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CRC

2025

**SHADOW
REPORT**

Submission from the Human Rights Commission of the Maldives for the combined sixth and seventh periodic report of the Republic of Maldives under the United Nations Convention on Rights of the Child (CRC)



**Human Rights Commission of the Maldives (HRCM)
December 2025**

Acronyms

APF	Asia-Pacific Forum
ATA	Anti-Torture Act
CCL	Children in Conflict with the Law
CFPS	Child and Family Protection Service
CICL	Children in Conflict with the Law
CRC	Convention on the Rights of the Child
CRPA	Child Rights Protection Act
CSO	Civil Society Organizations
CTA	Counter Terrorism Act
DC	Drug Court
DJA	Department of Judicial Administration
DJJ	Department of Juvenile Justice
DVPA	Domestic Violence Prevention Act
DVPNS	Domestic Violence Prevention National Strategy
FCSC	Family and Children Service Centres
FPA	Family Protection Act
GANHRI	Global Alliance of National Human Rights Institutions
GRPRC	General Regulations under the Child Rights Protection Act
HRCA	Human Rights Commission Act
HRCM	Human Rights Commission of the Maldives
IBAMA	Ijthimae Badhahi Madhadhuverin
ILO	International Labour Organization
JJA	Juvenile Justice Act
JJS	Juvenile Justice System
LGA	Local Government Authority
LRA	Labour Relations Authority
MCS	Maldives Correction Service
MoCHI	Ministry of Constructions Housing and Infrastructure
MoH	Ministry of Health
MoSFD	Ministry of Social and Family Development
MPS	Maldives Police Service
NDA	National Drug Agency
NHRI	National Human Rights Institutions
NPM	National Preventive Mechanism
NSPA	National Social Protection Agency
OPCAT	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment
PGO	Prosecutor General's Office
SCLP	Students with Complex Learning Profiles
WDC	Women's Development Committees

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Introduction

1. The Human Rights Commission of the Maldives (HRCM) was established under Presidential Decree on December 10, 2003. On August 18, 2005, the Human Rights Commission's Act (6/2006) (HRCA) was ratified, thereby making HRCM the first independent and autonomous statutory body in the Maldives. The amendments brought to the Human Rights Commission Act in August 2006 broadened the mandate and powers of HRCM, making it compliant with the Paris Principles. With the ratification of the Constitution of the Republic of the Maldives (hereinafter referred to as the Constitution) in August 2008, the HRCM was made an independent and autonomous constitutional body.
2. HRCM currently holds 'B' status under the Global Alliance of National Human Rights Institutions (GANHRI) and is an Associate Member of the Asia-Pacific Forum (APF) of National Human Rights Institutions (NHRI).
3. In December 2007, HRCM was designated by a Presidential Decree as the National Preventive Mechanism (NPM) Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment and Punishment (OPCAT). As prescribed under the OPCAT, HRCM was designated as the NPM through legislation with the ratification of the Anti-Torture Act (13/2013) (ATA) in December 2013.
4. This report underlines priority concerns for the UN Committee on Rights of the Child in relation to the combined sixth and seventh periodic report submitted by Maldives under Article 44 of the convention, due in 2021.
5. In 2025, HRCM conducted field monitoring visits to the outer islands to assess the implementation status of this convention. During these visits, HRCM engaged with state authorities, including island councils, Women's Development Committees (WDC), schools, health facilities, Family and Children Service Centres (FCSC), police stations, Civil Society Organizations (CSO), and parents, to gather comprehensive insights.
6. To prepare this report, HRCM acquired information from relevant stakeholders, including the government authorities, institutions and civil society organizations in addition to the review of in-house monitoring data and complaints received concerning children's rights. This report reflects information received by state institutions on efforts to implement this Convention, in-house monitoring data and findings from NPM's visits to places where persons are deprived of their liberty.

Article 1 - Definition of the child

7. Article 1 of the Convention on the Rights of the Child (CRC) stipulates that a child is every human being below the age of 18 years, unless majority is attained earlier under applicable law¹. Within the Maldivian legal framework, the Constitution and the Child Rights Protection Act (Law No. 19/2019) align with this international standard, recognizing all persons under 18 as children.²
8. Despite this, inconsistencies persist across various sectoral laws where the definition of "child" diverges depending on the specific legal context. These variations are particularly evident in the juvenile justice and labour regulations.³
9. CRC emphasizes restorative juvenile justice principles that focus on diversion, rehabilitation, and detention as a last resort. While Maldives has taken important steps to establish a child-centred justice framework through the Juvenile Justice Act, significant gaps remain in its implementation⁴. Children under the age of 15 remain in a protection vacuum, as unclear institutional mandates leave them vulnerable to exploitation by gangs who deliberately recruit them knowing they cannot be held criminally liable.⁵
10. While the Employment Act (2008) permits children under the age of 16 to engage in light work with parental permission, weak monitoring mechanisms expose adolescents to heightened risks of exploitation, particularly within informal and unregulated sectors.⁶

Article 2 - Non-Discrimination

11. Article 2 of the CRC, which guarantees non-discrimination, is reflected in the Constitution, ensuring equality before the law and prohibiting discrimination based on race, nationality, disability, and more. The Child Rights Protection Act (Law No. 19/2019) further strengthens children's rights to non-discrimination and equal protection. While these provisions represent notable progress towards compliance with CRC obligations, significant gaps persist in practice, particularly in addressing systemic discrimination faced by marginalized groups of children.⁷
12. Children in state care frequently experience discrimination from members of the community.⁸ Limited staffing and human resource capacity within these institutions further hinder the provision of individualized care and support.⁹ Additionally, children face significant challenges during and after reintegration into their families or

communities, as neither the children nor the receiving families and communities are adequately prepared for the transition.¹⁰

13. Information campaigns and awareness sessions targeting children often lack accessible formats, limiting its reach to children with disabilities. Further, facilitators of such campaigns and programs are not always trained to work with children with disabilities.¹¹

Recommendations

- **Ensure that children in state care are protected from discrimination by the community and receive equal treatment and support, and strengthen reporting procedures**
- **Strengthen staffing and resources in state care institutions to provide individualized care and psychosocial support**
- **Provide mandatory training for facilitators and all staff on working effectively and sensitively with children with disabilities.**
- **Strengthen awareness raising activities by making these programs inclusive of children with disabilities**

Article 3 - Best interest of the child

14. The principle of the best interests of the child is formally embedded in the Maldivian legal framework through the Child Rights Protection Act (Law No. 19/2019) and the Juvenile Justice Act (Law No. 18/2019), representing a significant step toward aligning domestic legislation with CRC.¹² However, the consistent operationalization of this principle remains limited.
15. In practice, the child protection system continues to exhibit structural and operational deficiencies. Case reviews of children in state care reveal insufficient protective measures, limited access to psychosocial support, and a scarcity of rehabilitative services.¹³ The absence of structured foster care programs and community-based alternatives often results in institutional placements being used as the default solution rather than interventions tailored to the individual needs of the child.
16. Geographical disparities in access to services exacerbate these challenges. Data from the 2021 Situation Analysis of Children in the Maldives indicate that children residing outside Malé face restricted access to social services, specialized healthcare, and judicial mechanisms.¹⁴
17. Courts face additional challenges in ensuring that children can meaningfully participate in judicial proceedings.¹⁵ The inherently intimidating nature of court environments and lack of child-friendly court rooms may inhibit a child's ability to articulate their views

and preferences fully.¹⁶ Furthermore, children often struggle to comprehend explanations or decisions provided by the court, which may be conveyed in language or through procedures that are not developmentally appropriate.¹⁷

