if the individual passes away.

Access to the Register is strictly controlled and limited to judicial magistrates and public prosecutors for criminal investigations, legal proceedings, sentence execution, and decisions on adoption, guardianship, and parental responsibilities. Investigative entities and international crime prevention organizations can also access this information within the scope of their duties, as can the Directorate-General for Reinsertion and Prison Services and the Committees for the Protection of Children and Youth for child safety concerns. Additionally, citizens exercising parental responsibilities may request police confirmation if they suspect a registered offender resides or frequents areas visited by their child. However, they are not granted direct access to the offender's identity or address.

Registered individuals have several obligations, including reporting their residence and professional address within 15 days of serving a sentence or release and confirming this information annually. They must also notify any change of residence within 15 days and communicate planned absences longer than 5 days. Noncompliance is punishable by imprisonment of up to 1 year or a fine, and authorities are informed within 8 days of any failure to comply.

Individuals registered in the system have the right to access their personal data and may request corrections, updates, or deletions if information is improperly recorded. The Register is designed to balance public safety with the rights of individuals, ensuring strict compliance with legal and security standards.⁵²⁴

⁵²⁴ Lei n.º 103/2015, de 24 de Agosto. (2015, August 24). Autodeterminação sexual e liberdade sexual de menor - Identificação criminal de condenados (versão atualizada). Retrieved from: [::: Lei n.º 103/2015, de 24 de Agosto](#). Last consulted on 14 February 2025.

2.2.26 ROMANIA

Sex offender register?	Only offenders included?	Who has access?
Yes.	No, the registry includes not only convicted offenders but also individuals who are under investigation or have been indicted for specific offenses. Additionally, Romanian citizens and foreign nationals convicted abroad for these offenses are registered if Romanian authorities are notified. Minors at the time of the offense are generally excluded unless a court orders otherwise.	Access to the registry is restricted to courts, prosecutors, police, and institutions in defense, public order, national security, or justice. Organizations working with vulnerable groups must request a 'certificate of behavioral integrity' for potential employees or volunteers. The Ministry of Internal Affairs manages the registry, with local police maintaining it and integrating it with other police databases.

The National Automated Register of Persons Who Have Committed Sexual Offenses, Exploited Persons, or Committed Offenses Involving Children in Romania is governed by a series of legal regulations, primarily Law No. 118/2019, which amends Law No. 76/2008 concerning the organization and functioning of the National System of Genetic Forensic Data. Additionally, Government Order No. 206/2020 extends deadlines related to the implementation of the law, while Government Regulation No. 127/2020 sets forth the required model forms for activities involving the registry.

Under this law, individuals who are convicted, under investigation, or indicted for certain offenses must be registered in the system. These offenses include human trafficking, child trafficking, pimping, exploitation for begging (including using a child for begging), sexual offenses such as rape, sexual assault, sexual intercourse with a minor, indecent liberties with a minor, recruiting minors for sexual purposes, sexual harassment, CSAM offences, incest, and other lewd behaviors that offend public morality. The law also mandates the registration of Romanian citizens and foreign nationals who are convicted abroad for these offenses, provided the Romanian authorities have been notified. Individuals who were minors at the time of committing an offense are typically excluded from registration unless specifically ordered by a court.

The data stored in the registry includes personal information such as the individual's full name, previous names, date and place of birth, national identification number, domicile, official ID number, sex, and citizenship. It also records details related to the offense, prosecution, indictment, sentence, execution of the sentence, and any pardons or rehabilitations. Additionally, offenders are required to provide biometric data, including photographs, fingerprints, and DNA samples, which are kept in the databases of the Romanian Police.

Registered offenders have specific obligations, including reporting to the local police station at least once every three months to provide information about their sources of income, employment, current address, children, vulnerable individuals they live with, and institutions frequented by children. They must also notify the police within three days of changing their address and inform the local authorities of any travel lasting more than 15 days, including destination, purpose, duration, and means of transport. Non-compliance with these obligations is considered a criminal offense, punishable by imprisonment or a fine.

Access to the registry is highly restricted. It is not open to the public, and access is limited to courts, prosecutor's offices, police, and other institutions within the defense, public order, national security, or justice systems. Public and private entities that work with vulnerable groups, including children, the elderly, and the disabled, must request a 'certificate of behavioral integrity' from potential employees or volunteers,

which indicates whether the individual is listed in the registry. The National Automated Registry is managed by the Ministry of Internal Affairs, with local police units maintaining the registry and ensuring its integration with other databases held by the Romanian Police.

An offender can be removed from the registry in certain circumstances, such as when the act is no longer considered a crime, the investigation is closed, charges are dropped, the defendant is acquitted, or criminal action is dismissed. Removal can also occur after 10 years if the sentence has been postponed or waived, or after 20 years for sentences less than five years. Additionally, an offender may be removed upon reaching the age of 85, if the sentence imposed was more than five years, or upon their death. However, individuals who have been pardoned, rehabilitated, or granted amnesty will not be removed from the registry.⁵²⁵

⁵²⁵ Legea Nr. 118/2019 privind Registrul național automatizat cu privire la persoanele care au comis infracțiuni sexuale, de exploatare a unor persoane sau asupra minorilor, precum și pentru completarea Legii nr. 76/2008 privind organizarea și funcționarea Sistemului Național de Date Genetice Judiciare. (2019). Monitorul Oficial, pt. I no. 522. Retrieved from: <http://legislatie.just.ro/Public/DetaliiDocumentAfis/215496>. Last consulted on 14 February 2025.

2.2.27 SLOVAKIA

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Not applicable.

Slovakia does not maintain a separate sex offender registry. Instead, the country utilizes a centralized criminal records system that encompasses information on all criminal convictions, including sexual offenses.⁵²⁶

⁵²⁶ Embassy of the Slovak Republic in Washington. (n.d.). Criminal record. Retrieved from: <https://www.slovakembassy.us> Last consulted on 14 February 2025.

2.2.28 SLOVENIA

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Not applicable. Institutions involved in education or childcare may request information on deleted convictions for offenses against minors.

