



# Convention on the Rights of the Child

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## Committee on the Rights of the Child Sixty-seventh session

### Summary record of the 1916th meeting

Held at the Palais Wilson, Geneva, on Wednesday, 10 September 2014, at 10 a.m.

*Chairperson:* Ms. Sandberg

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*The meeting was called to order at 10 a.m.*

**Consideration of reports of States parties** (continued)

*Third to fifth periodic reports of Hungary* (continued) (CRC/C/HUN/3-5; CRC/C/HUN/Q/3-5 and Add.1)

1. *At the invitation of the Chairperson, the delegation of Hungary took places at the Committee table.*
2. **Ms. Fűrész** (Hungary) said that, thanks to the considerable efforts made by the Government to reduce unemployment, more people than ever were in work. That meant greater financial security for families and improved conditions for children.
3. **Mr. Sörös** (Hungary), replying to questions regarding Roma children asked at the previous meeting, said that the education system did not focus specifically on Roma children but rather on children from disadvantaged backgrounds; national and international surveys had shown that the key factors in determining a child's success were the parents' educational background and the family's financial situation – not ethnicity.
4. With regard to the collection of data relating specifically to Roma children, he said that following discussions involving, among others, the Parliamentary Commissioner for Fundamental Rights, it had been decided that participation in surveys should be on a voluntary basis only. Furthermore, the Government and the Roma Minority Self-Government had agreed on the indicators to use for benchmarking in education.
5. As for education programmes for students with multiple disadvantages, one of the most important initiatives was the "For the Road" scholarship programme involving 14,000 pupils, which was aimed at reducing the primary school dropout rate. In addition, those pupils were able to benefit from extracurricular activities under programmes funded by the European Union and run by non-governmental organizations (NGOs) and religious organizations. A number of other programmes with European Union support were designed to help disadvantaged students complete their secondary education and continue their studies at the tertiary level. Schemes involving the participation of key players, such as parents and education professionals, also existed to provide support to disadvantaged children throughout their schooling – from kindergarten to secondary school and beyond. Thanks to twinning programmes, schools in poor areas with a high proportion of disadvantaged students were able to cooperate with establishments operating in more fortunate areas. As it was often the case that disadvantaged children started their schooling later than other children, the compulsory school age had been lowered to 3 years to ensure that all children attended kindergarten schools.
6. **The Chairperson** (Country Task Force) asked what had been done to prepare for the change.
7. **Ms. Orbán** (Hungary) said that the start date for the entry into force of the new legislation had been set for 2015 in order to allow time to make the necessary arrangements. A reduction in the birth rate meant that it should be possible to meet the increased demand for kindergarten places without difficulty.
8. **Mr. Cardona Llorens**, noting that the European Court of Human Rights had ruled against Hungary in a case related to the discriminatory treatment of Roma children in the diagnosis of mental disability, asked what measures the Government had taken to modify diagnostic protocols. He requested information on the percentage of Roma children who had been diagnosed as having special educational needs. He asked what system of education — inclusive or segregated — was in place for children with special needs when they began compulsory schooling at the age of 3 years.

9. **Ms. Orbán** (Hungary) said that, following the adoption of a range of measures, there had been a fall in the number of children diagnosed annually as having mild mental disability. New standardized diagnostic protocols had been developed on the basis of recommendations made by United Nations bodies, the European Union and Hungarian NGOs. Those protocols included the collection of ethnic data and the provision of follow-up support for children diagnosed with disabilities. The screening of children to identify those with special educational needs began at the age of 18 months under the supervision of expert committees. Children suspected of having a mild mental disability were monitored continuously for a minimum of seven months in the home and school environments by parents and teachers. In addition, children received at least three visits from experts during that period. On the basis of the data obtained, a determination was made by the relevant committee as to whether the child in question could be educated in a mainstream school.

10. **Mr. Cardona Llorens** asked whether it was still the case that a higher proportion of Roma children than non-Roma children were diagnosed as having special needs. He asked for details of cases in which it had been decided that children could not attend a regular school on account of a disability. Why did the State party maintain a segregated system for pupils from the age of 3 years?

11. **Ms. Orbán** (Hungary) said that only children diagnosed by experts as having medium or severe disabilities were referred to special schools.

12. **The Chairperson** (Country Task Force) asked whether it was possible for children with medium disabilities to attend a mainstream kindergarten school if special assistance were provided.

13. **Ms. Orbán** (Hungary) said that support — in the form of travelling specialized therapists — was available to enable those children to attend regular schools; currently, nearly 5 per cent of children with medium-level mental disabilities attended mainstream schools.