18. HRCM has reviewed the CTA and its regulations on repatriation and reintegration, recommending procedural improvements, including alternatives to administrative detention for minors returning from conflict zones, clearer legal guidelines, and a more child-centric approach. Despite HRCM recommendations to exempt minors under 15 from court appearances, children in this age group have been presented at court during initial hearings.¹⁸ Additionally, CTA lacks clear specifications on which court should be consulted regarding the administrative detention of minors under 15 and currently hearings are carried out by the criminal court as per the regulatory framework.¹⁹

Recommendations

- **Ensure consistent application of the best interest principle across all judicial, administrative, and child protection processes.**
- **Ensure effective implementation of the Juvenile Justice Act with timely judicial proceedings and access to rehabilitative services for children in conflict with the law.**
- **Address geographical disparities by expanding access to social services, specialized healthcare, and justice mechanisms in the atolls.**

Article 5 & 12 - Parental guideline and child's evolving capacities, Respect for the views of the child

19. The Child Rights Protection Act (CRPA) defines family in terms of parents, guardians, and legal heirs,²⁰ emphasising parents' primary role in ensuring children's care, protection, and essential needs.²¹ Parental rights include custody, guardianship, preservation of family relationships, and the right to seek redress.²² Families and communities are responsible for safeguarding children's rights, ensuring their care, providing necessary assistance, and reporting cases of neglect or abuse.²³
20. The CRPA allows children to express their views on matters affecting them, giving due weight according to age and maturity.²⁴ The child's best interests must be determined case by case, considering individuality, views, circumstances,²⁵ and evolving capacities, while recognizing the central role of parental authority.²⁶

21. However, the CRPA does not explicitly incorporate the concept of "sufficient understanding" as a threshold for granting children's autonomy in decision-making, as outlined in General Comment No. 12, nor does it explicitly state that a child's decision should override parental authority when the child possesses sufficient understanding. Additionally, the CRPA lacks clear guidelines or criteria for assessing a child's evolving capacity in relation to decision-making independence over parental authority.
22. Although not widespread, children's participation in decisions affecting them remains limited, with parental influence at times overriding their interests, particularly in education, where parents may pressure children to pursue higher-level exams or specific academic streams over preferred alternatives such as technical or BTEC programs.²⁷
23. Right Side of Life Survey conducted by HRCM in 2024 to assess public awareness of human rights revealed various reasons cited for physically punishing children, as illustrated in Chart 1. This highlights a disconnect between legal prohibitions on corporal punishment and prevailing cultural and societal attitudes, underscoring the need to align caregiving practices with non-violent, rights-based approaches to parenting.²⁸

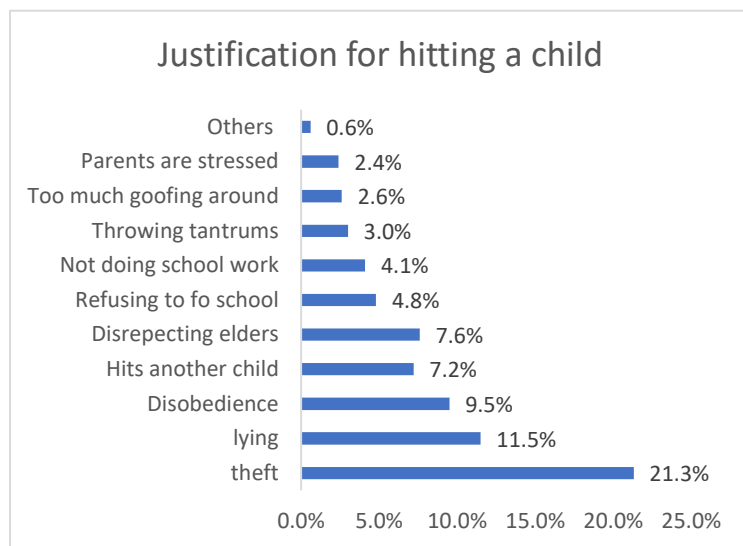


Chart 1: HRCM's survey "Beyond two decades: 20 years of the 'Rights' Side of Life"

Recommendations

- **Strengthen mechanisms to ensure that children's views are given due weight in accordance with their age and maturity in all matters affecting them.**
- **Expand accessible and culturally sensitive parenting education programs that promote positive, non-violent, and rights-based caregiving, incorporating a clear**

understanding of children’s evolving capacities and the need to respect their autonomy.

- **Implement nationwide public education campaigns to raise awareness of children’s rights, particularly the importance of positive, non-violent discipline, targeting caregivers, educators, and community leaders to promote attitudinal change in line with the CRC.**

Article 7 & 8 - Registration, name, nationality, care and Preservation of Identity

24. Parents are required to register a child’s birth immediately after delivery; ²⁹ if they neglect this duty, the State can register the child’s birth directly or through another party.³⁰ All births occurring in the country must be reported within seven days, ³¹ with non-compliance by parents or other designated individuals subject to penalties of up to MVR 10,000.³² However, no fines have been issued to date, indicating that while the regulation prescribes sanctions, it has not been enforced in practice.³³ While birth registration rates in the Maldives remain high, less than 1% of children under five remain unregistered.³⁴
25. Family and marriage matters are governed by Family Act (Act No 4/2000) under which a marriage is legally recognized only if it is registered and solemnized.³⁵ For children born abroad to Maldivian citizens, birth registration must be completed within six months of the child’s return to the country. ³⁶ However, this process is often delayed due to the difficulties in obtaining essential documents, such as foreign birth certificates.³⁷
26. Although cases documented by MoSFD regarding birth registration and the acquiring of national ID cards are relatively few (see chart 2), they highlight structural barriers that hinder timely registration and limit access to legal identity documents. Such challenges disproportionately affect children in vulnerable situations, potentially limiting their access to social benefits and other essential services.³⁸

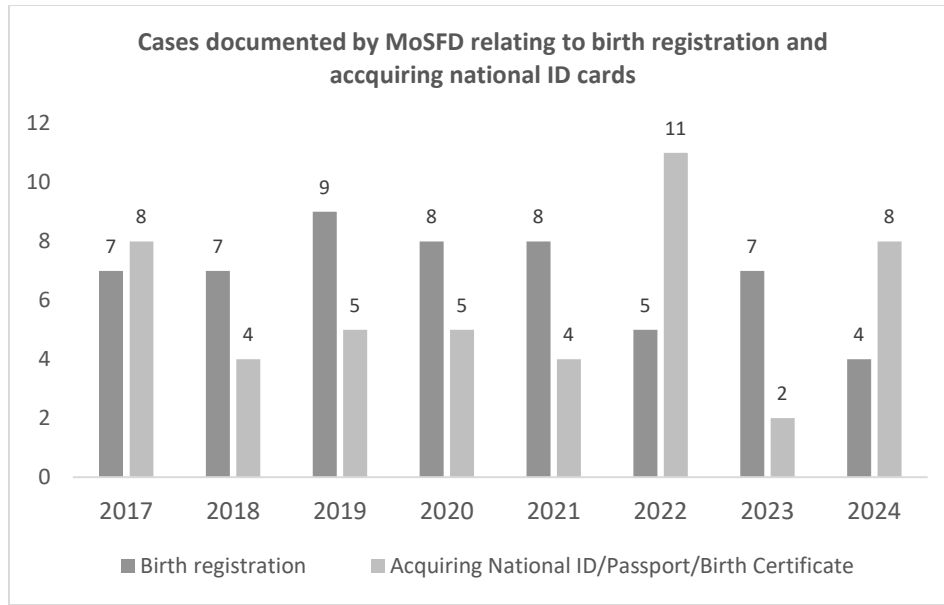


Chart 2: cases documented by Ministry of Social Family Development relating to birth registration and acquiring national ID cards