Slovenia does not have a separate sex offender register. Instead, it maintains a central criminal records system. These records include information on natural persons and legal entities convicted in Slovenia, as well as Slovenian citizens convicted abroad. Only a general certificate of no criminal record can be obtained, as there is no certificate for specific offenses. If a person has been legally convicted, this will be reflected in the general certificate. Once a conviction is removed from the records, no one can access the deleted data. However, institutions involved in education or childcare may request information on deleted convictions for offenses against minors. Foreign citizens must obtain their criminal records certificate from their country of origin.⁵²⁷

⁵²⁷ Republika Slovenija eUPRAVA. (n.d.). Certificate from the criminal records. Retrieved from: <https://e-uprava.gov.si>. Last consulted on 14 February 2025.

2.2.29 SPAIN

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes, the register identities of individuals convicted of crimes against sexual freedom and indemnity, human trafficking, and the exploitation of minors.	Access to the registry is strictly limited to judicial and law enforcement authorities.

In Spain, the Central Register of Sex Offenders was established to support the Administration of Justice and to aid in the prevention of sexual offenses. It records the identities of individuals convicted of crimes against sexual freedom and indemnity, human trafficking, and the exploitation of minors. The registry contains detailed information, including DNA matching data, identity details, and sentencing records for all prior convictions. Registrants must provide DNA samples and maintain current identity and residence information.

Its purpose is to monitor and control offenders both within Spain and internationally. Additionally, the Spanish government collaborates with authorities in other EU Member States to facilitate the exchange of information.

Access to the registry is strictly limited to judicial and law enforcement authorities. Individuals seeking employment in professions involving regular contact with minors or vulnerable groups must provide a negative certificate from the Central Register of Sex Offenders, confirming that they have not been convicted of offenses such as sexual assault, sexual harassment, child exploitation, or human trafficking.

The duration of registration depends on the age of the victim and the severity of the offense, with a maximum of 30 years for offenses committed by adults against minors.

The Ministry of Justice oversees the registry's organization, access, and data management procedures, ensuring the protection of sensitive information while enabling effective monitoring and control of sex offenders.⁵²⁸

⁵²⁸ Ley 26/2015, de 28 de julio, de modificación del sistema de protección a la infancia y a la adolescencia. (2015). Boletín Oficial del Estado, No. 180, Sec. 1, Page 64544, 8470. Retrieved from: <https://www.boe.es/boe/dias/2015/07/29/pdfs/BOE-A-2015-8470.pdf>. Last consulted 14 February 2025; Real Decreto 1110/2015, de 11 de diciembre. (2015). Por el que se regula el Registro Central de Delincuentes Sexuales. Retrieved from: <https://www.boe.es/buscar/pdf/2015/BOE-A-2015-14264-consolidado.pdf>. Last consulted on 14 February 2025; Ley 26/2015, de 28 de julio, de modificación del sistema de protección a la infancia y a la adolescencia. (2015). Boletín Oficial del Estado, No. 180, 64544-64613. Retrieved from: <https://www.boe.es/eli/es/l/2015/07/28/26>. Last consulted on 14 February 2025.

2.2.30 SWEDEN

Sex offender register?	Only offenders included?	Who has access?
No, but there are general criminal records.	No, also includes suspects.	Swedish Police, Swedish Tax Agency, Swedish Customs, Swedish Prosecution Authority, courts, and certain employers.

In Sweden, there is no separate sex offender registry. Instead, information about individuals convicted of sexual offenses is included in the country's general criminal records system. The Swedish Police maintain a register containing data about individuals who have been convicted of a criminal offense or are suspected of committing one. This includes information on summary impositions of fines, fines for breaches of regulations, waivers of prosecution, and even judgments delivered by foreign courts.

Anyone can request an extract from their own criminal record. Ordering an extract is generally free of charge, although requests intended for use abroad may involve a fee. The criminal record and the suspicion register contain details about whether an individual is reasonably suspected of a crime or has received sanctions for one.

Access to the criminal records is limited to certain authorities, including:

- Swedish Police;
- Swedish Tax Agency;
- Swedish Customs;
- Swedish Prosecution Authority;
- The courts.

Additionally, extracts from the register are mandatory for individuals applying to work in preschools, schools, and several other similar workplaces. In some cases, other employers may also require job applicants to provide a register extract before employment.

The duration for which an offense remains on the criminal record depends on the severity of the sanction or sentence. This period ranges from a minimum of 3 years after a judgment to a maximum of 20 years after the sentence has been served.⁵²⁹

⁵²⁹ Polisen. (n.d.). Criminal record – request an extract. Swedish Police Authority. Retrieved from: <https://www.polisen.se/en/services-and-permits/criminal-record-request/>. Last consulted on 14 February 2025; Swedish Prosecution Authority. (n.d.). For suspects. Retrieved from: <https://www.aklagare.se/for-dokument-suspects>. Last consulted on 14 February 2025.

2.2.31 SWITZERLAND

Sex offender register?	Only offenders included?	Who has access?
No.	Not applicable.	Law enforcement agencies and relevant government organizations.

In Switzerland, there is no public national register for sex offenders. However, Swiss authorities maintain internal systems to register and monitor individuals convicted of sexual offenses. This information is primarily accessible to law enforcement agencies and relevant government organizations to ensure public safety.

In addition to internal monitoring systems for sex offenders, Switzerland has a criminal register (Strafregister/Casier judiciaire), managed by the Federal Office of Justice (Bundesamt für Justiz). This national register records criminal convictions, including those related to sexual offenses.⁵³⁰

⁵³⁰ Penalex. (n.d.). Le casier judiciaire. Retrieved from: <https://www.penalex.com/le-casier-judiciaire>. Last consulted on 14 February 2025; The Federal Authorities of the Swiss Confederation. (n.d.). Commande d'un extrait du casier judiciaire - Mode de commande. Retrieved from: <https://www.admin.ch>. Last consulted on 14 February 2025.