14. **Ms. Lantai** (Hungary), replying to a question about foster parenting put at the previous meeting, said that under regulations introduced on 1 January 2014 foster parents had the legal status of employees and received a salary, fixed in accordance with the number of children in their care, and social benefits, including health insurance. The measure had resulted in an increased demand for places on foster parenting courses.

15. **The Chairperson** (Country Task Force) asked what had been done to remedy the shortcomings in the child protection system identified by the Parliamentary Commissioner for Fundamental Rights.

16. **Ms. Khazova**, referring to the issue of children left in baby boxes, asked how the Government determined whether a person claiming to be the parent of an abandoned child and requesting its return had a legitimate claim. She wished to know what systems were in place to monitor cases of abandoned children and to track outcomes in order, among other things, to prevent trafficking in children.

17. **Ms. Lantai** (Hungary) said that, if there was any doubt regarding a claim of parenthood, the matter was referred to a court. The judge would consider expert testimony and other evidence, including, if appropriate, the results of DNA tests. The child concerned would not be given up for adoption until the court had made a ruling.

18. **The Chairperson** (Country Task Force) asked what was done to ensure the child's right to know the identity of his or her biological parents, in particular through the keeping of accurate records.

19. **Ms. Lantai** (Hungary) said that, if the natural parents returned to claim the abandoned child or to give their consent for his or her adoption, their identities would be

indicated on the birth certificate. In a very few cases — perhaps half a dozen per year — it proved impossible to ascertain the identity of an abandoned child's birth parents. Under recently introduced regulations, children over the age of 14 years could initiate a procedure to establish whether they had been adopted, to discover the identity of their birth parents and to trace any siblings.

20. **Ms. Fűrész** (Hungary), responding to a question asked at the previous meeting, said that various forms of assistance were provided for pregnant teenagers and young mothers, such as support during pregnancy, a one-time payment on the birth of the child and a regular child allowance paid monthly. A range of new measures had been introduced to enable mothers of young children to work, including the strengthening of the day-care facilities with the help of European Union funding. As a result, the number of children aged between 1 and 3 years able to benefit from day care had risen from 10 per cent to 16 per cent over the past few years.

21. **Ms. Khazova** asked about the availability of psychological support and counselling services for pregnant women designed to combat child abandonment, and for parents in difficult situations in order to prevent the removal of their children.

22. **Ms. Fűrész** (Hungary) said that an extensive network of district nurses was in place for the provision of, among other things, psychological support and information services to families and all pregnant women. Nurses could make referrals to the relevant authorities when further assistance was required.

23. **Ms. Kovács** (Hungary) said that a number of NGOs offered support services aimed specifically at pregnant women in crisis situations, providing them with temporary accommodation if necessary.

24. **Ms. Orbán** (Hungary), in reply to a question raised at the previous meeting about the education of Roma children, said that segregation in the education system was prohibited by law. In order to enforce the law, new measures to regulate school districts had recently been introduced to ensure equal access for all children to the mainstream education system without any kind of discrimination. As part of a programme launched in March 2013, each school district was required to draw up an equal opportunities action plan, based on an evaluation of the performance of schools and pupils, so as to remedy any equal opportunity violations detected. Those plans would be reviewed after an initial period of two years and then at regular five-year intervals. The Government also monitored the compliance of schools with equal opportunity regulations and took action to deal with any breaches. Furthermore, during the period 2011–2014 following investigations conducted by the ombudsman, 25 primary schools had been required to take measures to address, among other things, cases of segregation.

25. **The Chairperson** (Country Task Force) asked whether the evaluation of schools on the basis of student performance might result in some establishments not accepting poorly performing pupils. She wished to know whether pupils had access to a complaints mechanism.

26. **Ms. Orbán** (Hungary) said that schools were required to accept all children living within their catchment area. Individual pupils were able to file complaints relating to decisions taken by the school authorities through either the students' council or the parents' association. They could also address their concerns to the ombudsman, who received some 600 complaints from pupils annually.

27. **Ms. Fűrész** (Hungary) said that the transfer of responsibility for schools from municipalities to the State had led to increased harmonization of standards nationwide. Replying to questions raised at the previous meeting about vocational schools, she said that recent educational reforms had led to a greater focus on the needs of the labour force, while

they not had an adverse impact on the quality of services provided by those schools. Religious education was not a compulsory school subject, since moral education classes were available as an alternative.