27. Between 2016 and 2024, HRCM investigated 5 cases concerning birth registration and acquisition of nationality. Three cases involved delayed child registration linked to unregistered marriages and family law proceedings, which were resolved once administrative or legal barriers were addressed. The fourth case revealed systemic gaps in marriage and divorce registration, where a temporary birth registration document and ID card were issued, leading to temporary remedies and recommendations for regulatory reform. The fifth case involved a Stateless child in long-term State care, highlighting the serious mental health impacts of Statelessness, before the child was re-integrated and registered in 2022.
28. In 2025, the Commission investigated a birth registration case concerning the issuance of an ID card for a child. The matter was raised after it came to light that the child’s parents were married abroad, and their marriage had not been registered with the Maldivian court. Although the marriage registration case was appealed to the High Court, which subsequently ordered the Family Court to register the marriage on the grounds that it complied with Shari’a principles, complications under domestic law have continued to delay the process and the child still remains without an ID card.

Recommendations

- **Enforce accessible, child-rights-compliant procedures for birth registration, including for children born abroad, by recognising foreign marriage certificates and accepting alternative documentation.**

- **Eliminate all structural and administrative barriers that hinder the timely registration and issuance of national identity documents, particularly for children in vulnerable situations, to ensure that no child is denied their right to legal identity, nationality, and family relations due to documentation challenges or the marital status of their parents.**

Article 9 - Separation from parents

29. Legislative framework emphasises family-based care and prioritises reunification,³⁹ with alternative care intended as a last resort,⁴⁰ existing safeguards, such as interim court orders,⁴¹ parental contact restrictions,⁴² and emergency removal to State care,⁴³ primarily function as reactive responses rather than proactive efforts to strengthen families⁴⁴
30. Authorities are under no binding obligation to develop, fund, or provide family preservation services before deciding to separate a child from their family,⁴⁵ nor is there any statutory requirement to deliver essential support such as counselling, financial aid, housing assistance, or community-based interventions prior to separation. Although assessments are required,⁴⁶ they do not mandate prior preventive interventions, limiting compliance with CRC Article 9 standards.
31. Despite the legal emphasis on family-based care and reunification,⁴⁷ a substantial number of children remain under State care for extended periods, with many spending over five years and in some cases more than a decade in State care without ever being reunited with their families or placed in a stable family environment. While reunification data reflects some progress (see chart 3),⁴⁸ the concentration of long-term cases in Fiyavathi and regional Amaanveshi facilities highlights the State's continued reliance on institutional care. The majority of these long-term cases are concentrated in Fiyavathi and regional Amaanveshi facilities, underscoring the persistent dependence on institutional care despite the legal framework's emphasis on family-based alternatives.

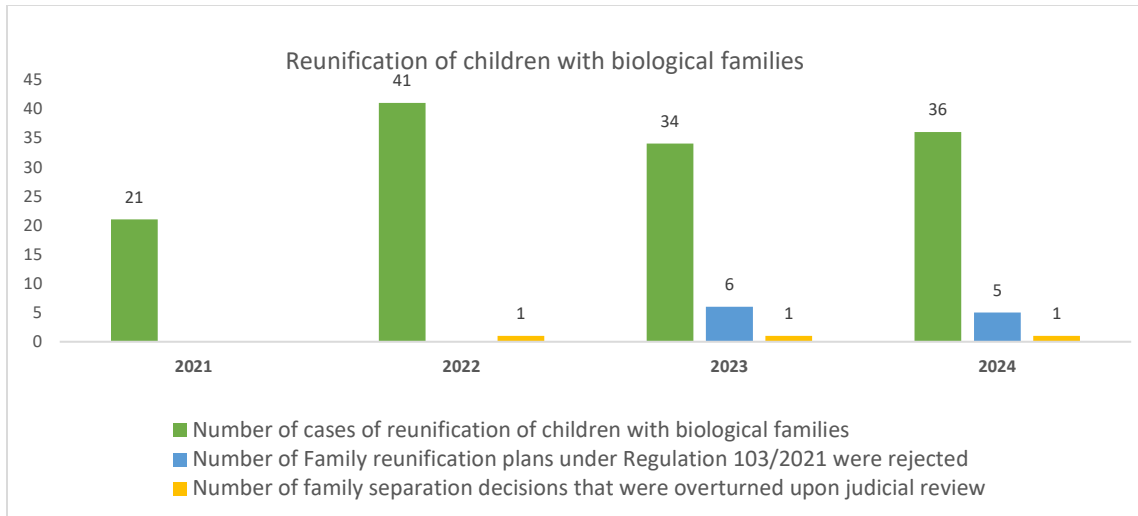


Chart 3: Reunification of children with biological families by Ministry of Social Family and Development

32. The CRPA requires the establishment of a mechanism to provide family-based care for children who, for various reasons, cannot remain with their biological families.⁴⁹ However, between 2020 and 2024, the number of children placed in foster care remained consistently low (see chart 4), with most applications focused on infants, reflecting challenges in recruiting and supporting foster families. Interest in fostering older children has only recently increased, and no applications have been received for children with disabilities, reflecting a lack of inclusive and non-discriminatory foster care options.⁵⁰

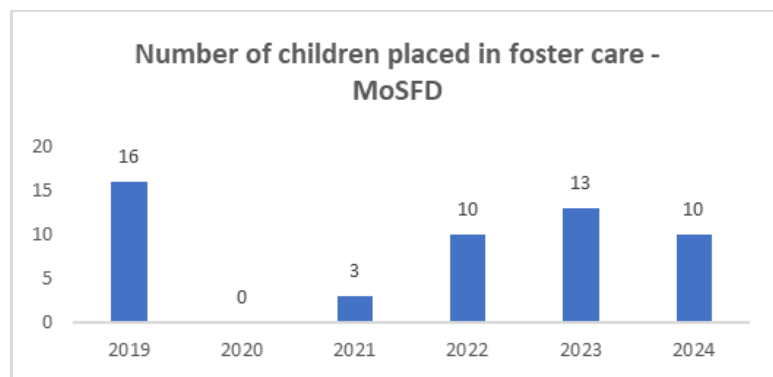


Chart 4: Children placed in foster care from 2019 to 2024

33. Monitoring foster placements, particularly in remote and under-resourced areas, remains constrained by staff shortages, which limit regular and comprehensive oversight.⁵¹

34. Informal fostering commonly occurs within families or close circles, where relatives or friends agree to raise a child temporarily or permanently, often perceiving formalisation

as unnecessary or avoiding the lengthy and complex court process for legal guardianship.⁵² The guardianship process itself can take one to two years, requiring extensive paperwork and parental signatures, which becomes challenging when parents are unreachable or live on other islands.⁵³

