



Mapping Legislation on Mandatory Reporting in the Asia Pacific Region

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Introduction

Mandatory reporting is the obligation placed on adults, especially service providers such as medical professionals, to report an incident of violence to investigation authorities. Essentially the rationale for mandatory reporting comes from a crime prevention perspective and is meant to support detection and investigation of crime, protection of victims, and access to the justice system. The belief is that by making this process visible and consistent, crime will eventually be deterred.

When mandatory reporting laws are implemented for gender-based violence, however, service providers who provide direct assistance to survivors have reported observing negative effects and outcomes, including decreased help-seeking behaviour, feelings of re-traumatization, loss of confidentiality, feelings of disempowerment, and subsequent incidents of retributory physical, sexual, psychological, or economic violence from perpetrators or communities.

As a first measure toward understanding the implications and consequences of mandatory reporting in cases of gender-based violence, the Asian Forum of Parliamentarians on Population and Development (AFPPD) commissioned a regional mapping exercise to identify where legal mandates for it are in effect. An experienced consultant was engaged, with technical supervision provided by the United Nations Population Fund (UNFPA), Asia and Pacific Regional Office.

The mapping included a review of the literature on mandatory reporting for intimate partner violence and sexual violence. In consideration of variations across contexts for determination of age of consent, child sexual abuse reporting laws were also included. The relevant laws identified from each country were reviewed and an [index](#) of legal provisions, authorities, and available evidence was developed. The index was circulated to UNFPA Country Offices in the Asia Pacific region and consultations were held with UNFPA GBV teams in Bangladesh, Cambodia, China, India, Iran, Maldives, Mongolia, Myanmar, Philippines, Sri Lanka and Vietnam.

Review of literature

There is research evidence that women are likely to not access healthcare if the requirement for mandatory reporting is enforced. Most of the research to date focuses on high income contexts; significant barriers are created in these environments by mandatory reporting, even if better-resourced health, justice, and police sectors are assumed. Therefore, the data from these studies has been included in this report as indicative of the survivor experience when choice about reporting is taken from her.

A study conducted across humanitarian contexts in four undisclosed countries in the Global South consulted public officials, law enforcement, medical providers, civil society, and survivors on the impact of mandatory reporting of sexual violence and concluded that it

discourages survivors from seeking healthcare. Negative effects of mandatory reporting were linked to some factors that are not exclusive to humanitarian situations, including a high level of stigmatisation by communities, risk of secondary violence from perpetrators and family, and shortcomings within criminal justice and healthcare systems. Mandatory reporting requirements also impose ethical dilemmas on healthcare practitioners who have professional codes that require patient confidentiality, privacy and consent (British Red Cross, 2019).

In 1994, the United States passed the Violence Against Women Act (VAWA), which encouraged several states to adopt the policy of mandatory reporting to law enforcement, with the hope that this would help to curb violence against women. However, the literature shows that strong criticism has been levelled against such reporting. A report published by a centre providing services to survivors of date rape found that teenagers are reluctant to report their experience because they fear unwanted disclosure of their personal information, and this has discouraged young women from seeking prenatal, reproductive and sexual healthcare. The report also warns that health professionals themselves are becoming increasingly reluctant to provide services to such teenagers as they are constantly in a conflict about reporting cases, on the one hand, and fulfilling their role as carers, on the other (Ciarlante, 2008). In a survey in California, which has provisions for mandatory reporting, at least one in two physicians reported that they did not comply with mandatory reporting if the patient objected (Rodriguez et al, 2000). Yet according to a review undertaken in 2012, in other cases the fear of penalties may lead stakeholders responsible for reporting to routinely comply even in questionable cases or where it is not required, creating an unnecessary burden on services (Jagadeesh N. et al, 2017).

Survivors who consented to participate in a qualitative survey in the United States revealed that of the 61 participants, 60 did not support mandatory reporting by health care providers to the police until a number of system-level changes to build health and police capacity and better protect survivors' safety have occurred (Sullivan et al, 2005).

A 2023 mixed methods study of 2462 survivors surveyed through the National Domestic Violence Hotline in the United States reported that 35 per cent of survivors did not tell even one person (personal relationship or service provider) about the violence because of fears that their information would be shared with authorities. Common fears were perpetrator retaliation, loss of family income, and involvement with the criminal justice system. Of survivors who received warnings from a service provider that they were mandated reporters, 60.7 per cent said the warning changed what information they shared, subsequently affecting the services they were able to obtain. For survivors who reported being subjected to mandatory reporting, 51.2 per cent stated the experience made the situation much worse and 11.9 per cent said it made things a little worse. Only 1.8 per cent stated that mandatory reporting had made their situation much better (Lippy et al, 2019).

Analysis of the Child welfare Act of Canada indicates that mandatory reporting of child abuse does not in fact ensure protection of children and may in fact put children at a greater risk of social injury (Walters, D 1995). 62.5 per cent of adults who had been sexually abused as

children strongly stated that they would never find mandatory reporting acceptable (Arpan, 2017). Of 44 articles included in a review of mandatory reporting for child abuse, 14 per cent described positive experiences, while negative experiences were reported in 73 per cent of articles, including 13 articles (30 per cent) that reported negative child outcomes, such as when the child was removed from harm, but the foster care environment was worse than the family-of-origin environment, or child death following a report or after being removed from the family of origin. (McTavish, J. et al 2017). (Note: Rejection of mandatory reporting is not rejection of child protection; extensive guidance is available on protocols for protecting child abuse survivors through implementation of the “best interests of the child” approach, including recognition of the different levels of decision-making capacity and maturity among adolescent survivors.)