28. **Ms. Nádai** (Hungary), replying to questions concerning children with disabilities and the assistance available to support care within the family, said that minimizing institutionalization was one of the Government's key strategic goals. Approximately 140,000 children in Hungary were living with disability or chronic illness and their families had access to supplementary allowances to cover health-care needs and support services such as counselling and transportation. Special summer camps and leisure activities were also available, and often provided by State-subsidized NGOs. The Ministry of Human Resources ran an annual activity programme for children with disabilities and their families, again with NGO support, while various NGOs offered training for parents.

29. **Ms. Kovács** (Hungary) said that where children with disabilities were unable to remain with their families of origin, the authorities endeavoured to place them in foster homes rather than institutions. Approximately half of all such children were currently being raised in foster families and around a third of all children in foster care had some form of disability. Otherwise, children with disabilities lived either in boarding schools or special homes where they were housed in small groups of no more than eight children designed to provide a family-like environment.

30. **Ms. Lantai** (Hungary) said that 21 children with some form of disability or health-related issue had been adopted in 2012: 9 of them in Hungary and 12 of them internationally.

31. **Ms. Winter** (Country Task Force) sought clarification as to what constituted health-related issues. Was the delegation referring to curable conditions such as tuberculosis? She would also like information about the adoption of Roma children.

32. **Mr. Cardona Llorens** asked: whether the Government planned to develop an inclusive education system in which all children could attend mainstream schools irrespective of disability; what it was doing to facilitate participation in regular activity programmes for children with disabilities who, it appeared, faced segregation in leisure pursuits as well as in education; and whether family support services were available throughout the country, including in rural areas. Referring to the plans to progressively reduce the number of children living in institutionalized care, he asked why those children could not remain with their families of origin. Were economic factors or lack of support to blame, or were their families simply unwilling or unable to look after them? Lastly, he asked whether the goal was to have all children living in family or family-like environments of no more than eight children.

33. **Ms. Fűrész** (Hungary) said that the ultimate aim was to have every child under the age of 12 years who could not remain with their family of origin raised in a family-like environment, be it foster care or a near alternative, and that the authorities were close to achieving that goal. Family support was available to all families throughout the country, although certain adjustments were made in the case of parents in employment.

34. **Ms. Orbán** (Hungary) said that the authorities were working to integrate children with disabilities into mainstream schools insofar as possible, and that there had been a marked increase in special needs provision. Thus, although children with special needs had not enjoyed equal access to mainstream education in the past, nearly all such children would be able to attend nearby schools in the future. In the 2013/14 academic year over two thirds of them had been educated in integrated institutions.

35. **The Chairperson** (Country Task Force) asked whether the State party had enough adequately trained teaching staff to provide for the needs of children with disabilities.

36. **Ms. Orbán** (Hungary) said that special training encompassing various different forms of disability had been provided and specific methodological guidelines had been drawn up in order to guarantee sufficient capacity for the integration process.

37. **Ms. Kovács** (Hungary) wished to emphasize, with regard to child placement decisions, the need to distinguish between children with disabilities so severe that their parents were no longer physically able to care for them even though they might wish to do so, and children who had to be placed in care to protect them from abuse or neglect. Under the relevant laws, children with mild learning difficulties could be placed in institutionalized care in exceptional circumstances only. As a result, children with severe physical disabilities accounted for most of the 700 or so children currently living in institutions. In child protection cases, however, children with mild or medium learning difficulties could be placed in institutions, especially where necessary to keep siblings together, although foster care was the preferred option.

38. Responding to a question from **the Chairperson**, she said that wherever possible the aim was to return all children placed in institutionalized care to their families of origin. Reintegration support programmes, which might include daily visits from a nurse, were available to assist families in such cases. That strategy was not only in the best interests of the children but also more cost-efficient.

39. Sporting activities in which children with disabilities participated alongside able-bodied children were organized by the National Sports Association, and the Ministry of Human Resources organized an annual mixed-ability student sports event which included football, swimming and tennis competitions.

40. **Ms. Lantai** (Hungary) explained that the health-related issues she had referred to earlier included conditions such as Down's syndrome and treatable diseases such as leukaemia. In all cases, potential adoptive parents were given detailed information about the child's current and future treatment needs.

41. **Ms. Fűrész** (Hungary) said that it was not possible to provide disaggregated data for adoptions concerning the Roma. Details of ethnic origin were not included in adoption statistics as the authorities did not consider that information relevant and wished to avoid stigmatization. However, it was possible for natural parents to specify what form of religious education and upbringing they would like their child to receive and thus to ensure that they did not lose their cultural identity.