35. Caregivers in informal setups lack enforceable rights, and children risk abrupt disruptions if biological parents reclaim custody without due process. Moreover, informal and private fostering arrangements operate without oversight, leaving children vulnerable to neglect, abuse, or exploitation. These children remain outside official records, limiting access to social services. Additionally, many caregivers are unaware of the formal foster care scheme or their eligibility for financial support.⁵⁴
36. The persons covered under foster parent allowance programme are illustrated in Chart 5. Eligible foster families receive MVR 1,000 per child under 18 and an additional MVR 500 for the guardian or foster parent. However, most foster families remain ineligible due to poverty-based targeting, as assessments factor household financial capacity.⁵⁵ Consecutively, few cases demonstrate that the allowance effectively prevents institutional care, and the benefit is not regarded as an incentive for kinship fostering.⁵⁶

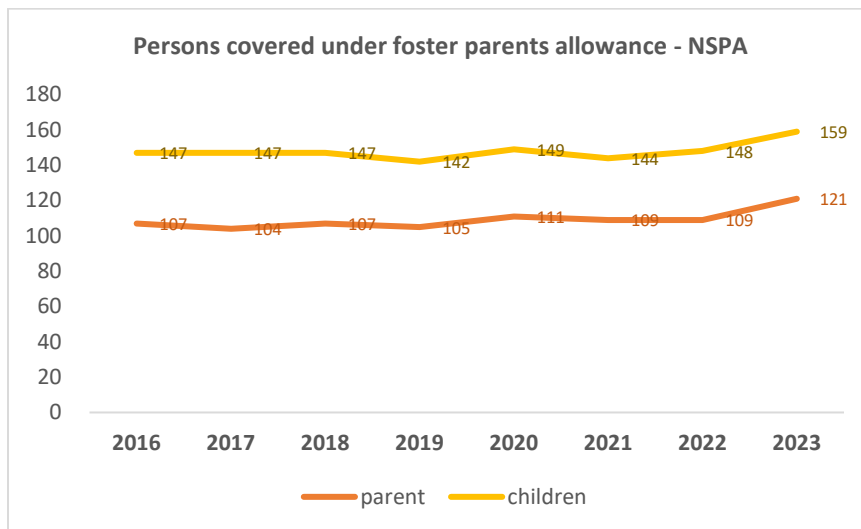


Chart 5: foster parents and children covered by National Social Protection Agency

Recommendations

- **Allocate adequate resources to strengthen social work capacity, particularly in remote areas, and establish digital monitoring systems to ensure regular oversight and uphold children’s right to be heard in all decisions affecting them**

- **Expand foster care and kinship care options, coupled with comprehensive reunification programs, to reduce institutionalisation and promote family-based alternatives in line with international standards**
- **Simplify and expedite guardianship processes while strengthening the State’s monitoring mechanism of informal caregivers to ensure oversight, legal protection, and access to support services for the children and foster families, in line with CRC.**
- **Revise eligibility criteria to include all foster families, increase financial assistance, and implement awareness programs to make fostering a viable and supported alternative to institutional care.**

Article 16 - Right to privacy

37. The Child Rights Protection Act prohibits unlawful and arbitrary interference with the privacy of children. Article 53 restricts the disclosure of personal information to the media or other authorities, while Article 79 provides that, in the absence of parental consent, a court order must be obtained before undertaking medical examinations or treatment during investigations, thereby safeguarding children’s privacy in such situations.⁵⁷
38. The Alternative Care Provision Guideline (2020/R-69) under Article 7 - further protects children’s privacy in state care by regulating parental and family access, ensuring that visits do not compromise the child’s best interests or expose them to risk.⁵⁸ Article 30 requires all care workers to maintain strict confidentiality regarding children’s information, ensuring privacy and protection at all times.⁵⁹
39. In the health sector, children’s privacy is safeguarded under several laws, including Article 40 of the Health Services Act (29/2015)⁶⁰, Article 88 of the Health Professionals Act (13/2015)⁶¹, Article 83(b) and (e) of the Health Services Regulation (R-28/2021). The effectiveness of these safeguards, however, depends largely on staff awareness, institutional enforcement, and consistent monitoring⁶².
40. Despite legislation, infrastructural and procedural limitations in some hospitals mean children’s privacy is not always maintained. Children brought in for treatment, including victims of assault, may be visible to bystanders, and the lack of private rooms in some facilities risks confidentiality.⁶³ The arrival of police vehicles and escorting of children into hospitals, even when discreet, can also draw public attention and lead to rumours.⁶⁴
41. MPS reported that the identities of child victims and children brought in for questioning are kept confidential, with names and faces withheld from the public.⁶⁵ However, in small island communities, the proximity of police stations to residential areas makes it difficult to maintain anonymity, as residents frequently gather outside stations.

42. The Family and Child Service Centre (FCSC) has adopted measures to minimize breaches of privacy during home visits and child protection interventions. Staff deliberately conduct visits during less busy times, and enter hospitals through back entrances to avoid public scrutiny. Despite these precautions, information about children being removed from their homes or receiving protective services often circulates within small communities, making full confidentiality difficult to achieve.⁶⁶

Recommendations

- **Implement a Multi-Channel Public Awareness Campaign Focused on Community Responsibility**
- **Upgrade infrastructure in hospitals and care facilities to minimize unintended public exposure of children, such as improving private entrances, secure waiting areas, and discreet transport arrangements.**

Article 18 -Parental responsibilities, State assistance

58. Pre-marital awareness programs are largely unavailable outside Malé, leaving couples in outer islands without access, while weak enforcement of mandatory health screenings, such as thalassemia testing required as part of marriage registration in Greater Malé, further compounds the issue.⁶⁷

59. The persistently high divorce rates (See chart 6) indicate enduring challenges in marital stability driven by multiple factors, including early marriages without emotional or economic readiness, and later realisations of incompatibility.⁶⁸ Extended family interference, especially in shared households, often undermines marital autonomy, while socioeconomic hardships, such as inadequate housing, resort-based employment, and financial strain, further hinder relationships.⁶⁹ Post-childbirth, unequal caregiving responsibilities, combined with the absence of counselling and psychosocial support, often leave couples without the means to resolve conflicts constructively.⁷⁰

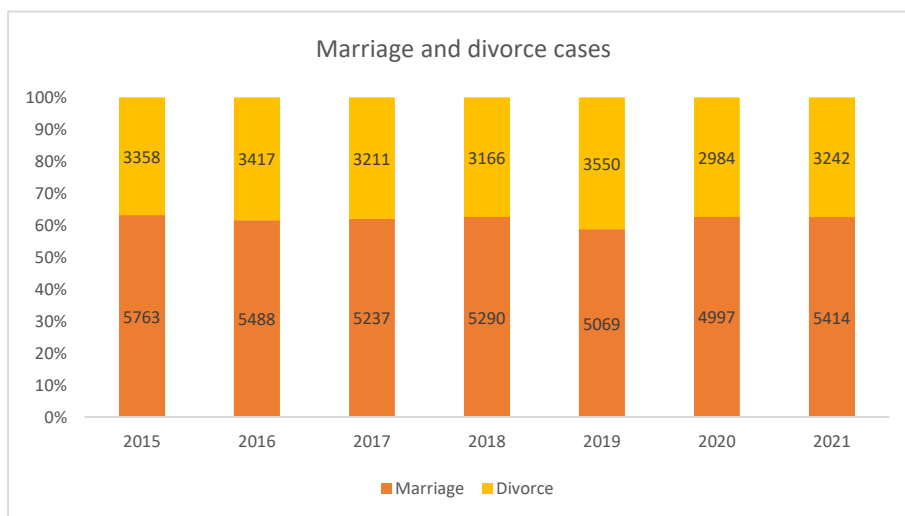


Chart 6: compilation of statistics on marriage and divorce cases using data from Department of Judicial Administration