There is no evidence to date that mandatory reporting has the effect of reducing gender-based violence. The studies reviewed in this report indicate instead that survivors perceive it as a barrier to access services, feel it as a violation of their confidentiality and autonomy, and fear that it potentially poses a threat to their and their children’s safety.

Mandatory reporting provisions in the Asia Pacific region

Laws pertaining to sexual violence, intimate partner/domestic violence, and child sexual abuse in Bangladesh, Cambodia, China, India, Indonesia, Iran, Lao PDR, Malaysia, Maldives, Mongolia, Myanmar, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor Leste, and Vietnam were collected, indexed and reviewed for mention or implication of mandatory reporting requirements. In some locations as noted on the index, information was obtained on secondary-level direction for mandatory reporting (i.e. standard policies and procedures) but full exploration and mapping of these materials across all countries was not within the scope of this study. Where available, country-level data has also been provided in the index on the rate of help-seeking behaviour by GBV survivors.

Sexual violence and child sexual abuse

In all countries, sexual violence is treated as a crime against the state. All those who report rape, therefore, enter the criminal justice system since the offence of rape is part of the penal code in all countries in the region.¹ Some countries have introduced penalties, particularly for health care providers, for non-compliance with mandatory reporting of rape laws. In some contexts, providers have sought to find acceptable practices to remain within the law while not subjecting the survivor to an involuntary report:

¹ Afghanistan is the sole exception, as of the enactment of the 2009 Ending Violence Against Women Act which established the right of the survivor to choose whether to report to police. Current implementation and enforcement status of this Act is unclear.

- Bangladesh makes a distinction between reporting and notification. Police are notified of cases in aggregate numbers, omitting identifying information on individual cases when survivors prefer not to report.
- In India, the Ministry of Health and Family Welfare has issued guidelines that recommend health care providers to document “informed refusal” as a mechanism to respect patient autonomy when doctors are mandated to report to police.

In cases of child sexual abuse, all countries mandate service providers, teachers, and health care providers to report.

Domestic violence/Intimate partner violence

Eight countries (Cambodia, China, Lao PDR, Malaysia, Maldives, Mongolia, Sri Lanka, Timor Leste) require some level of reporting (by actors ranging from the general public, to public servants, to specific providers such as healthcare staff) in cases of domestic violence. In Cambodia (2005) and Maldives (2012), mandatory reporting laws are often not put into practice and health care providers focus only on the provision of medical care without attention to the source of the injury. Mongolia has established a penalty for not reporting domestic violence (2016). China introduced mandatory reporting for domestic violence (2015). Sri Lanka established mandatory reporting in law (2019) but it is not fully in practice; police desks at hospitals are informed and statements taken but if the survivor does not wish to proceed that is respected. In Timor Leste, mandatory reporting applies to public servants but does not compel private or civil society actors to comply (2010).

Eight countries (Bangladesh, India, Indonesia, Iran, Pakistan, Philippines, Thailand, Vietnam) have not mandated health care providers to report domestic violence to the police. The laws in Bangladesh, India, Iran, Philippines, Thailand and Vietnam clearly mention the role of health care providers to provide free medical care, documentation, and information about available services, with no direction to report further on the nature of the case consulted. The law in the Philippines mentions the need to respect survivor confidentiality. The domestic violence law in Vietnam stresses privacy, confidentiality, and safety of survivors and states that it is up to survivors to decide whether they want to report or not.

In some contexts, while mandatory reporting is not in effect by statute, it is in practice due to the establishment of policies and procedures, e.g. in health sector standard operating procedures. In Pakistan, access to state-run women’s shelters for GBV is available without mandated reporting based on law, but due to the insistence of the judiciary, a policy has been established that requires survivors to appear before the court in order to obtain safe shelter.

Other factors that can have the same effect (non-mandated but routine reporting) are ambiguity about decision-making on behalf of survivors in the course of providing emergency medical care; providers choosing to report based on their beliefs about what is best for an adult survivor; a lack of a legal framework defining survivors’ rights; and statutory language

that does not make sufficient distinction between ensuring that duty-bearers are aware of their obligation to offer services versus their authority to compel survivors to accept them.

Suggested next steps

Research

- Commission research on the implications and consequences of mandatory reporting in Asia Pacific countries to bring contextual analysis that expands on current studies primarily focused on the global North.
- Support and strengthen country-level assessments that raise the issue for consideration. For example, Mongolia has carried out an assessment of health facilities that clearly identifies mandatory reporting as a matter of concern.
- Use satisfaction surveys with survivors engaged in a case management relationship with a service provider to ask safely and confidentially about their experiences with mandatory reporting.
- Clarify the potential for mandatory reporting to be addressed as part of human rights review modalities under the Universal Periodic Review process.

Engagement

- Engage with government ministries providing GBV services on development of survivor-centered reporting policies to the extent possible under the law and enlist service providers as allies in protecting patient choice. For example, in Cambodia, China, and Mongolia there are current opportunities to support health protocol development for GBV care. This could offer opportunities to engage health care providers on nuanced approaches that focus on risk assessment and safety planning.
- Track periodic review of mandatory reporting laws in countries to mobilize support for reform and conduct timely advocacy with policy makers.
- Raise awareness about concerns with mandatory reporting amongst stakeholders including government, women's groups, legal organizations, academic institutions, and civil society.

Innovation

- Explore approaches that facilitate a survivor's consideration of whether to report without forcing an immediate choice. As an example, Denmark has developed a healthcare-based model that provides comprehensive care, including forensic medical examination and psychological counselling, to survivors of sexual violence regardless of whether they choose to report the case to police or not. If a survivor chooses not to report, the examination and forensic evidence collection is performed by staff using a different funding stream (reported cases are paid for with police funding). The forensic material is collected in accordance with

national requirements and preserved for three months, to allow time for the survivor to fully consider her options, before being destroyed if she still declines to report (Bramsen, et al).