42. **Ms. Kissné Erdélyi** (Hungary), responding to an earlier question regarding potential obstacles to anonymous childbirth, said that there was nothing to prevent women in crisis situations from keeping their pregnancy secret. Following legislative amendments two years previously women could give birth in hospitals without their partner or family being informed, with doctors and other health-care professionals being bound by strict confidentiality undertakings. The authorities saw no need for further legislative amendment but would give any suggestion due consideration.

43. It was true that psychological drugs were administered to children in institutionalized care with above-average frequency. However, that situation was often due to a history of neglect and previously untreated illness and evidence-based studies had confirmed that the drug use was justified.

44. **The Chairperson** (Country Task Force) said that therapy was preferable to drug treatment and that the latter should be used only in preparation for the former.

45. **Ms. Wijemanne** said that the administration of drugs to children with behavioural or emotional problems often exacerbated the problems and urged the State party to conduct further research with a view to adjusting its practice.

46. **Ms. Kovács** (Hungary) said that institutionalized children received therapy as well as drugs. Drugs were viewed as just one part of a holistic treatment plan and could only be administered by psychologists or psychiatrists. There were over 150 psychologists and psychiatrists working in national childcare institutions – a number which far exceeded the legally established minimum psychologist-to-child ratio. In institutions housing children with more severe disorders, the ratio was higher still.

*The meeting was suspended at 11.30 a.m. and resumed at 11.50 p.m.*

47. **Ms. Kissné Erdélyi** (Hungary), acknowledging that access to health-care services in disadvantaged areas could be a challenge, said that the authorities had been working to address the obstacles in various ways. For example, under a new incentives scheme, non-refundable grants were available to attract newly qualified doctors to such areas. Over 200 doctors had signed up to the scheme already, and 8 of them had filled positions previously vacant for many years. Access to health services among the Roma population was the focus of another Swiss-sponsored programme.

48. Considerable funds had also been set aside to fund improvements to the working environment of general practitioners and to enable qualified nurses who lacked the requisite language skills to upgrade their knowledge and start work. In implementation of new legislation enacted in 2011, increased support was available for home birthing and the number of home births had risen to around 100 a year. Breastfeeding was actively encouraged, rooming in was the usual practice in hospitals and use of the Kangaroo method was increasing.

49. **The Chairperson** (Country Task Force) invited the delegation to comment on reports of aggressive marketing of breast-milk substitutes in hospitals.

50. **Ms. De Jesús Oviedo Fierro** asked for information about the activities of the National Breastfeeding Committee. She was concerned that government support for new families endeavouring to reconcile work and parenting commitments was insufficient, and that women in the informal sector might be denied the opportunity to continue breastfeeding. A coordinated national plan to support breastfeeding was needed. Lastly, recalling the State party's plans to offer the human papilloma virus (HPV) vaccine to teenage girls and referring to concerns about possible side effects, she asked what mechanisms would be used to monitor the vaccination programme and ensure that the vaccine was not harmful.

51. **Ms. Fűrész** (Hungary) said that the message that breast-milk was best was clearly stated on the packaging of all infant formulas marketed in Hungary. The district nurse network accorded huge importance to encouraging breastfeeding, and Hungarian labour legislation expressly provided that women should have the opportunity to breast-feed at their workplace during working hours. The HPV vaccine was not compulsory but was available without charge to all girls aged over 12 years. She acknowledged the concerns about the new vaccine but emphasized that all medicines were thoroughly pretested.

52. **Ms. Wijemanne** asked whether there was a correlation between the high rate of caesarean deliveries and the rate of breast-feeding in Hungary and sought assurances that the marketing of infant formula and distribution of free samples were banned in hospitals.

53. **Ms. Kissné Erdélyi** (Hungary) said that the core duties of the National Breastfeeding Committee included assessing the baby-friendliness of hospitals. All marketing activities promoting formulas were prohibited. She acknowledged the need to examine and address the causes and consequences of the high rate of caesarean and induced deliveries, which was not necessarily attributable to medical factors.