60. Parents hold the primary responsibility for the care and upbringing of the child, which includes protecting the child’s rights, ensuring adequate food, shelter, and healthcare, and appointing a capable caretaker in their absence.⁷¹ While there have been progressive developments in maternity and paternity policies (paid maternity leave for public sector workers has been extended to six months, and paternity leave to one month), these provisions have yet to be integrated into the Employment Act ⁷² resulting in inconsistencies between public and private sector policies on parental leave, as well as practical barriers within the public sector.⁷³ Even within the public sector, severe understaffing and concerns over service disruptions in some sectors often prevent staff from fully utilizing their paid leave entitlements.⁷⁴
61. Parents are legally obligated to provide maintenance for their child,⁷⁵ including when another party or the State provides care.⁷⁶ The State, in turn, is required to hold parents accountable for neglect and ensure support when parents are unable to meet this obligation.⁷⁷ Section 35 and 36 of the Family Act (Act No 04/2000) stipulates that in cases where spouses cannot agree on the maintenance of the wife and children, the child support allowance must be determined in accordance with the regulations formulated under the act.⁷⁸ Child support expenses are determined based on the number of children and their specific needs⁷⁹ with minimum monthly support of MVR 2,000 and at least MVR 1,000 for each additional child.⁸⁰
62. In addition to basic maintenance, reasonable costs must cover three sets of clothes annually, education needs such as uniforms, footwear, books, and materials, as well as medical treatment at government rates.⁸¹ Additional expenses may be provided based on the child’s circumstances and the guardian’s financial capacity.⁸²

63. These fixed minimum maintenance amounts remain inadequate in the context of inflation and rising costs, thereby undermining a child’s right to an adequate standard of living.⁸³
64. The custody of the child primarily rests with the mother (See Chart 7) unless, this is refuted through the manifestation of circumstances in Section 42 of the Family Act.
65. As a result, mothers bear a disproportionate financial and legal burden, as enforcement depends entirely on the courts, and requires repeated applications for missed payments or additional costs (See Chart 8), a process that is time-consuming and emotionally exhausting, perpetuating gender-based economic discrimination. This challenge is compounded by persistent non-payment of court-ordered child maintenance, with cases before Family Court steadily declining while those in Magistrate Court cases have remained relatively stable.⁸⁴

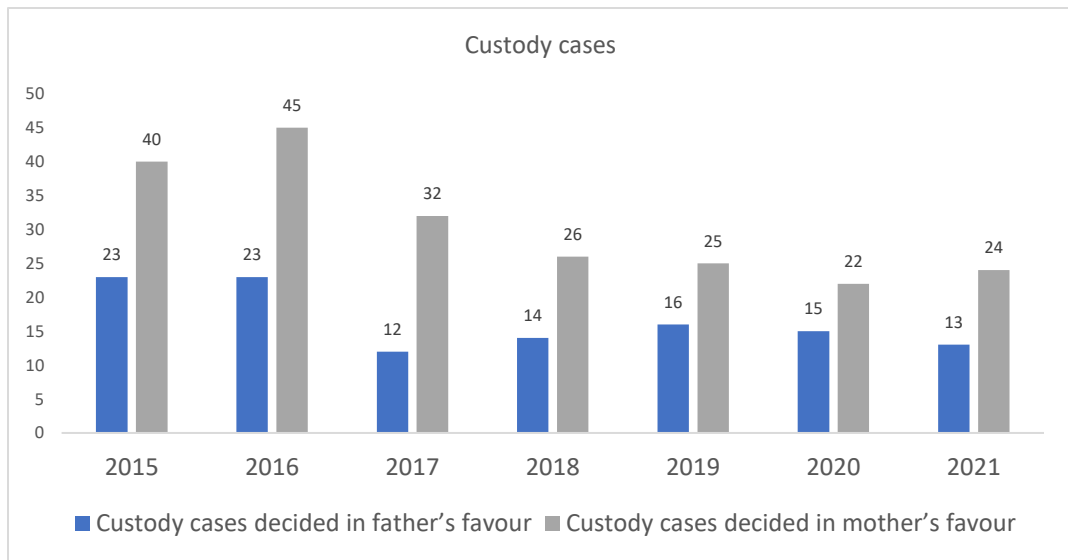


Chart 7: Custody cases, Judicial statistics from 2015 to 2021

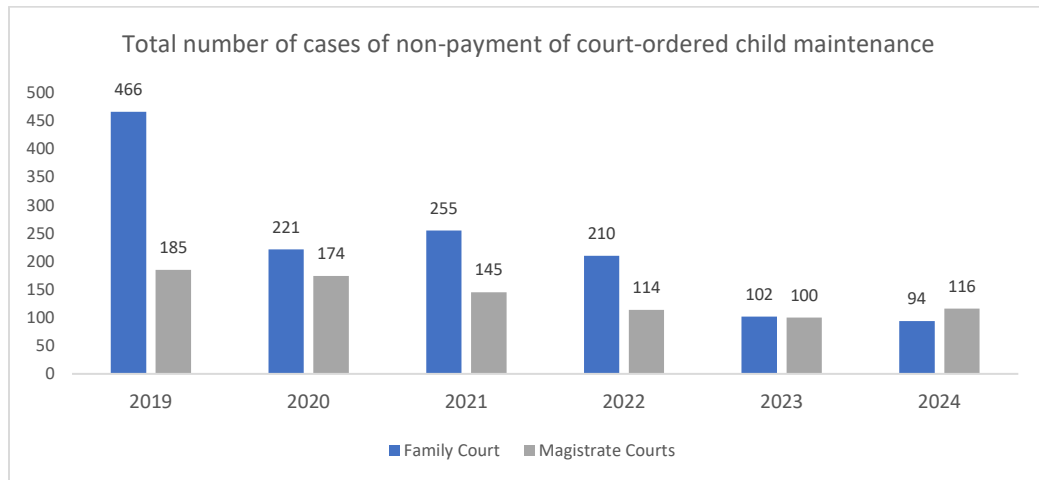


Chart 8: Total number of cases of non-payment of court-ordered child maintenance, Department of Judicial Administration statistics

66. When court-ordered maintenance payments are not made, specific enforcement procedures aim to ensure compliance.⁸⁵ Initially, the court may direct the employer to deduct maintenance payments from the salary of the non-compliant parent (father), and deposit them with the court;⁸⁶ (See Chart 9). While salary deduction is one of the most effective enforcement measures, its implementation is challenging because nearly 80% of those failing to comply with court-ordered child support are not employed in government or formal private sector jobs.⁸⁷ Additionally, and the lack of reliable information on income from permanent or self-employment makes such deductions impractical, leaving many children without essential resources for their well-being⁸⁸