Recommendation

Global guidance on addressing GBV recommends against mandatory reporting of cases involving adult survivors. Legal frameworks that compel such reporting can have the unintended consequence of discouraging GBV survivors from help-seeking behaviour. International standards and guidance on mandatory reporting can be found in the following resources, among others:

The Essential Services Package for Women and Girls Subject to Violence. 2015. Endorsements: UNFPA, UN Women, WHO, UNDP, UNODC. *Prohibit mandatory reporting of individual cases among coordinating agencies except in cases of immediate danger, child victims or special vulnerability. Mandatory reporting of violence against women to the police by health service providers is not recommended. All essential services must be delivered in a way that protects the woman's or girl's privacy, guarantees her confidentiality, and discloses information only with her informed consent, to the extent possible.*

Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. 2013. World Health Organization. *Mandatory reporting of intimate partner violence to the police by the health-care provider is not recommended. However, healthcare providers should offer to report the incident to the appropriate authorities (including the police) if the woman wants this and is aware of her rights.* (Section 6.3)

Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming. 2019. Endorsements: UNFPA, IRC, UNICEF, Mercy Corps, IOM, Care, UNHCR, WHO, Irish Consortium on GBV, Plan International, IMC, IFRC, Intersos, Norwegian Church Aid, OXFAM, UN Women, WRC, IPPF, the Alliance for Child Protection, Global Protection Cluster, and GBV and Child Protection Areas of Responsibility. *Respect for the survivor's dignity and self-determination requires GBV programme actors to be non-judgmental of a survivor's choices and uphold her right to choose, including when she decides to decline support services. The principle of respect for the survivor's decision-making shifts power back into her hands, respects her resilience and her understanding of her own situation, and supports her journey to recovery (Standard 1: GBV Guiding Principles). Although mandatory reporting is often intended to protect survivors [...] in the case of adults, mandatory reporting impinges on their autonomy and ability to make their own decisions. It also raises safety concerns as women may experience retaliation, fear losing custody of their children or face legal consequences (e.g. in countries where extramarital sex is illegal). (Standard 4: Health Care for GBV Survivors) [Mandatory reporting] can also result in actions that are not in the best interests of the survivor. For example, mandatory reporting of cases of sexual violence or intimate partner violence to the police can put the*

survivor at great risk of harm from the perpetrator, family members or community members.
(Standard 6: GBV Case Management)

UN Committee on Economic, Social and Cultural Rights (CESCR) General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12).

2000. Issues of public health are sometimes used by States as grounds for limiting the exercise of other fundamental rights. The Committee wishes to emphasize that the Covenant's limitation clause, article 4, is primarily intended to protect the rights of individuals rather than to permit the imposition of limitations by States. [...] Such restrictions must be in accordance with the law, including international human rights standards, compatible with the nature of the rights protected by the Covenant, in the interest of legitimate aims pursued, and strictly necessary for the promotion of the general welfare in a democratic society. In line with article 5.1, such limitations must be proportional, i.e. the least restrictive alternative must be adopted where several types of limitations are available. Even where such limitations on grounds of protecting public health are basically permitted, they should be of limited duration and subject to review.

UNFPA stands in consensus with other UN agencies and GBV subject matter experts in advocating for a survivor-centered approach to service provision, meaning that the survivor is empowered with full information and support as she determines whether, when, and to whom it is in her best interests to report an incident of GBV.

In keeping with global best practices, UNFPA recommends that States (i) review statutory requirements establishing mandatory reporting for adult survivors of GBV; (ii) identify all policies, administrative orders, and subnational legislation in place to effectuate mandatory reporting; and (iii) undertake the relevant legal reform and workforce capacity building necessary to ensure survivors of GBV are not subject to involuntary reporting but are supported in reaching the health, psychosocial, justice, and protection services of their choice.