2.2.32 UK ENGLAND /SCOTLAND /WALES

Sex offender register?	Only offenders included?	Who has access?
Yes.	No, the registration includes not only individuals convicted of offenses listed in Schedule 3 of the Sexual Offences Act 2003, but also those that were found not guilty by reason of insanity, or deemed to have committed a listed offense due to mental disability.	Police, limited access for parents, guardians, and carers under the Child Sex Offender Disclosure Scheme.

In the UK, individuals convicted of offenses listed in Schedule 3 of the Sexual Offences Act 2003, or found not guilty by reason of insanity, or deemed to have committed a listed offense due to mental disability, are subject to notification requirements. Those cautioned for a listed offense in England, Wales, or Northern Ireland are also required to register.

Specific offenses in England and Wales include, but are not limited to, serious crimes such as rape, child sexual abuse, incest, indecent assault, possession of CSAM, sexual communication with a child, and offenses involving coercion and exploitation. These also include offenses by minors if the sentence involves at least 12 months of imprisonment or specific other child-related sexual offenses. In Scotland, the list includes offenses like rape, indecent assault, taking indecent photographs of children, sexual exploitation, and offenses of incest or sexual coercion, among others.

Offenders subject to notification must provide their details to the police. When any changes occur to their personal details—such as a change of address, name, or passport information—the offender must notify the police within three days of such changes. In Scotland, offenders are also required to report passport information changes within the same three-day window.

Offenders must maintain the accuracy of their registration by updating relevant personal details annually. They may provide updates by attending a local police station or notifying an authorized police officer. The registration period varies based on the severity and nature of the offense. Offenders who have been sentenced to life imprisonment or indeterminate sentences, or those found guilty of particularly severe offenses, are subject to indefinite notification periods. Those with shorter sentences may face registration for up to 7, 10, or 30 years, depending on their sentence length.

Information on the offender's registration includes crucial details such as their date of birth, National Insurance number, names and aliases, home and other regular addresses, and passport details (if applicable). This information is retained by the police to monitor offenders' movements and activities. The Child Sex Offender Disclosure Scheme in the UK allows parents, guardians, and carers to request information on individuals who may pose a risk to children, facilitating checks to identify registered sex offenders within a community.

The system ensures that offenders are required to notify the police about any changes to their personal details, ensuring the accuracy of the information stored in the registry. They must do so within three days of any changes. The duration for which an offender's information remains on the registry varies depending on the offense, with specific periods set out in the legislation. Offenders who have completed their registration period and are no longer required to be listed may have their data removed from the registry after the set period of retention expires. However, certain offenses, particularly those involving lifelong restrictions, result in indefinite registration.

In the UK, the structure of the Sexual Offender Register, and its related notification system is aimed at ensuring public safety while facilitating the monitoring and tracking of sex offenders. The registration system

incorporates strict requirements for offenders to update their details regularly, ensuring the accuracy and relevance of the stored data. At the same time, access to the register is allowed under specific circumstances, providing an additional layer of protection, particularly for those responsible for the care of children.⁵³¹

⁵³¹ Sexual Offences Act 2003 (United Kingdom), November 20, 2003. Retrieved from: <https://www.legislation.gov.uk/ukpga/2003/42/contents>. Last consulted on 14 February 2025; UK Government. (n.d.). Find out if a person has a record for child sexual offences. GOV.UK. Retrieved from: <https://www.gov.uk/guidance/find-out-if-a-person-has-a-record-for-child-sexual-offences#overview>. Last consulted on 14 February 2025; Police Scotland. (n.d.). The sex offender community disclosure. Police Scotland. Retrieved from: <https://www.scotland.police.uk/advice-and-information/child-abuse/the-sex-offender-community-disclosure/>. Last consulted on 14 February 2025.

2.2.33 UNITED STATES

Sex offender register?	Only offenders included?	Who has access?
Yes.	Yes (although certain plea deals may also result in registration).	Depends on the state, may depend (if applicable under state law) on the designated tier of the offence, or risk assessment result. Generally, significant amounts of information are publicly accessible.

All states and the District of Columbia maintain registries, and on the federal level, there is the National Sex Offender Public Website (NSOPW), which integrates data from various sources, including the state registries. These registries, which have existed for decades, aim to protect communities by notifying the public of potential risks posed by sex offenders. Hence, most information is broadly accessible to the public, unlike in most other countries in focus.

The Sex Offender Registration and Notification Act (SORNA) provides minimum requirements for sex offender registration and notification in the country.⁵³² Registration may include not only serious sexual offences, but also things like public urination.

The US system has faced criticism for its broad inclusion criteria and its emphasis on punitive rather than rehabilitative measures. For instance, in many US states, individuals who have not re-offended or who are suspected of being at risk of re-offending remain on the registry indefinitely. Questions have been raised not only about the fairness of registries, but their supposed effectiveness in promoting public safety, in particular through assigning risk tiers to classify offenders by likelihood of recidivism, has also been questioned, since they may have the effect of making rehabilitation and the successful reintegration of an offender in society much more difficult, thereby inadvertently increasing chances of recidivism.⁵³³ It is outside the scope of this report to fully analyze the complexity of the situation in the US, including classification of offenders and risk assessments for classification and registration but it provides an interesting point of comparison for the rest of the countries in focus.

⁵³² SMART (Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking) makes detailed information available on their website: <https://smart.ojp.gov/sorna/current-law>. Last consulted 14 February 2025.

⁵³³ See for an overview the Human Rights Watch report “No Easy Answers – Sex Offender Laws in the US (2007), available at <https://www.hrw.org/report/2007/09/11/no-easy-answers/sex-offender-laws-us>, last consulted 14 February 2025. See e.g. N. J. Freeman. and J.C. Sandler, “The Adam Walsh Act: A false sense of security or an effective public policy intervention?”, Criminal Justice Policy Review 21, 2010, p. 31-49; J.J. Prescott and J.E. Rockoff, “Do Sex Offender Registration and Notification Laws Affect Criminal Behavior?”, Journal of Law and Economics, Vol. 54, No. 1 (2011) and expanding article available at <https://www.cato.org/regulation/summer-2012/do-sex-offender-registries-make-us-less-safe>, last consulted 14 February 2025.