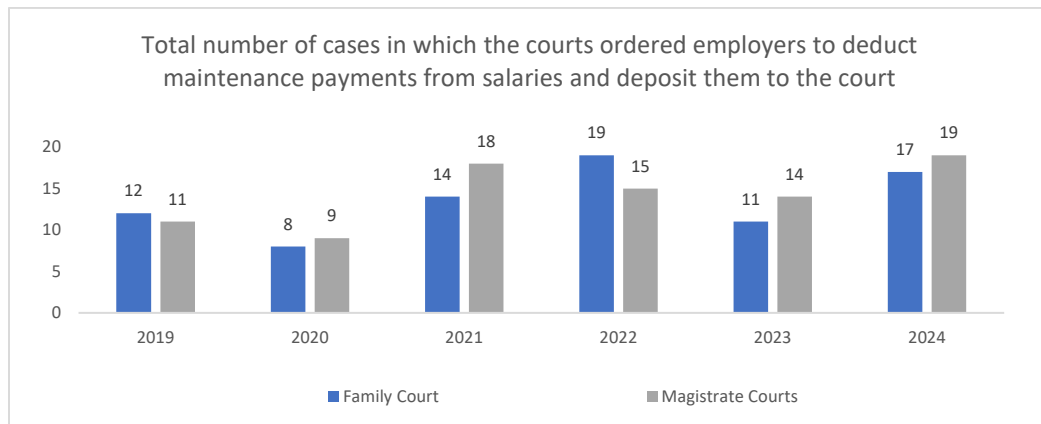


Chart 9: Number of cases in which courts ordered employers to deduct maintenance payments from salaries and deposit them to court

67. For repeated non-payment, the court may impose up to one month of imprisonment,⁸⁹ while unemployed individuals may face up to one month of house arrest for the first instance of non-compliance, with their circumstances taken into account.⁹⁰ Continued non-compliance can result in house arrest, banishment, or imprisonment (See Chart 10) for up to two months,⁹¹ with a renewed enforcement request allowed after one month for the first violation and two months for subsequent cases.⁹²

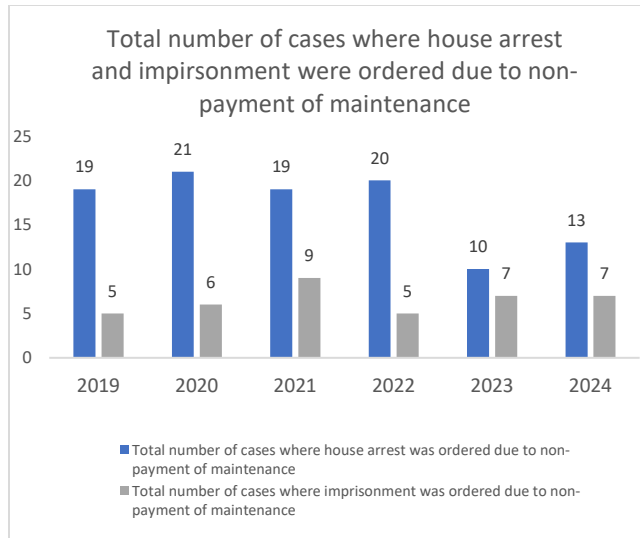


Chart 10: Number of cases where house arrest and imprisonment were ordered due to non-payment of maintenance 2019 to 2024, Department of Judicial Administration

68. However, imprisoning fathers who fail to comply with child maintenance obligations often exacerbates their financial vulnerability, further delaying payments. Thus, courts prioritise safeguarding the child’s maintenance over punitive measures that could further undermine the child’s well-being.⁹³ In some cases, enforcement measures such as house arrest or imprisonment have resulted in payment of overdue maintenance, leading to revocation of such sentences.⁹⁴
69. If maintenance payments remain unpaid despite prior enforcement measures, the court may order the sale of the non-compliant parent’s (father’s) possessions or recover the amount from income generated by property they own.⁹⁵ In 2020, Magistrate Courts issued such orders in two cases, while no similar cases were recorded in other years or by the Family Court.
70. In addition to the aforementioned steps, the court retains discretion to adopt further measures to secure compliance. ⁹⁶These include withholding the parent’s (father’s) passport to prevent travel without court approval (see Chart 11),⁹⁷ inspecting and freezing their bank accounts,⁹⁸ seizing leased property or collecting rental income from it,⁹⁹ nullifying any transactions made during or after the maintenance case,¹⁰⁰ and publicly disclosing the identities of those who fail to comply with court-ordered maintenance.¹⁰¹
71. According to Family Court in the past six years, bank account freezes have been successfully enforced in only 4 cases, as most accounts lack sufficient funds.¹⁰² Similarly, court orders to sell property of those failing to pay maintenance have been

largely ineffective, as many individuals in these cases do not own any registered assets, and when assets exist, they are often of negligible value.¹⁰³

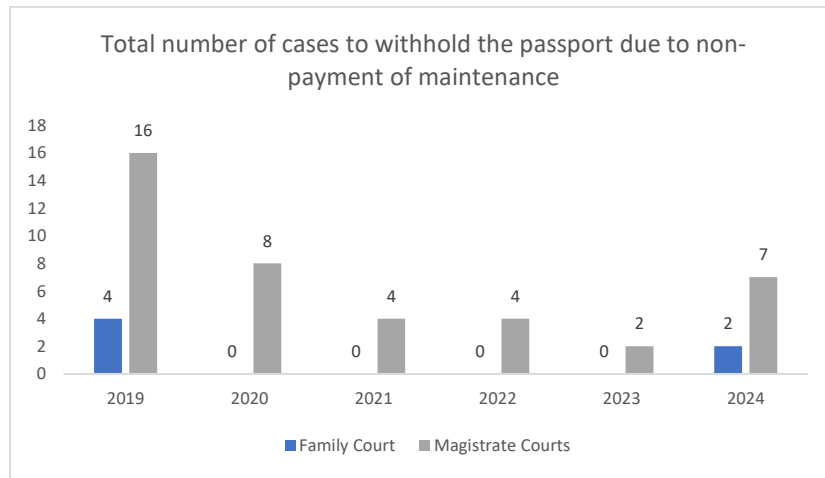


Chart 11: number of cases where passport was withheld due to non-payment of maintenance

72. As part of its enforcement measures, the Courts (see Chart 12) have been publishing the identities of fathers who fail to comply with court-ordered child support payments.¹⁰⁴

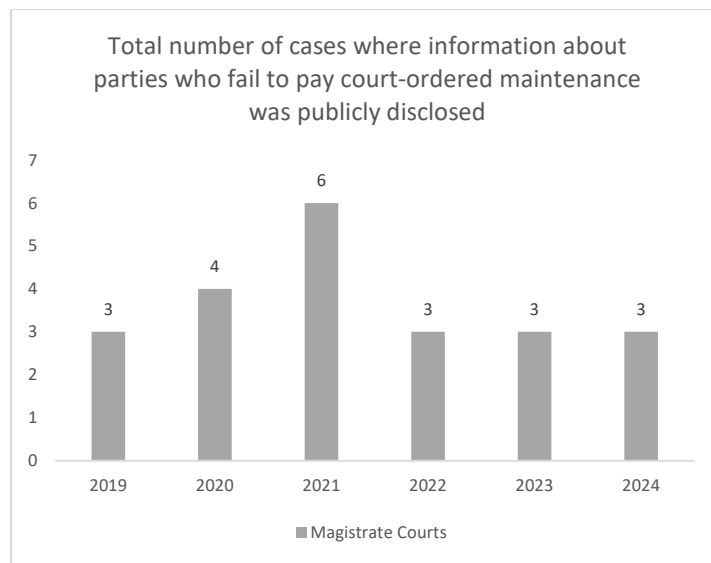


Chart 12: Cases where information about parties who failed to pay court-ordered maintenance was publicly disclosed, Department of Judicial Administration