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COUNTRY	NAME OF REGULATION	AUTHORITY/TYPE OF REGULATION	CATEGORY	PROVISIONS	ENFORCEMENT AGENCY/ INFORMATION	EFFECT ON GBV SURVIVORS	HELP SEEKING BEHAVIOR	COMMENT
		Internat'l agreement; national laws, policies; executive/administrative orders	General VAW or specific to violence within a population or service area, e.g. health, people with disabilities, migrants, LGBTQ+	Summary of what law requires pertaining to reporting GBV incidents	If penalties/enforcement is stated, include; otherwise collect experience from UNFPA CO/ps			
BANGLADESH	The Domestic Violence (Prevention and Protection) Act defines domestic violence as physical abuse, psychological abuse, sexual abuse or economic abuse against a woman or a child of a family by any other person of that family with whom victim is, or has been, in family relationship. It also regulates the duties and responsibilities of police officers, enforcement officers, and service providers (chapter 3); the rights of the victim and remedies (chapter 4); the disposal of application, trial, and appeal (chapter 5); and offence and punishments (chapter 6). -The Penal Code, 1860 CHAPTER XVI Punishment for rape 376. Whoever commits rape shall be punished with 2 [imprisonment] for life or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine, unless the woman raped is his own wife and is not under twelve years of age, in which case he shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both. President Rape375. A man is said to commit "rape" who except in the case hereinafter excepted, has sexual intercourse with a woman under circumstances falling under any of the five following descriptions: Firstly, Against her will. Secondly, Without her consent. Thirdly, With her consent, when her consent has been obtained by putting her in fear of death, or of hurt. Fourthly, With her consent, when the man knows that he is not her husband, and that her consent is given because she believe Abdul Hamid signed an ordinance Tuesday amending the Act to include the death penalty for perpetrators of rape along with the existing highest punishment of a life-term with rigorous imprisonment.	National Law	General legislation to protect women from domestic violence Legislation to punish Perpetrators of rape	National Action plan for multi-sectoral coordination-Article 9. The nearest authorities in charge have the duty to urgently intervene in case domestic violence occurs or is likely to occur in order to prevent and protect the victims. During the intervention, the authorities in charge shall make a clear record about the incident and then report it immediately to the prosecutors in charge. Unofficial translation by the GTZ-Promotion of Women's Rights Final DV LAW after King sign English version.doc 5 Article 10. In the purpose to prevent domestic violence and protect the victims, the officials of the Ministry of Women's Affairs who work in the fields regulated under this law shall obtain the legal qualification as the judiciary police and can act as the complaining party instead of the victims in accordance with the penal procedures in effect. Article 11. In case of the absence of the officials who have already earned the legal qualification as the judiciary police, other officials in charge including police officers, police agents, Royal Gendarmerie, local authorities in commune/Sangkat, officials of the Ministry of Women's Affairs as well as village chiefs who have intervened to prevent domestic violence and protect the victims shall be empowered under this law to make a record to the court. This record has also the same value as the record made by judiciary police officials. Article 12. In performing their duty, the authorities in charge as stated under the above mentioned Article 9, Article 10 and Article 11 shall comply with the procedures defined in the provisions of this law and the penal procedures in effect. Taking into account the alarming escalation of SGBV during the lockdown for covid pandemic in Bangladesh, the government quickly responded to the demand raised from various tiers of society and human rights activists and elevated the level of punishment	Ministry of Women and Children Affairs, Ministry of Law & Justice, Bangladesh Police -Ministry Law, Parliament and Justice (lead), MoHFW (support)-Health sector response to gender based violence has been integrated with the Essential health care of the country. It refers to the following activities and services: 1. Development of a protocol for health care providers on health sector response to gender based violence and obtained high court endorsement on this in due course. 2. Two (2) circulars from health services division, MoHFW to create mandatory provisions for GBV services at all health facilities 3. Designated and self-explanatory examination forms for female and male survivors 4. Customized register to capture GBV service data 5. Dedicated referral forms 6. GBV service data is included and being reflected into the DHIS 2 7. Survivor kit box distributed to health facilities for on spot service delivery for a survivor 8. A web based module on Clinical Management of Rape (CMR) has been developed and available at public domain to enable health care providers accessing quick references 9. Capacity development for the health care providers on health sector response to gender based violence	Under this law, DV is not acknowledged as a criminal offense. Mediation has suggested here where survivor has to negotiate most of the time. The survivor needs to register a DV case in the magistrate court which is overcrowded instead of family court where maintaining confidentiality is a serious concern. Therefore, fewer numbers of DV cases have been reported under this legislation. In addition, Survivors are not allowed to get legal remedies under this law if they divorce during the prosecution. High court division of supreme court passed a verdict on banning of TFF and widespread training for health care providers on health sector response to gender based violence.	72.7% of women had never disclosed intimate partner violence before the VAW survey. Bangladesh Report on Violence Against Women (VAW) Survey 2015	No mandatory reporting for DV but mandatory reporting for rape and child sexual abuse-child less than 14 years. Adolescent sexuality criminalised. A distinction between notification and reporting is being made through the MIS system.
CAMBODIA	The Prevention of Domestic Violence and Protection of Victims (2005) law provides protections for women, children, and other dependents living in a household.	Legal Protection Guidelines for Women's and Children's Rights in Cambodia • Minimum Standards for Mediation as a Response to Violence Against Women		Legal Protection Guidelines for Women's and Children's Rights in Cambodia. Article 9. The nearest authorities in charge have the duty to urgently intervene in case domestic violence occurs or is likely to occur in order to prevent and protect the victims. During the intervention, the authorities in charge shall make a clear record about the incident and then report it immediately to the prosecutors in charge. (Unofficial translation by the GTZ-Promotion of Women's Rights Final DV LAW after King sign) Article 10. In the purpose to prevent domestic violence and protect the victims, the officials of the Ministry of Women's Affairs who work in the fields regulated under this law shall obtain the legal qualification as the judiciary police and can act as the complaining party instead of the victims in accordance with the penal procedures in effect. Article 11. In case of the absence of the officials who have already earned the legal qualification as the judiciary police, other officials in charge including police officers, police agents, Royal Gendarmerie, local authorities in commune/Sangkat, officials of the Ministry of Women's Affairs as well as village chiefs who have intervened to prevent domestic violence and protect the victims shall be empowered under this law to make a record to the court. This record has also the same value as the record made by judiciary police officials. Article 12. In performing their duty, the authorities in charge as stated under the above mentioned Article 9, Article 10 and Article 11 shall comply with the procedures defined in the provisions of this law and the penal procedures in effect. • Minimum Standards for Mediation as a Response to Violence Against Women. Article 9. The nearest authorities in charge have the duty to urgently intervene in case domestic violence occurs or is likely to occur in order to prevent and protect the victims. During the intervention, the authorities in charge shall make a clear record about the incident and then report it immediately to the prosecutors in charge. Article 10. In the purpose to prevent domestic violence and protect the victims, the officials of the Ministry of Women's Affairs who work in the fields regulated under this law shall obtain the legal qualification as the judiciary police and can act as the complaining party instead of the victims in accordance with the penal procedures in effect. Article 11. In case of the absence of the officials who have already earned the legal qualification as the judiciary police, other officials in charge including police officers, police agents, Royal Gendarmerie, local authorities in commune/Sangkat, officials of the Ministry of Women's Affairs as well as village chiefs who have intervened to prevent domestic violence and protect the victims shall be empowered under this law to make a record to the court. This record has also the same value as the record made by judiciary police officials. Article 12. In performing their duty, the authorities in charge as stated under the above mentioned Article 9, Article 10 and Article 11 shall comply with the procedures defined in the provisions of this law and the penal procedures in effect.		