54. **Ms. Nádai** (Hungary) said that the Government had adopted a new strategy for fighting drug abuse from 2014 to 2020. The primary focuses were prevention and the protection of minors, particularly those within the care system.
55. **Ms. Kecskés** (Hungary) said that accommodations for children with disabilities had been made in the justice system through cooperation with organizations of persons with disabilities and training for police officers. In recent years, suicide and attempted suicide among children suffering online harassment had increased, so a new programme had been launched in schools that discussed potential threats on the Internet and where children could turn if they experienced harassment. In addition, professionals working with children attended lectures on the subject. In 2013, the public children's television channel had been named the best children's channel in Europe.
56. **Ms. Tóth** (Hungary) said that the new Criminal Code criminalized assisting or inciting a child under 14 to commit suicide, which was punishable by 2 to 8 years' imprisonment.
57. **Ms. Winter** enquired about the situation regarding children aged 14 to 18.
58. **Ms. Tóth** (Hungary) said that the charge and sentence would be the same in that case.
59. **Ms. Winter** asked whether assisting the suicide of an adult carried the same sentence.
60. **Ms. Galajda** (Hungary) said that the law in question referred to perpetrators under the age of 18; there were stricter sentences if the perpetrator was an adult.
61. Responding to requests for clarification from **the Chairperson** and **Ms. Winter**, **Ms. Tóth** (Hungary) confirmed that stricter punishments existed for inciting or assisting the suicide of a minor than that of an adult, and that the law differentiated between children under 14 and those aged between 14 and 18.
62. **The Chairperson** (Country Task Force) asked what suicide prevention measures were in place, whether children had access to therapists and what was being done to improve mental health in general.
63. **Ms. Fűrész** (Hungary) said that a mental health strategy was being devised to improve the population's mental health and lower the country's high suicide rate.
64. **Mr. Sömjéni** (Hungary) said that the Government had adopted a national crime prevention strategy that addressed Internet-related crime involving children.
65. **Ms. Orbán** (Hungary) said that educational psychologists were employed in schools and assisted any children who were in danger.
66. **Ms. Lantai** (Hungary) said that child protection services were responsible for detecting child abuse and protecting the children involved. If child abuse was suspected, the municipal child welfare services gathered information from all stakeholders and forwarded it to the guardianship authorities, who cared for children at risk of abuse. The guardianship authorities were required to take child abuse cases to court. The children who had been abused by their parents in the town of Szigetszentmiklós had been placed in foster care because they were being neglected; it was only later that their sexual abuse had come to light. The case was currently in court and the children were receiving psychological support.
67. **The Chairperson** (Country Task Force) said it was clear that the necessary action had not been taken in the case in point. Such failings appeared to be systemic and there were reports that child protection services lacked resources; what was being done to improve the system?

68. **Ms. Lantai** (Hungary) said that the case had demonstrated the need for a new method for detecting child abuse. From 2009 onward the child protection services had been tasked with detecting cases by coordinating the work of the various professionals involved, such as teachers and doctors.

69. **The Chairperson** (Country Task Force), noting that the case in question had come to light two years after the implementation of the new method, asked how the method was monitored and how professionals were trained to detect signs of abuse.

70. **Ms. Lantai** (Hungary) said that professionals had their own regulations regarding the detection of child abuse. While the need for a standardized method for detecting child abuse had been identified earlier, it had not been implemented until March 2014. The method brought together the various elements of the child protection services and monitored their activities.

71. **The Chairperson** (Country Task Force) asked for information regarding the resources, staff and training of the child protection services.

72. **Ms. Kissné Erdélyi** (Hungary) said that a comprehensive multisectoral programme was being developed for professionals working with children that would improve knowledge and cooperation between different sectors and organizations.

73. **Ms. Lantai** (Hungary) said that child protection services' staff usually held a university degree and that the Government endeavoured to improve their skills.

74. **Ms. Fűrész** (Hungary) said that the current Government had made many changes to criminal legislation, including the criminalization of domestic violence.

75. **Ms. Galajda** (Hungary) said that a zero-tolerance policy on physical violence towards children that had been incorporated in legislation; judges were required to respect it. Legislation provided for increased protection for children in danger and stricter penalties for their sexual exploitation. The acts that had taken place in the Szigetszentmiklós case constituted criminal offences but had not been detected. Corporal punishment in schools had been criminalized since July 2013.

76. Although the belief persisted that domestic violence was a private matter, a legal framework to combat it had been established, providing for restriction orders and stricter penalties. The Prosecutor's Office had drawn up guidelines for police officers dealing with domestic violence, allowing them to intervene earlier, and training on the matter took place with the assistance of civil society.

*Initial report of Hungary on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (continued) (CRC/C/OPAC/HUN/1)*

*Initial report of Hungary on the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (continued) (CRC/C/OPSC/HUN/1)*

77. **The Chairperson** invited the Committee to put questions regarding the Optional Protocols.