2.3 SCHEMATIC OVERVIEW OF RULES ON SEX OFFENDER REGISTRIES

Table 4: Schematic Overview of Rules on Sex Offender Registries

Country or jurisdiction	Sex offender register?	Only offenders included?	Who has access?
Australia	Yes.	Yes, only offenders are included.	Police, selected individuals (employers, landlords, school/childcare administrators) and organizations (schools, childcare centers) under exceptional circumstances.
Austria	No, but there is a centralized criminal record system.	Not applicable.	Only the applicant, employers (for specific roles involving minors or vulnerable individuals).
Belgium	No.	Not applicable.	Judicial authorities, police and intelligence services, authorized administrative bodies, citizens (via local authorities), and foreign authorities.
Bulgaria	No register exists. A National Register of Pedophilia is under development.	Not yet implemented.	Limited to law enforcement agencies, authorities, and relevant organizations involved in child protection.
Canada	Yes.	Yes. The registry includes individuals who have been convicted of a designated sex offence, as well as those who have been released from custody, or released pending an appeal. It also includes individuals required to report international travel, especially child sex offenders who must	Access to the National Sex Offender Registry Database is strictly restricted to police agencies. These agencies can access offender data through provincial or territorial centers. In certain cases, international police forces may receive information, but only under specific

		notify the registry of any international travel, regardless of duration.	conditions outlined in the Sex Offender Information Registration Act (SOIRA).
Croatia	Yes	Yes, only convicted offenders.	Courts, police, State Attorney's Office.
Cyprus	Yes	Yes, registration in the registry is mandatory for individuals convicted of specific sexual offenses against children, including sexual abuse, sexual exploitation, CSAM offences, solicitation of children for sexual purposes, and advertising opportunities for child sex tourism. The law does not permit registration based on suspicion alone; a formal conviction is required.	It is maintained and administered by the police and is not accessible to the public. However, employers hiring for positions involving frequent contact with children must request a certificate confirming that prospective employees are not listed in the registry.
Czechia	Planned, but postponed.	Yes, both newly convicted offenders and those convicted before the law takes effect. For severe crimes (e.g., child rape), registration is automatic. For less serious offenses, courts can impose registration as a protective measure.	Not explicitly stated, but likely entities responsible for child safety (e.g., employers in education, childcare, and sports organizations) will have access through the 'children's certificate'.
Denmark	No, Denmark does not have a public sex offender register. Criminal convictions, including sexual offenses, are stored in the Central Criminal Register.	No, the register stores information about charges and decisions made in criminal cases, including criminal convictions and details of cases that are of importance to police.	Law enforcement agencies and certain government organizations have access to the Central Criminal Register. Individuals can only request their own criminal records, and public authorities may access it for specific purposes.
Estonia	No.	Not applicable.	Access is granted through the Criminal Records Database. The right to obtain information about an individual's criminal record (obtaining data from the archives of

			the database) is limited to the person themselves, legal representatives for the data of a minor, and various governmental entities (e.g. prosecutor's office), as well as employers in specific cases.
Finland	No.	Not applicable.	Access is regulated under the Criminal Records Act and is primarily for imposing and enforcing criminal sanctions. It can also be used to assess an individual's reliability or suitability.
France	Yes.	No, also individuals suspected of committing sexual or violent offences.	Judicial authorities, law enforcement officers authorized to conduct investigations under the supervision of the public prosecutor and the general prosecutor, as well as under the control of the investigative chamber. Additionally, prefects and authorized officials from certain administrative bodies involved in recruitment for specific positions, such as regional education services, may access the file. Authorized officers of a penitentiary registry responsible for monitoring the obligations of individuals registered in the Fijais are also permitted to consult it.
Germany	There is no federal law mandating the registration of sex offenders. However, several German states have established their own central registries for individuals convicted of specific sexual offenses.	It depends on the state, but under KURS, only offenders convicted of specific serious sexual offenses who are under supervision are registered.	Local police departments in the offender's residing district have access to the registry. The registry is not public and is only accessible to law enforcement officials with a legitimate need for the data.

Greece	No.	Not applicable.	Law enforcement agencies, certain government organizations, and individuals applying for their own criminal record through the National Criminal Records portal.
Hungary	Yes.	Yes, only for convicted offenders.	Parents and teachers (with digital identification).
Ireland	Yes.	Yes, only convicted individuals of sexual offences, such as rape, sexual assault, or child sexual offences are registered; those merely suspected of those offences are not included.	The Sex Offenders Register is not publicly accessible. It is managed by An Garda Síochána, and information is shared only with relevant authorities involved in the monitoring and management of offenders to ensure public safety. In certain cases, information may be disclosed to specific individuals or organizations, such as schools or employers, when necessary to protect the public.
Italy	No, there is not a sex offender register. Data on sex offenses is included in the national criminal record.	Yes, only convicted offenders are included.	Relevant authorities and judicial bodies, and individuals requesting their own criminal record certificates.
Latvia	Yes.	Yes, only convicted offenders.	Law enforcement agencies, educational establishments, custody courts.
Lithuania	No, data on sexual offenses is included in the departmental register of criminal offenses.	Not applicable.	Law enforcement agencies, state and municipal authorities, legal entities, individuals (for their own records), and foreign governments upon request.

Luxembourg	Not formally. There is however a minors bulletin for child sex offenses.	Yes, only convicted offenders are included.	Relevant authorities, judicial proceedings, and authorized employers/associations hiring for work with children.
Malta	Yes.	Not only. A person is subject to the notification requirements, if they are convicted of a scheduled offence, unless the Court deems it appropriate not to impose the notification requirements, based on the specifics of the case. Additionally, a person is subject to these requirements if they are found not guilty of such an offence due to insanity. The notification requirements also apply if a person is convicted of an offence not listed in Schedule I, but the Court considers them to be a threat or danger to the education, care, custody, welfare, or upbringing of minors and orders their registration in the Register.	Access to the register is strictly controlled, with only certain entities allowed to request information. Institutions or organizations employing individuals who work with minors must first seek court approval before hiring or assigning such individuals to a position.
Norway	No.	Not applicable.	Law enforcement agencies and certain government organizations.
The Netherlands	No.	Not applicable.	Law enforcement agencies and certain government organizations.
Poland	Yes.	No, the registry also includes individuals with conditionally discontinued proceedings, protective measures, and certain juveniles, not just convicted offenders.	The Restricted Access Register is available to authorized courts, law enforcement, government bodies, and employers hiring for positions involving minors. The Public Register is accessible to everyone.