In practice, MR is for children-child is less than 18 years. medical officers ask UNFPA whether they should report DV or not. So although law mandates reporting of DV, in practice that is not the case. No consensual sexual contact out of marriage. Age of marriage is 11 years for girls.	48.6% of women had never disclosed intimate partner violence before the VAW survey. National Survey on Women's Health and Life Experiences in Cambodia, 2015.	Mandatory reporting for all service providers for all forms of violence but HCPs not mentioned in law. The UNFPA report indicates that HCPs only provide medical care. There are no guidelines issued by the department of health. Opportunity to create guidelines in consonance with WHO recommendations.
CHINA	In December 2015, China introduced the first law on domestic violence, the "Anti-Domestic Violence Law", clearly stipulating that China prohibits any form of domestic violence. To prevent domestic violence is a shared responsibility of the state, society and every family. The scope of application extends to violence between people who live together but are not family members. The law stipulates the mechanism of prevention, punishment and victim assistance, including mandatory reporting system, warning system, personal safety protection order and its application system	National Law		Article 14 of the Law Against Domestic Violence stipulates that schools, hospitals, residents' committees, villagers' committees and other organizations have the obligation to report domestic violence to the public security organs (police) Article 14: Where schools, kindergartens, medical establishments, residents' committees, villagers' committees, social work service organizations, relief management organizations, welfare organizations or their employees discover in the course of their work that a person lacking civil capacity or with limited civil capacity has suffered domestic violence or might have suffered domestic violence; they shall promptly report it to a public security organ. Public security organs shall preserve the confidentiality of those making reports.	No penalties mentioned for MR (https://www.chinalawtranslate.com/en/Domestic-Violence-Law-2015/)	A report published by Save the Children International and China Philanthropy Research Institute in 2021 found that there is approximately 45% of social workers and 30% of child directors have not heard of the mandatory reporting system, while only 18% of social workers and 26% of child directors have a good understanding or are very familiar with the mandatory reporting system. (report in Chinese only and available at http://www.bnu1.org/show_2284.html) In 2013, the "Opinions on Punishing Crimes of Sexual Abuse against Minors", jointly issued by the Supreme People's Court, the Supreme People's Procuratorate, the Ministry of Public Security, and the Ministry of Justice, was the first specific regulation on the mandatory reporting system in China. In 2015, the Anti-Domestic Violence Law was the first law to include provisions for mandatory reporting at the legal level. In 2020, the newly revised "Law on the Protection of Minors" incorporated mandatory reporting into the legal system for the protection of minors. Another research conducted by Shanghai University Law School in 2021 showed that the number of cases filed and prosecuted through mandatory reporting accounted for only about 2.97% of the total number of prosecutions for crimes against minors. (study in Chinese only and available at http://kb.cyu.edu.cn/zxqk/gqml/202201/W020220107603648426649.pdf)	Among women who experienced non-partner rape or attempted rape, 28 percent never sought help. Only 10 percent of women who had experienced partner violence reported to health workers and 7 percent reported to the police. Research on Gender-based Violence and Masculinities in China: Qualitative Findings 2013	MR for DV introduced in 2013 until then it was for minors and trafficked women. Child is less than 18 years. No guidelines for HCPs so opportunity to issues them in accordance with WHO recommendations.
INDIA	Section 357C under Criminal Procedure Code (CrPc), 1973 after the Criminal Law Amendment Act of 2013. Section 166B of Indian Penal Code (IPC) 1860. Sections 19 and 21 of Protection of Children from Sexual Offences (POCSO) Act, 2012.	Criminal law, penal provisions, procedural laws, and special legislations. MoHFW 2014 guidelines introduced informed refusal as a ethical obligation of HCPs in the context of mandatory reporting.	Sexual offences against women and children (including boys)	Section 357C under Criminal Procedure Code (CrPc), 1973 after the Criminal Law Amendment Act of 2013, states that all hospitals, private or public, run by the central or state governments must provide first aid or medical treatment free of cost, to the victims of any offence covered under sections 326A (causing grievous hurt by use of acid), 376 (punishment of rape), 376A (punishment for causing death or persistent vegetative state of the rape victim), 376B (punishment for rape of a child under 12 years of age), 376C (sexual intercourse by a person in authority), 376D (gang rape) or 376E (punishment for repeat offenders of rape) of the Indian Penal Code (IPC), 1860, and shall immediately inform the police of the incident. Under section 19 of Protection of Children from Sexual Offences (POCSO) Act, 2012, any person (including a child) who fears that an offence under this Act is likely to be committed, or has knowledge that such an offence has been committed, shall inform the police.	Section 166B of Indian Penal Code (IPC) 1860, states that any person in charge of a hospital, whether public or private and whether run by the central government, state government, local bodies or any other person, who contravenes the provisions of section 357C of the CrPc shall be punished with imprisonment for a term which may extend to one year, or with a fine or with both. Section 21 of the POCSO Act states that a person who fails to report the commission of an offence under section 19 shall be punished with imprisonment of either description that may extend to six months, or with a fine or with both.	Evidence by CSOs working with health sector on impact of MR on access to care. Submissions made to the ministries on age at marriage, criminalisation of adolescent sexuality as age of consent for sexual contact is 18 years. UNFPA thrust is on MoHFW guidelines on respecting autonomy of survivor, survivor centred approached and documenting informed refusal.	More than 98% of GBV survivors do not take any medical or legal help to address the psychological and physical trauma of the violence. National Family Health Survey , India 2021	MR with penalty for HCPs introduced in 2013 but advocacy against it resulted in introduction of 'informed refusal' as part of medicolegal guidelines for health sector. However MR applies for children less than 18 years. Evidence on impact on survivors available.
INDONESIA	Indonesia Act No. 23 of 2004 on the Elimination of Domestic Violence. Law No. 23 of 2004 was formed to protect family members from various forms of violence. This law divides domestic violence into four types, that are physical violence, psychological/emotional abuse, sexual violence and economic violence and grants certain rights to the victims. In 2022 the sexual violence bill (Law No. 12 of 2022) is meant to provide a legal basis for addressing rape and sexual harassment, including defining rape as the act of forced sex without consent. It also foresees more help and support for victims. The law covers nine forms of sexual violence, including non-physical sexual harassment, forced marriage, forced contraception/sterilization, sexual abuse and sexual slavery	National law	Intimate relationship (domestic violence) and sexual violence			A survey supported by UNFPA on medical intervention responding to VAW found that over 60% of medical staff believe that mandatory reporting should be the centre of training. (internal use only)	Not available	No mandatory reporting on basic reading of laws