78. **Mr. Madi** (Country Rapporteur for the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict) asked whether the prohibition of the recruitment of minors also applied to police forces and private security companies, and how the Government controlled such companies. He requested clarification of the date of entry into force of the Criminal Code article criminalizing the recruitment of minors to armed groups, as well as information on training for armed forces and peacekeepers on the provisions of the Optional Protocol. The Government should widen the

scope of dissemination and training on the Optional Protocol to include the public, particularly children, and officials and professionals dealing with children. He asked why civil society organizations had not been involved in the drafting of the report.

79. He wished to know whether there was a mechanism in place to identify children entering Hungary who might have been involved in armed conflict and whether training programmes for border officials and social workers existed in that regard; if not, the State party should establish them. He asked how many foreign children entering Hungary had been identified as having participated in armed conflict in the previous three years and how they had been identified. He asked whether domestic legislation referred specifically to the prohibition of the export of firearms to States where children might be involved in armed conflict. Regarding extraterritorial jurisdiction, the State party should not apply double criminality to the offences covered by the Optional Protocol.

80. **Ms. Muhamad Shariff** (Country Rapporteur for the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography), asked how the State party intended to improve its data on trafficking and forced labour among children and to provide data missing on other offences covered by the Optional Protocol. Was there a national plan of action on areas covered by the Protocol other than trafficking? She invited the delegation to comment on the lack of a special mechanism to assist child victims of trafficking. She wondered how many training courses the Government had launched on its own initiative for professionals dealing with victims of trafficking and prostitution, as well as for the purpose of disseminating information.

81. She asked whether sufficient resources had been allocated to implementing the Optional Protocol and what the total budget was. She wished to know what preventive measures regarding the Optional Protocol had been adopted and how effective they were. She wondered whether: such measures had been evaluated; there was cooperation between NGOs and the Government; and programmes reached their target groups. She asked why the national strategy against trafficking in human beings did not identify the Roma as a group at risk and whether the planned trafficking-prevention programmes provided services for Roma girls who were victims of sexual trafficking and forced prostitution.

82. She asked: whether the State party had made any efforts to criminalize offences covered by the Optional Protocol; how the State party asserted its extraterritorial jurisdiction regarding the sale of children, child prostitution and child pornography, including regarding the extradition of alleged offenders; how the best interests of the child were taken into consideration; and how the State party ensured compliance with the provisions of the Optional Protocol regarding protection and assistance for child victims at all stages of the criminal justice system. What measures existed to prevent the sale of children and promote the recovery of child victims?

83. Given that few children came into contact with regional victim assistance services, she asked whether the public was aware of those services. Furthermore, were data collected on victims of the sale of children, child prostitution and child pornography who were not Hungarian nationals or whose nationality was unknown? She understood that victims of trafficking were punished for crimes they committed as a direct result of their trafficking and that authorities did not proactively identify potential trafficking victims; the State party should address those issues. To be considered a victim of trafficking in Hungary, persons must testify in court against their traffickers; if they refused, they could be prosecuted for prostitution. Additionally, minors could be detained for prostitution and were therefore considered criminals rather than victims. The police often failed to investigate trafficking cases and there was a lack of adequate incentives for victims to participate in the prosecution of their traffickers. Lastly, she requested confirmation that the witness protection law had not yet been used to protect trafficking victims.

84. **Mr. Kotrane**, referring to the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, asked whether the sale of children was criminalized. Furthermore, were the adoption of a child in violation of the relevant international instruments and illegal intermediation in adoption treated like the sale of a child? While domestic legislation punished adolescents aged 14 to 18 for prostitution unless they had been forced into it, the Committee believed that those children were always victims. It was often difficult to prove that a child had suffered threats or violence. He asked whether legislation would be amended so that legal persons were prosecuted for violating children's rights, particularly those under the Optional Protocol.

85. He asked whether any progress had been made towards compliance with the requirement under the Optional Protocol for States parties to establish extraterritorial jurisdiction over offences when the perpetrator or victim was a national of their country. It appeared that in Hungary extraterritorial jurisdiction could be established only in cases of double criminality and that extradition legislation was aimed mainly at cases occurring in Europe. Could the Optional Protocol be considered a basis for extradition, in addition to bilateral treaties signed with other States?

86. **The Chairperson** (Country Task Force), noting that the Constitution seemed to favour traditional family structures, enquired about the status of other family structures; the Committee had received information that they suffered discrimination.

87. **Mr. Madi** asked whether the newly established school was a military school.

*The meeting rose at 1 p.m.*