Portugal	Yes.	Yes, it applies to both national and non-national residents in Portugal who have been convicted of specific sexual offenses against minors.	Judicial magistrates, public prosecutors, investigative entities, international crime prevention organizations, the Directorate-General for Reinsertion and Prison Services, and the Committees for the Protection of Children and Youth. Citizens with parental responsibilities can request police confirmation without accessing the offender's identity or address.
Romania	Yes.	No, the registry includes not only convicted offenders but also individuals who are under investigation or have been indicted for specific offenses. Additionally, Romanian citizens and foreign nationals convicted abroad for these offenses are registered if Romanian authorities are notified. Minors at the time of the offense are generally excluded unless a court orders otherwise.	Access to the registry is restricted to courts, prosecutors, police, and institutions in defense, public order, national security, or justice. Organizations working with vulnerable groups must request a 'certificate of behavioral integrity' for potential employees or volunteers. The Ministry of Internal Affairs manages the registry, with local police maintaining it and integrating it with other police databases.
Slovakia	No.	Not applicable.	Not applicable.
Slovenia	No.	Not applicable.	Not applicable. Institutions involved in education or childcare may request information on deleted convictions for offenses against minors.
Spain	Yes.	Yes, the register identities of individuals convicted of crimes against sexual freedom and indemnity, human trafficking, and the exploitation of minors.	Access to the registry is strictly limited to judicial and law enforcement authorities.

Sweden	No, but there are general criminal records.	No, also includes suspects.	Swedish Police, Swedish Tax Agency, Swedish Customs, Swedish Prosecution Authority, courts, and certain employers.
Switzerland	No.	Not applicable.	Law enforcement agencies and relevant government organizations.
UK (England / Scotland / Wales)	Yes.	No, the registration includes not only individuals convicted of offenses listed in Schedule 3 of the Sexual Offences Act 2003, but also those that were found not guilty by reason of insanity, or deemed to have committed a listed offense due to mental disability.	Police, limited access for parents, guardians, and carers under the Child Sex Offender Disclosure Scheme.
United States	Yes.	Yes (although certain plea deals may also result in registration).	Depends on the state, may depend (if applicable under state law) on the designated tier of the offence, or risk assessment result. Generally, significant amounts of information are publicly accessible.

2.4 KEY FINDINGS

A significant number of countries have sex offender registries (e.g., Australia, Canada, Croatia, Cyprus, France, Latvia, Malta, Poland, Portugal, Romania, Spain, the UK, and the US), while others, including many European countries like Austria, Belgium, Denmark, and Slovenia, either do not maintain separate public sex offender registers or have centralized criminal record systems instead. Some countries, such as Bulgaria, are in the process of developing such systems, or have temporary alternatives, like the minors bulletin in Luxembourg.

For countries with established registries, access to the information is often highly controlled. Authorities such as police, judicial bodies, and specialized organizations (e.g., employers working with children or vulnerable individuals) are typically allowed access. In some cases, access is granted to the public or certain citizens, such as in Poland, where a public register exists in addition to a restricted access one. In the UK and the US, there are strict rules limiting access to police or specific authorities, with certain exceptions for parents or guardians (e.g., under the Child Sex Offender Disclosure Scheme in the UK). Countries like Belgium and Luxembourg provide specific access to local authorities or relevant organizations involved in child protection or employee vetting, in particular for jobs working with children.

In addition, many registries, such as those in Canada, France, and Spain, include individuals who have been convicted of specific sexual offenses, while some countries, e.g. France, Poland and Romania, may also include broader categories, such as people with temporarily discontinued proceedings or those with pending charges, suspects or persons under supervision.

The majority of countries maintain a restricted registry, often accessible only to law enforcement or specific authorized parties (e.g., employers in sectors related to children's welfare). Only a few jurisdictions, like Poland and the UK, provide limited public access to certain sex offender information, under specific circumstances.

To address inconsistencies in the implementation of sex offender registries across the EU, it could be beneficial to explore the possibility of establishing more uniform guidelines or other measures to harmonize the approach of Member States. Such measures might include common standards for registry criteria, which types of persons and data to be included, data retention periods, and access controls, while also ensuring the protection of privacy rights and supporting the rehabilitation of offenders. Limiting access to sex offender registries to judicial and law enforcement authorities, as acknowledged already in Recital 43 of Directive 2011/93/EU, may be an effective way to protect privacy and reduce stigmatization and to better support the reintegration of ex-offenders.

Maintaining or introducing procedures for reviewing and possibly removing individuals from registries after a period of non-reoffending is also important, as this may support the rehabilitation and reintegration of ex-offenders. In addition, complementing registry systems with evidence-based rehabilitation programs aimed at reducing recidivism could be beneficial. These programs might include psychological support, monitoring, and tailored reintegration services to meet the specific needs of individuals on the registry.

Finally, regularly evaluating sex offender registry systems might help assess their effectiveness in protecting public safety as well as their impact on privacy rights and reintegration efforts. A data-driven approach could provide valuable insights to guide future policies and legislative reforms. In this regard, recent work by ECPAT on this topic may provide valuable insights and guidance.⁵³⁴

⁵³⁴ '(Child) Sex Offender Registry: Working Paper' and 'Technical considerations for the development of (child) sex offender registries', available at [\(Child\) Sex Offender Registry: Working Paper - ECPAT](#) (last accessed 14 February 2025).