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IRAN	DV bill but not yet passed as law due to change in government. This bill does not make it mandatory to report Article 11- The Ministry of Health, Treatment and Medical Education is obliged to take the following measures to support women: 1- To prepare and communicate behavioral guidelines for doctors, medical center staff and healthcare service providers to affected women. 2- Documenting the injuries inflicted on harmed women and creating a system to record and register all documentation and information of all physical and mental effects caused by harms, to be submitted to judicial centers in compliance with the principle of confidentiality. 3- Submitting reports of acute injury cases to the social emergency organization in order to carry out necessary interventions and prevent recurrence. 4- To provide the copies of documents related to the harms caused to women - the subject of this bill, free of charge upon her request. 5- Free-of-charge treatment for harmed women, being in a medical emergency, having financial difficulties. 6- Carrying out initial social working assistance and supports and, depending on the case, referring the harmed woman, with her consent, to social emergency centers, the police, judicial centers and other support centers. Note: The instructions of clauses (4) and (5) of this article will be compiled and communicated by the Minister of Health, Treatment and Medical Education no later than three months after this bill becomes effective. Article 6 of the "Law to Protect Children and Adolescents" is as follows: "All individuals, institutions, and centers that are somehow responsible for the custody and guardianship of children are obliged to notify the competent judicial authorities as soon as they observe cases of child abuse in order to prosecute the perpetrator and take the appropriate decision. Violation of this obligation will result in imprisonment for up to six months or a fine of up to five million (5,000,000) rials".			Penalty for not reporting child sexual abuse			Not available	No mandatory reporting but law mandates role of health sector in DV response. MR required for CSA
LAOS PDR	Article 29 of the Law on Preventing and Combating Violence against Women and Children 2014 (VAWC Law)	MoHFW issued guidelines for responding to VAW , as per WHO recommendations		Article 29 of the Law on Preventing and Combating Violence against Women and Children 2014 (VAWC Law) states: "If medical doctors, other health care professionals ... have seen or know about violence against women and children they must notify or report this to their own organization or to the police where the incidence occurred."			43.2 per cent of women had never disclosed intimate partner violence before the VAW survey. Lao National Survey on Women's Health and Life Experiences 2014	Survivor centred approach introduced through health sector guidelines by UNFPA
MALAYSIA	DV and rape laws - all criminal offences. Article 375 of the Penal Code - Prohibition of Rape (1997) . Domestic Violence Act 2017 (Amendment). Domestic Violence (Amendment) Act 2012			Responsibility of OSCs and HCPs laid down. Informing police appears mandatory			Not available	
MALDIVES	Domestic violence Law. Amendment in 2021- mandatory reporting to the police is survivor of sexual offence comes to health. Sexual offenses act, 2014			Section 8 a) may be reported by any of the following persons: Employee of a health or social service provider ... " 30 Domestic Violence Act : Act No.3/2012 30 Health Sector Response to GBV National Guideline on providing care and prevention For Health Care Providers Section 9. on health care mentions that "A duty of care is hereby established on health professionals and social workers to report suspected cases of domestic violence ... Health professionals and social workers shall further provide full support during the investigative and court stages ..." Section 12. mentions that "A health professional that has been notified by the Police that an act of domestic violence may have been committed on a survivor...must carry-out the following:- 1. Examine the suspected survivor to the highest possible degree... 2. Assist the survivor in seeking psychiatric or counselling support... 3. Prepare a written report based on the examination of 4. Submit the report prepared under Section 12 (b) (2) to the Police and Authority, he Domestic Violence Act 2012 has made it the "duty of care and the responsibility" of the health care providers to report acts of DV and child abuse to Police and the FPA and this needs to be explained to the survivor and the legal obligations fulfilled.			66% of women do not seek support for GBV. World Bank Blog: Strengthening Systems to Support Survivors of GBV	Mandatory reporting but in practice, most cases to health facilities are brought by police.
MONGOLIA	Law to combat domestic violence (LCDV) 2005 2016 Mandatory reporting domestic violence (CEDAW) Law on prevention of crimes and violations (LPCV) Law on misconduct-No law on Rape - criminal code article 12 - Crimes against sexual freedom -12.1 on rape -mandatory reporting LCDV: https://legalinfo.mn/mn/detail/12393 (second tab) [Article 23] LPCV: https://legalinfo.mn/mn/detail/14700&menuid=91 (second tab) [Article 31]	National law	General crime, violations and DV	LCDV: Article 23. Detecting and Reporting Domestic Violence 23.1. If the following officials find out while he or she is on his/her duty about a situation in which domestic violence has been committed or is likely to be committed, she or he is obliged to report such case to the police organization or, in the absence of a police officer, to the governor of the soum/sub-district, or bagh/unit or khoroo/section: teachers, school social workers, and other employees of educational institutions of all levels; employee who is in charge of health, social, child and family issues; the relevant official of the soum, bagh, district and khoroo/section; civil servants, employees of non-governmental organizations performing public services under contract LPCV: Article 31. Citizen's Rights and Obligations for Prevention of Crimes and Violations 31.1.3. to report any findings on crimes and violations to relevant organizations; 31.1.5. to make demand to others on uncovering and halting crimes, promptly report and avoid covering up a crime, cooperate with and provide assistance to police and legal organizations within the legal framework;	As per Law on Misconduct, if a person fails to fulfill the obligation to report domestic violence, a person will be fined in the amount of two hundred units (5.4); in case of non-fulfillment of the obligations specified in the Law on Prevention of Crime and Violation, a person shall be fined in the amount of one hundred units, and a legal entity shall be fined in the amount of one thousand units (Article 5.9); if a person is aware of someone is preparing to commit a serious crime, or knows for sure that it has been committed, but does not report it to an authorized organization or official, the person shall be fined in the amount of five hundred units, and the legal entity shall be fined in the amount of five thousand units (Article 15.10); Intentionally concealing a serious crime without making a promise beforehand, a person shall be fined in the amount of seven hundred and fifty units, and a legal entity shall be fined in the amount of seven thousand five hundred units (15.11). There is no criminal charges against non-reporting.	