73. The lengthy and inefficient process for enforcing child maintenance places additional burdens on single mothers and their children in terms of time and emotional strain.¹⁰⁵

These challenges are compounded by the limited availability of legal aid, which is primarily restricted to serious criminal cases.¹⁰⁶ While the DVPA mandates the provision of legal assistance to financially vulnerable victims of domestic violence including domestic child carers,¹⁰⁷ such assistance is limited to matters related to protection orders, including temporary custody arrangements and measures to address financial hardship.¹⁰⁸ However, there is no provision for free legal assistance in divorce, custody battles, or child maintenance proceedings.¹⁰⁹

74. Between 2016 and 2024, the HRCM received two complaints relating to child maintenance and child support disputes. The HRCM's investigation of these cases revealed that the personal interests of parents were often prioritized over the best interests of the child, resulting in adverse consequences for the child's psychological and mental well-being.
75. Between 2016 and 2024, HRCM investigated five cases concerning the custody of children. Two cases in 2016 involved delays and disputes in enforcing court-ordered custody as well as allegations of custodial parents withholding access, both of which were addressed through advice to seek judicial remedies and to uphold the best interests of the child. A third case concerned a baby born to a 16-year-old mother who was placed in State custody, raising concerns regarding the mother's mental health and resulting in a custody request by the maternal grandmother. The fourth case involved a 13-year-old placed in State custody, during which the family was unable to meet the child until the matter was subsequently resolved. The fifth case was initiated following a public allegation of sexual abuse by a custodial parent, but investigations determined that no violations had occurred, and the case was closed. These custody cases demonstrate that delays in enforcing judicial decisions, parental disputes, and the reliance on State custody can undermine the child's right to family life and adversely affect their psychological and emotional well-being.

Recommendations

- **Expand pre-marital awareness programmes across all atolls and ensure that mandatory health screenings including thalassaemia testing are conducted prior to marriage, to safeguard the right to health and prevent hereditary health risks.**
- **Harmonise parental leave policies across the public and private sectors through legislative amendments.**
- **Establish affordable, state-funded childcare services and strengthen oversight of existing daycare facilities to support parents in fulfilling shared responsibilities.**
- **Review minimum child maintenance amounts to reflect current living costs and introduce simplified, accessible enforcement mechanisms.**

- **Adopt alternative enforcement measures to ensure children’s access to financial support, including compulsory payment plans based on verified income, community service as a non-custodial sanction for parents who do not comply with child maintenance obligations, and strengthened monitoring systems to guarantee timely intervention and accountability.**
- **Establish free legal aid for divorce, custody, and child maintenance cases to guarantee access to justice for parents and protect the best interests of the child.**

Article 4 & 19 - Protection of rights & protection from all forms of violence

76. The protection of children from abuse continues to face profound systemic and operational challenges across multiple institutions.¹¹⁰ Investigation officers, prosecutors, and judges often lack specialized training in child abuse cases and victim-sensitive procedures.¹¹¹
77. Health services for child abuse victims, particularly in islands without Family and Child Support Centres, are severely constrained by high staff turnover, limited availability of psychologists and psychiatrists, and the geographic isolation of atoll communities, which complicates timely access to specialized care.¹¹²
78. Investigations on child abuse cases are frequently delayed due to late reporting, victims’ reluctance or inability to cooperate, and insufficient family support.¹¹³ The shortage of officers trained in child-focused investigations further hampers effective case management. Additional delays arise from the slow processing of forensic evidence, such as DNA reports, and social inquiry reports.¹¹⁴
79. Further, pressure from families or relatives on victims to discontinue cases contributes to an increasing backlog, and a lack of awareness and sensitivity among some police officers when handling these cases can compromise both the timeliness and quality of investigations.¹¹⁵

Recommendations

- **Ensure that investigation officers, prosecutors and judges handling child abuse cases receive mandatory, specialized training on child-sensitive procedures, trauma-informed approaches.**
- **Develop standardized procedures for timely collection, preservation, and processing of forensic and medical evidence.**

- **Increase legal, psychosocial, support to victims and families to minimize external pressures that lead to case withdrawal.**

Article 20 & 25 - Children deprived of their family environment & Review of treatment in care

80. When parental care is not feasible, the State prioritizes family-based alternatives, such as placement with extended family members. However, this process is constrained by delays in obtaining criminal records and insufficient financial support for caregivers, undermining timely decisions and the stability of alternative care arrangements.¹¹⁶
81. Children identified as in need receive targeted interventions to safeguard their right to special protection and assistance. While priority is given to family-based care, when a safe family environment cannot be ensured, the State provides alternative care for children aged 0–18 years, with efforts to maintain siblings together. In certain cases, such as for children with special needs, care may continue beyond the age of 18. These facilities are located across the Maldives to meet these obligations.¹¹⁷
82. State care facilities are generally maintained in a clean condition; however, some buildings require renovation. Delays in accessing routine medical care have been observed, and psychological assessments are not conducted promptly. Even when assessments recommend specific therapies, these interventions frequently remain incomplete, with no clear plan for follow-up or continuity of care, thereby compromising the child’s right to health and well-being.¹¹⁸
83. Alternative care standards require every facility employs a counsellor or psychologist;¹¹⁹ however, these positions remain vacant in almost all facilities. Consequently, children face delays or denial of therapeutic interventions. This challenge is compounded by shortage of psychiatrists and psychologists in most hospitals on the islands where these facilities are located, forcing children to travel to other islands for specialist care. This further delays consultations, treatment, and therapy, undermining children’s right to timely and adequate health and psychosocial support. These gaps reflect broader systemic issues, including limited intersectoral coordination and inadequate access to essential services, particularly in the atolls, which impede the effective fulfilment of the State’s obligations.¹²⁰
84. Most care centres lack an on-site healthcare provider, resulting in poorly maintained medical records. Furthermore, staff do not receive regular first aid training and lack adequate training in essential areas, compromising the quality of care and the fulfilment of children’s right to health and safety. Ensuring adequate training and

- support for personnel involved in child placement and care, particularly for children with disabilities, remains a significant challenge.¹²¹
85. No overcrowding issues were observed during NPM's recent visit to Fiyavathi. However, the facility which was designed for children under 13 years of age housed children above this age, raising concerns about age-appropriate care and living arrangements.
86. The nature of cases investigated by HRCM between 2016 to 2021 revealed recurring issues including delays in intervention, failure to conduct timely risk assessments or home visits, inadequate case management and follow-up by social services, and failure to place children in safe environments promptly. In response, authorities introduced corrective measures, including minimum care standards, stricter staff recruitment and training and CCTV monitoring

Recommendations

- **Establish financial support programs and expedited administrative procedures to strengthen family preservation and facilitate timely family-based care placements in line with CRC Article 20**
- **Ensure timely medical and psychological assessments, implement structured care plans, and guarantee continuity of recommended therapies for all children in alternative care.**
- **Establish counsellors and mental health professionals in care facilities and enhance intersectoral coordination to ensure timely and equitable access to specialised services.**
- **Strengthen the capacity of care facility staff through mandatory first aid training, continuous professional development, and specialised training on disability-inclusive care.**
- **Establish separate facilities or dedicated sections for minors in psychiatric institutions to ensure age-appropriate care and protection from harm, and implement comprehensive rehabilitation and reintegration programs, including vocational and educational training, to support their development.**