3 CONCLUSION

This deliverable has attempted to map the Member States' approach to people who fear they might offend against children, including people with a sexual interest in children, primarily covering two topics corresponding to potential motivators for people not to come forward and seek help, i.e. the fear of ending up "in the system" for admitting the problematic sexual interest. The first topic, presented in the first section looks at the legal framework for mandatory reporting and more generally the breach of professional secrecy/confidentiality in relation to practitioners working with people who fear they might offend against children, including people with a sexual interest in children. The second topic concerns sex offender registries, how they work, who ends up in them and who has access to the data contained within them. The analysis covered all Member States, as well as Australia, Canada, Switzerland, Norway, the UK, and the US for a comparative angle.

In section 1, the analysis on the legal frameworks on mandatory reporting has found very divergent understandings of when a mental health service provider may, should or must breach confidentiality when working with people who fear they might offend against children, including people with a sexual interest in children. All legal frameworks seem to agree that the legal trigger for reporting must relate to a person presenting additional risk, e.g. through their behavior, statements or admissions, that indicate their intent to commit a criminal offense related to children or that indicates that they may have already committed such an offense. There is however strong disagreement on the level of risk required for breaching confidentiality and reporting a situation to dedicated services or authorities (including child protective services and law enforcement), implying disagreement on the optimal combination of indirect and direct child protection by protecting the therapeutic confidentiality as long as possible, while breaching it when needed. There are also notable differences in the scope of the reporting obligations, if any, i.e. to whom they apply and to whom a report must be made.

The analysis of the legal frameworks and the answers provided by respondents to the practitioners' questionnaire have highlighted that more guidance or a type of protocol may be useful to guide practitioners in exercising their discretion on when specific triggers defined in the law are present in a given scenario, and which steps must be taken before and as part of the reporting possibility, right or obligation. It has also revealed that more clarity is needed on legal protections for reporters in general, and the use of anonymous reporting mechanisms in particular. Uncertainty in these areas may result in professionals either overreporting or underreporting based on the legal framework applicable to them. Neither scenario is a desirable outcome.

Every country has defined, whether specific to child protection or not, a specific point at which practitioners may, should or must report. Given the significant divergence, it seems unlikely that all differences in the law are truly justified because of objective differences, and hence it seems unlikely that all national solutions are equally effective, which may leave children at risk more in certain countries than in others, and equally may leave persons seeking help discouraged unnecessarily more in certain countries than in others. Policymakers are invited to compare their national legal system with others to see what they learn from other countries.

Generally, a more evidence-based approach could help to define the best solution and to bridge the gap between legal requirements and practical application, e.g. in the form of a common protocol (or requirements for a common protocol) ensuring that professionals can effectively fulfill their role of reporting when necessary to protect children at risk without unnecessary breaches of confidentiality. More evidence collection and research should be carried out both on the national and EU level to underpin the legal framework and to help define policies and detailed guidance (e.g. in the form of a common protocol with flowcharts).

Ideally, a minimum standard would be set at the EU level, either through legislative intervention or by defining guidance or a common protocol on the EU level, to define the circumstances under which reporting is mandatory, when discretion remains appropriate, and what protections should apply to professionals who report in good faith (including from a practical angle, e.g. answering the question how to facilitate safe

reporting including where appropriate through dedicated anonymous reporting options). Given the strong national divergence, this however does not seem very likely in the short to medium term.

In the meantime, however, the EU could aim to promote and support additional efforts for more defined, evidence based policies, guidance and a common protocol at the national level. Even if 'only' at the national level, clearer guidelines could ensure that reporting requirements do not vary significantly between regions or professional sectors, thereby promoting greater uniformity in practice. Additionally, more clarity regarding the possibility of anonymous reporting and the legal protections for reporters would at least serve to ensure that professionals, within the national framework applicable to them, in practice observe the right balance intended by the national legislator and are not deterred from reporting out of concern for legal or professional repercussions.

The EU might also consider funding and supporting more overarching efforts on the EU level, and sharing of best practices, experiences and information between Member States to create more awareness and provide EU and national stakeholders with more evidence to work with towards a more harmonized approach in the future.

Generally, policymakers should consider how to measure and ensure through appropriate guidance that practitioners in their jurisdiction are not overly eager to report or overly cautious in reporting because they fear professional (e.g. reputational damage, lose their license, dismissal etc.) or legal consequences (e.g. criminal sanctions). Legal systems with very broad discretion risk underreporting while legal systems with very strong mandatory reporting obligations risk overreporting. Both concerns and tendencies have been observed in the practitioners' questionnaire and the reasoning provided by respondents.

Ultimately, policymakers must aim to strike a careful balance between two essential objectives: ensuring an effective reporting system that safeguards children when needed, while also preserving sufficient discretion to prevent the needless breach of confidentiality, undermining necessary therapeutic interventions. Overly strict reporting rules may discourage individuals from seeking help, increasing the risk of offenses, whereas excessive discretion and too much focus on confidentiality may lead to failure to report in situations where intervention is necessary.

For what concerns section 2, the analysis highlights inconsistencies in sex offender registries, including public accessibility, inclusion criteria, and cross-border information exchange. These differences underline the need for a more coherent approach across the EU, regarding in particular defining common standards for registry criteria, which types of persons and data to be included, data retention periods, and access controls, while also ensuring the protection of privacy rights and supporting the rehabilitation of offenders.

Overall, the report aims to provide an in-depth overview of relevant legal elements concerning the approach of the Member States and selected third countries (Australia, Canada, Switzerland, Norway, the UK, and the US) to people who fear they might offend against children, including people with a sexual interest in children, who seek to access mental health and prevention services in the EU and fear they might face negative consequences for engaging with such services and admitting/engaging with their problematic thoughts or (sexual) interest(s).

The analysis is aimed at practitioners (or organizations of practitioners), in order for them to be able to communicate accurately and truthfully with potential clients/patients about the level of confidentiality that can be offered, and when confidentiality legally may or even must be broken; and at policymakers, to draw conclusions on how in particular their national legal framework may encourage or discourage people to get help.

Clarity on the legal framework for stakeholders and clear and honest communication about this may encourage individuals to come forward, realizing that admitting a problematic interest in itself is completely legal and should not lead to "ending up in the system" (e.g. through reporting to a children protection agency, law enforcement, or registration in a sex offender registry). It is only when a person presents additional risk that such duties could or should apply.