Country did not conduct any research or survey on the mandatory reporting effect on GBV survivors. But during trainings, HCPs has reported concerns about MR affecting access to health care. MoH and UNFPA report on ASSESSMENT REPORT ON HEALTH SECTOR READINESS TO GENDER-BASED VIOLENCE RESPONSE IN MONGOLIA documents legal and ethical issues	26.5 per cent of women had never disclosed intimate partner violence before the VAW survey. 2017 National Study on Gender-based Violence in Mongolia	MR with penalty for not reporting. UNFPA assessment is a good base for issuing guidelines for health sector that are as per WHO recommendations
MYANMAR	There are currently no direct laws on domestic violence and no laws that allow women to seek restraining orders against violent men. However, one remedy is to file for divorce under Myanmar customary law. (1) Penal code for rape cases (2) Penal code for cases of grievous hurt (3) Child Rights Law	(1) In Myanmar, the Penal Code, specifically Section 375, deals with the offense of rape. Amends the Penal Code, sections 15 (definition of imprisonment for life) and section 376 (penalty for rape). Rape of a woman over the age of 12 years old is punishable by a prison term of up to 20 years. (2) Penal Code forms of Assault from Section 319 to Section 335 (3) Penal Code Amendment Law (Pyidaungsu Hluttaw Law No 10 of 2019). Amends the Penal Code, sections 15 (definition of imprisonment for life) and section 376 (penalty for rape). For rape of a girl child under the age of 12 years old, the maximum term is life imprisonment.		(1) Burma's rape and abortion laws are derived from its 1860 penal code and have remained unchanged. These laws are outdated and do not comfort with modern international human rights and humanitarian laws and standards. There is a requirement to register rape cases in the police case register book. (2) Cases of grievous hurt or serious physical harm are also typically covered under the Myanmar Penal Code, which includes provisions related to offenses causing hurt or grievous hurt. These cases are reported to the police, and the police will investigate in accordance with the law. (3) Mandatory to report cases of child rape			Not available	Opinion divided on whether it is "a duty to report" (duty but not mandatory) or "mandatory to report", indicating that the law itself may not be clear enough and it could be subject to different interpretation. But MR for child sexual abuse.
PAKISTAN	Provincial: Punjab Protection of Women Against Violence Act Anti-Rape Bill The Sindh Domestic Violence (Prevention And Protection) Act, 2013 Balochistan Domestic Violence Prevention and Protection Act, 2014 Khyber Pakhtunkhwa Elimination of Custom of Ghag Act Appears to be some protection against mandatory reporting for rape Penal Code Section 11 (7)			The Code of Criminal Procedure (Sindh Amendment) Act of 2017 has made DNA testing in rape cases mandatory. The DNA testing must be conducted in through laboratories recognized by the Government of Sindh, and such samples must be collected from the victim within 72 hours of the incident and preserved in confidentiality. This Amendment was made in, in part, to address the fact that low conviction rates in rape cases are frequently due to faulty investigations and lack of DNA evidence.			Not available	No mandatory reporting for DV
PAPUA NEW GUINEA	Criminal Code (Sexual Offences and Crimes against Children) Act of 2002 Family Protection Act 2022						39.7 per cent of women had never disclosed intimate partner violence before the VAW survey. Papua New Guinea Demographic and Health Survey 2016-18	No specific law on DV, it is embedded in family disputes 2020 2021
PHILIPPINES	Anti Child Abuse Law (RA 7610) , Anti-Rape Law (RA 8353) , and Anti-Violence Against Women and their Children Act of 2004 (RA 9262)			SEC. 31. Healthcare Provider Response to Abuse - Any healthcare provider, including, but not limited to, an attending physician, nurse, clinician, barangay health worker, therapist or counselor who suspects abuse or has been informed by the victim of violence shall: (a) properly document any of the victim's physical, emotional or psychological injuries; (b) properly record any of victim's suspicions, observations and circumstances of the examination or visit; (c) automatically provide the victim free of charge a medical certificate concerning the examination or visit; (d) safeguard the records and make them available to the victim upon request at actual cost; and (e) provide the victim immediate and adequate notice of rights 19 and remedies provided under this Act, and services available to them.			41% of women do not seek help for GBV. Philippine Statistics Authority, Philippines National Demographic and Health Survey. 2017.	No mandatory reporting though a clear role of HCPs in law itself. Great example of respecting confidentiality
SRI LANKA	Prevention of Domestic Violence Act (No. 34) - Health Sector Response to Gender Based Violence 2019 National Guideline for First Contact Point - Health Care Providers Sri Lanka 2019			3.6.2 Mandatory Reporting @ Mandatory reporting of violence against women to the police by health service providers is not recommended (WHO recommendation). @ Health service providers should offer to report the incident to the appropriate authorities, including the police (WHO recommendation). @ If the woman wants to be reported and is aware of her rights report to Police immediately (WHO recommendation). @ All cases of grievous hurt and life threatening injuries must be reported to police and explain to the patient the legal requirement to do so.		Healthcare providers are advocating for conditional abortions as abortion is illegal. Child is less than 16 years so challenge for adolescent sexuality	Only 28% of women seek help for GBV. World Bank Blog: Strengthening Systems to Support Survivors of GBV	MR for CSA. No mandatory reporting for DV in practice. Mostly the police desk at the hospital is informed, statement taken. If she does not wish to report, she is provided all relevant information. Thrust is on informed decision and her autonomy.

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THAILAND	The Protection of Domestic Violence Victims Act B. E. 2550 (2007)			Section 5 A domestic violence victim or a person who has found or known of domestic violence conduct shall have the duty to notify a competent official for the execution of this Act. The notification under paragraph one that made in good faith shall be protected and shall not be liable to any civil, criminal or administrative action. Section 6 The notification under Section 5 may be made orally or in writing or by means of telephone, electronic or any other mean. If a competent official has found domestic violence conduct or has been notified under Section 5, the competent official shall have the power to enter into the dwelling or place that such conduct has been made so as to interrogate the person who commits domestic violence conduct, domestic violence victim or any other person living in that place in concerning with the notified conduct and shall have the power to provide the domestic violence victim to have treatment from physician and to have consultation with psychiatrist, psychologist or social worker. In the case where the domestic violence victim intends to conduct litigation, that person shall be facilitated to file a complaint under the Criminal Procedure Code, except where that person is in a condition that he is unable to file a complaint upon his own or has no opportunity in so doing, the competent official may file a complaint on his behalf. The rules and procedures for the execution under paragraph two shall be in accordance with the regulations as notified by the Minister.			Not available	Focus seems to be to enable person to report and take action. It does cast responsibility but not MR or penalty for not reporting
TIMOR LESTE	The Law against Domestic Violence (LADV) was passed by the National Parliament in May 3, 2010 and was officially published as Law N° 7/2010. This law reinforces the provisions of the Penal Code in addition to establishing a mechanism to prevent DV, promote victim's rights and guarantee the protection of victims. As such, the law strengthens the support for victims and defines the responsibilities of different government institutions and their collaboration with civil society organizations. This law marked the shift from traditional conflict resolution to a formal criminal justice system. Article 36 of the LADV reinforces all crimes of DV as public crimes.			Article 22 Assistance at hospital services Whenever a patient reveals her or himself to have been a victim or a clinical diagnosis concludes the patient is a victim of a domestic violence related crime, the specialized hospital services are requested to intervene to: a) Provide assistance and medical follow-up for victims of domestic violence while taking into account the needs of victims, particularly children; b) Proceed with the preservation of evidence relating to possible crimes committed, including the completion of examinations or forensic tests or taking other precautionary measures appropriate to the case; c) Inform the victim of his / her rights and possible remedies and the obligation of the hospital authorities to notify police of the facts of the case; d) Immediately report the facts of the case to the police or the Public Prosecutor; e) Prepare a report on the situation and the measures taken and send it to the competent authorities; f) Refer the victim to a shelter if the situation so warrants and the victim makes such a request.			Not available	Mandatory reporting of DV but no penalty. The MoH and UNFPA have issued guidelines for HCPs on survivor centred approach
VIETNAM	Law on Domestic Prevention and Control (2007) falls under the mandate of MOCST and is focused on building a "happy family" with reconciliation a primary objective in domestic violence cases. It is not rights-based. This law establishes "forced sex" within the family as an act of domestic violence that is subject to administrative, rather than criminal punishment. Marital rape is not a criminal offence in Viet Nam. The Penal Code (and other criminal laws) address other forms of violence including sexual violence and humiliation	DV law revised in 2022.		Decree 56 provides six steps to respond to child victims and those at risk of abuse and violence that aims to increase multi-sectoral and coordinated interventions and service delivery. For cases of VAC, government forms (Decree 56) include role of mother and father in responding to the incidents of violence against children, but do not ask questions about the mother's experience of violence. Article 51 of the Child Law mentions mandatory reporting, but with a humanitarian exception for parents. There are forms for reporting domestic violence cases in the health system (according to Circular 24 of the Ministry of Health) and forms for collecting data and reporting domestic violence cases by MOCST from commune to central level.	MOCST	Field experience: 90% women dont speak about violence, 50% did not take any help.	49.6% of women had never disclosed intimate partner violence before the VAW survey. The National Study on Violence against Women in Viet Nam 2019	No mandatory reporting, focus is on privacy and confidentiality of survivor, and safety. It is left to them whether they want to report or not. They are given referrals to other services