As it stands, with the exception of a couple of overreporting worries in the practitioners' questionnaire, the existing framework allows for prevention and mental health support efforts with the target group of people who fear they might offend against children, including people with a sexual interest in children.

Still, as described above, providing authoritative practical guidance (including e.g. common protocols) and generally clarifying more concretely how the legal framework should be applied on the national level, may help solve some of the disagreement and confusion in practice, which may lead to overreporting or underreporting, and generally reporting behavior that is inconsistent with the applicable legal framework.

In addition, efforts on the EU level to define a more harmonized and coherent approach to this topic would be welcomed. Recognizing the current significant divergence between Member States, such efforts could consist of the EU funding additional research, and funding and promoting initiatives to share best practices, experiences and information between Member States, and would help to create more awareness and provide EU and national stakeholders with more evidence to work towards a more harmonized approach in the future.

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ANNEX 1: FULL SURVEY QUESTIONNAIRE



Survey

Scenarios on Reporting and Discretion in Therapy Sessions

Study acronym:	2PS
Funding:	EU Commission - Civil Security for Society (Grant Agreement Nr. 101073949)

Informed Consent

Dear participant,

You are cordially invited to participate in the anonymous survey which is part of our larger efforts in the 2PS project.

The 2PS project is an EU funded project (2022-2025) committed to raising awareness about the importance of preventive actions and increasing access to support services and therapy to help deter individuals who have a sexual interest in children and those who are at risk of offending against children (hereinafter the 'target group').

In that regard, the 2PS project works with several experts with different backgrounds who provide support and services to the target group. More information about this project can be found on the [website](#).

With this survey, we aim to provide a comprehensive overview of the discretion applied by health and prevention professionals across EU countries, the EEA, as well as Australia, Canada, Switzerland, the UK, and the US when deciding to report individuals of the target group they encounter during their professional activities.

Discretion here refers to the freedom professionals believe to have when interpreting and applying national legislation and legal principles regarding the reporting of individuals of the target group considering specific circumstances (e.g. could watching online CSAM be enough to meet the national legal requirement 'suspicion' for reporting?).

If you decide to participate in this survey, you will be asked to complete the consent form after which you will be directed to the survey itself. In the survey, we will:

1. Request some demographic data including your country of profession as well as your professional activities and years of experience in this field;
2. Ask about your knowledge of the existing national rules and legal principles regarding the reporting of individuals of the target group;
3. Present five different case studies and ask you questions on the reporting of individuals of the target group.

Through your answers, we hope to gain valuable insights regarding the reporting requirements in your jurisdiction and measure the discretion exercised by healthcare and prevention professionals when deciding whether to report individuals of the target group.

We kindly ask you to carefully review the provided information for the informed consent below. Should you have any questions or require further clarification, please do not hesitate to reach out to us at [email]. Please note that anonymity can no longer be guaranteed in that case.

Information on the 2PS Survey

Your participation in this survey is entirely voluntary. There are no adverse consequences for not participating, and you may stop the survey at any time without providing justification. Stopping the questionnaire is as simple as closing the survey link.

Should you find any questions unsettling, you can leave them open. However, mandatory questions marked with a red asterisk (*) at the beginning of the question require a response and cannot be left unanswered. You will receive no compensation for your participation.

This survey is conducted in an anonymous manner, with no request for information like names or other identifying information. No specific answers will be referenced as part of processing the results for our research purposes and when writing about these results in the legal report of the 2PS project, in aid of which this survey is conducted.

For this purpose, we use the EUSurvey tool, an online tool developed by the European Commission and supported by the ISA program. This tool has the required set-up to secure the survey and guarantees the privacy of the participants as no access is given to the connection data of the participants. The IP of every connection is only saved by EUSurvey tool for security reasons for every server request. See therefore their [privacy statement](#) on the protection of personal data.

We will use the results of the survey, as well as provide analysis per country. In addition, we may share such results with the 2PS research partners or when publishing an article in a scientific journal. With results we mean the answers received in the survey without identifying information.

You can withdraw your consent at any stage during the survey. If you decide to withdraw your consent to participate in this survey, no data will be added to the database. The rights associated with identifiable data, such as information access and deletion, cannot be exercised due to the anonymous nature of the survey.

Consent

Hereby, I confirm that I have been clearly informed about the research purposes of the survey and that:

- ☐ **I consent to participating in the 2PS survey.**
- ☐ **I consent to the processing of the data I provide in this survey in order to fulfill the research objectives of the 2PS project, as set out above.**

Survey

DEMOGRAPHIC AND PROFESSIONAL BACKGROUND

Country of practice:	
Professional expertise:	<input type="radio"/> Psychologist or therapist <input type="radio"/> Doctor or other health professional <input type="radio"/> Social worker <input type="radio"/> Hotline counselor <input type="radio"/> Other
	If other, please specify:
Years of experience:	<input type="radio"/> 0-5 years <input type="radio"/> 5-10 years <input type="radio"/> 10-20 years <input type="radio"/> 20-30 years <input type="radio"/> More



KNOWLEDGE OF LEGISLATION ON REPORTING

- * Are you aware of specific legislation or regulations regarding reporting individuals with a sexual interest in children and those who are at risk of offending against children in your country or jurisdiction?
 - Yes
 - No
 - I don't know
- * Are you aware of specific legislation or regulations for healthcare and/or prevention professionals regarding reporting individuals with a sexual interest in children and those who are at risk of offending against children in your country or jurisdiction?
 - Yes
 - No
 - I don't know
- * Is there a reporting obligation for healthcare and/or prevention professionals of individuals with a sexual interest in children and those who are at risk of offending against children in your country or jurisdiction in certain situations?
 - Yes
 - No
 - I don't know
- If there is no reporting obligation for healthcare and/or prevention professionals, is there a possibility to report individuals with a sexual interest in children and those who are at risk of offending against children in your country or jurisdiction in certain situations?
 - Yes
 - No
 - I don't know
- Did you ever receive training or information on the reporting of individuals with a sexual interest in children and those who are at risk of offending against children in your country or jurisdiction in certain situations?
 - Yes
 - No
 - I don't know
- As per your experience, do healthcare and/or prevention professionals actively use the tools of reporting individuals with a sexual interest in children and those who are at risk of offending against children in your country or jurisdiction?
 - Yes
 - No



- ☐ I don't know

If yes, please specify those tools: _____

SCENARIOS ON DISCRETION IN THERAPY SESSIONS

Task: Presented below are four cases that may trigger a reporting obligation. In each of these cases, you, as a healthcare or prevention professional, must carefully determine at your own discretion whether the circumstances warrant reporting, considering the national rules on reporting in your country. This survey will take between 15-20 minutes of your time.

Case 1

As part of your work, you have a session with a client, Dan. Dan is 37 years old and identifies as male. He is seeking to get help with his trauma-related depression and what he describes as persistent sexual feelings and fantasies towards boys between the ages of 7 and 10. He says he feels a connection with them that he does not feel with his peers. He asserts that he will never engage in sexual activity with a child because he knows it is illegal and harmful. Despite claiming he has never viewed it, he has fantasized about the imagery, contemplated actively searching for it, and questioned whether there is any harm in watching what he describes as 'child pornography'.

- *** Would you report in this situation given the national rules in your country?**
 - ☐ Yes
 - ☐ No
 - ☐ I don't know

- *** Why do you report in this situation? Or why don't you report?**

- **Who do you or your superior report to?**
 - ☐ Child Protection Services
 - ☐ Police
 - ☐ Public Prosecutor's Office
 - ☐ Other

If other, please specify: _____

- **Can reporting be done anonymously?**
 - ☐ Yes
 - ☐ No
 - ☐ I don't know
 - ☐

- **If reporting cannot be done anonymously, is there immunity from sanction for the reporter?**
 - ☐ Yes
 - ☐ No
 - ☐ I don't know

Case 2

Dan returns to you a week later and elaborates on his fantasies toward boys between the ages of 7 and 10. Although he communicated last week that he had never viewed, what he calls 'child pornography', Dan does now admit that he has watched it in the past and that he in those moments has resorted to self-pleasuring behaviour. He claims again that he will never engage in sexual acts with a child because he knows it is illegal and harmful.

- *** Would you report in this situation given the national rules in your country?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- *** Why do you report in this situation? Or why don't you report?**

- **Who do you report to?**

- ☐ Your superior
- ☐ Child Protection Services
- ☐ Police or Public Prosecutor's Office
- ☐ Other

If other, please specify: _____

- **Can reporting be done anonymously?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- **If reporting cannot be done anonymously, is there immunity from sanction for the reporter?**

- ☐ Yes
- ☐ No
- ☐ I don't know



Case 3

At the end of your conversation, Dan begins to make comments suggesting that he thinks it is not so wrong for adults and children to have sex if the child loves or has a good relationship with the adult and would enjoy engaging in sexual activities with them. According to him, the fact that children would not understand the sexual component of certain acts should not be an obstacle if the child himself would consent to and appreciate these activities. According to him, people should not be too quick to judge situations they are not familiar with. He also says that this opinion does not prevent him from actively seeking contact with children.

- *** Would you report in this situation given the national rules in your country?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- *** Why do you report in this situation? Or why don't you report?**

- **Who do you report to?**

- ☐ Your superior
- ☐ Child Protection Services
- ☐ Police or Public Prosecutor's Office
- ☐ Other

If other, please specify: _____

- **Can reporting be done anonymously?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- **If reporting cannot be done anonymously, is there immunity from sanction for the reporter?**

- ☐ Yes
- ☐ No
- ☐ I don't know

Case 4

After further questioning Dan, Dan admits that years ago he kissed and touched the genitals of a child who was nine. He states that he does regret this now since in retrospect the child turned out to be troubled by the acts. On the other hand, he also states that he did not have such a good relationship with that child and that this probably would have been different if they had had a loving relationship and that in such cases it might not have been so wrong. Dan takes as an example his nine-year-old neighbour boy who is always very happy when he sees Dan and who enjoys it when Dan gives him hugs.

- *** Would you report in this situation given the national rules in your country?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- *** Why do you report in this situation? Or why don't you report?**

- **Who do you report to?**

- ☐ Your superior
- ☐ Child Protection Services
- ☐ Police or Public Prosecutor's Office
- ☐ Other

If other, please specify: _____

- **Can reporting be done anonymously?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- **If reporting cannot be done anonymously, is there immunity from sanction for the reporter?**

- ☐ Yes
- ☐ No
- ☐ I don't know

Case 5

The following week, Dan returns to you and reveals that he was contacted by one of the parents on Facebook while thinking he was chatting with their 8-year-old son online. He informs you that the parents are accusing him of grooming their child but have taken no further action. Dan expresses disbelief at the parents' threat, considering it is absurd. He insists that he has a very good relationship with the child and continues to have regular contact with him, even seeing the child regularly at the after-school program where he volunteers twice a week.

- *** Would you report in this situation given the national rules in your country?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- *** Why do you report in this situation? Or why don't you report?**

- **Who do you report to?**

- ☐ Your superior
- ☐ Child Protection Services
- ☐ Police or Public Prosecutor's Office
- ☐ Other

If other, please specify: _____

- **Can reporting be done anonymously?**

- ☐ Yes
- ☐ No
- ☐ I don't know

- **If reporting cannot be done anonymously, is there immunity from sanction for the reporter?**

- ☐ Yes
- ☐ No
- ☐ I don't know



BONUS: ANONYMOUS THERAPY

- **To what extent does your country or state offer anonymous treatment options to the target group?**
- **In your opinion, what are the primary benefits or opportunities of offering anonymous treatment?**
- **In your opinion, what are the primary risks or downsides of offering anonymous treatment, including any legal or ethical issues?**
- **If you were to make recommendations to decision-makers, what would you advise regarding the provision of anonymous treatment to the target group? Should anonymity be offered or not?**