Article 23 – Children with Disabilities

87. The disability registry process is lengthy and complex, often requiring repeated applications and updated medical documents. Some families choose not to register

- due to low financial allowances, reluctance to label their children, or not recognizing conditions as disabilities. Island councils encourage and support families in registering children with disabilities in their communities, as well as assisting them with applications for disability allowances and other social protection benefits through the National Social Protection Agency (NSPA).¹²²
88. Telemedicine services remain non-functional despite the availability of equipment in some hospitals, due to inadequate digital infrastructure, limited technical personnel, and insufficient training for healthcare providers.¹²³
 89. Special education in outer islands is more limited than in Malé, with classrooms lacking equipment, trained teachers, and funding. These gaps contribute to dropouts and poor academic outcomes, often worsened by limited parental support. Some parents refuse hearing aids or sign language instruction, severely restricting communication and learning.¹²⁴
 90. Section 19 of the Construction Administrative Regulation (R-1004/2019)¹²⁵ now require accessible features in public buildings, roads, and parks, with detailed guidelines under development.¹²⁶ Despite these efforts, most infrastructure remains inaccessible, with some ramps either unusable or merely symbolic.¹²⁷
 91. MTCC ferries (State owned transportation company) are not fully accessible to wheelchair users, with boarding and disembarking posing significant challenges due to poorly designed or improperly located ramps.¹²⁸
 92. The MOSFD established Ijthimaee Badhahi Madhadhuverin (IBAMA), a community-based, multi-sectoral mechanism aimed at preventing and responding to violence against children and vulnerable groups, promoting human rights, and ensuring a safe society in accordance with the Constitution and international conventions. However, this mechanism has not been implemented across all islands.¹²⁹
 93. There is a notable lack of sign language training for authority figures.¹³⁰ The Ministry of Health reported that no officials have received training specifically focused on communicating with persons with disabilities, and no measures have been taken to make professional interpreters accessible in hospitals or health centres, nor has healthcare staff received sign language training.¹³¹
 94. Early identification and diagnosis of children with disabilities were hindered by the absence of multidisciplinary therapeutic services in outer islands.¹³²
 95. Shortage of para-teachers and specialized support for both SCLP (Student's with complex learning profiles) and mainstream teachers hinders quality education for children with complex profiles in mainstream classes.¹³³

Recommendations

- **Expand specialist healthcare services by incorporating trained child psychologists, psychiatrists, occupational therapists, speech therapists, and physiotherapists, at regional hospitals.**
- **Expand sign language training across all frontline services, including health professionals, teachers, and law enforcement, and establish a national pool of professional interpreters to be available in hospitals, schools, and courts.**

Article 24 Health and health service

96. Thalassaemia patients, particularly children in outer islands, continue to face significant barriers in accessing essential healthcare services. A major concern is the availability and safety of blood supply.¹³⁴ Voluntary blood donation remains limited in these regions, with a continued reliance on direct donors. Many island health facilities also lack appropriate infrastructure, including safe donor collection areas, reliable refrigeration systems, and centrifuges for component separation.¹³⁵
97. The shortage of trained healthcare personnel is another persistent challenge. Frequent staff turnover, coupled with insufficient training on standardized thalassaemia protocols, undermines the continuity and quality of care.¹³⁶
98. Vaccine hesitancy is an increasing concern, fuelled by misinformation on social media and a declining perception of risk due to past immunization success. This has led some caregivers to undervalue the importance of vaccines.¹³⁷
99. The Penal Code exclusively proscribes medical termination occurring subsequent to the initial 120 days of conception.¹³⁸ Moreover, even in such instances, the law establishes an exception for medical termination when the mother faces risk or when the pregnancy arises from sexual abuse and/or incest.¹³⁹ In addition a fatwa on guidance on the grounds on which medical termination can be legal within an Islamic context was issued by Islamic Fiqh Academy of Maldives in December 2013.¹⁴⁰
100. Between 2015 and 2024, 72 pregnancies were reported among girls under 18, resulting in 64 live births and eight medical terminations (See chart 13)¹⁴¹ .

Year	Age of the child	No of Pregnancy	Live births	Miscarriage	Medical termination/ Abortion
2015	<18	11	11	0	0
2016	<18	6	4	0	2
2017	<18	11	9	0	2
2018	<18	9	9	0	0
2019	<18	3	3	0	0
2020	<18	4	3	0	1
2021	<18	10	10	0	0
2022	<18	2	2	0	0
2023	<18	7 (1 stillbirth)	4	0	2
2024	<18	10	8	0	2

Chart 13: Number of cases documented by ministry of Health on Child pregnancies from 2015 to 2024

101. Although the importance of providing reproductive health information to youth and adolescent children has been recognized, there is no established system to provide age-appropriate sexual wellness and reproductive health information.¹⁴²

Recommendations

- **Expand availability of safe blood supply, including infrastructure for collection, storage, and processing in outer islands.**
- **Increase the number of trained health workers and implement targeted community awareness campaigns to counter vaccine hesitancy and misinformation.**
- **Improve infrastructure and emergency obstetric care capacity at atoll-level health facilities.**
- **Introduce age-appropriate sexual and reproductive health education programs in schools nationwide, ensuring accessibility for adolescents and youth, with standardized curricula approved by the Ministry of Education and Health.**
- **Develop clear guidelines and access pathways for adolescents facing pregnancy due to abuse, in line with existing legal exceptions. And ensure timely medical and psychosocial support for minors, including safe and confidential services.**

Article 26 & 27 - Social Security, Adequate standard of living

102. Accessing therapy services remain difficult as financial aid provided by NSPA does not cover the cost of recommended therapeutic services, resulting in patients having to cut down the number of sessions. Delays in receiving allowances add further strain for families reliant on these payments for medical needs.¹⁴³
103. Financial assistance from NSPA programs is limited, intended to help families meet some needs and access social services.¹⁴⁴ Challenges include program sustainability and limited fiscal space.
104. However, In June 2023, the disability allowance was increased to MVR 3000 monthly, and three new allowances were introduced: Carer allowance (MVR 2000), Self-Care Allowance (MVR 1000), and Household Allowance for more than two persons with disabilities (MVR 1000). Further, The Government has announced that, effective from 2026, the Single Parent Allowance will be raised to MVR 3,000 per child, with a maximum cap of MVR 12,000.¹⁴⁵

Recommendations

- **Improve outreach and monitoring of NSPA programs by providing councils with resources for awareness sessions, enhancing monitoring and evaluation mechanisms, and ensuring consistent program delivery nationwide.**
- **Increase adequacy and coverage of NSPA allowances by broadening eligibility, and ensuring long-term program sustainability.**

Article 28 & 29 - Right to Education, Goals of Education

105. Schools across the country face significant issues such as poor infrastructure, inadequate funding for activities, and shortages of qualified teachers. Library facilities are often insufficient, with some consisting of only two small shelves and doubling as meeting rooms, limiting access to learning resources.¹⁴⁶
106. Bullying remains a serious concern, with reports of repeated physical assaults, including incidents occurring in front of teachers, and cases where ongoing harassment led to hospitalisation for mental health issues. Bullying also extends to online spaces. Teachers reported addressing incidents through discussions, referrals to senior staff, and parental engagement, while emphasizing that physical punishment is not used.¹⁴⁷

107. The absence of school counsellors remains a major gap, despite recognition by both parents and teachers. Educational services for SCLP also inadequate, often limited to one under-resourced teacher. ¹⁴⁸

108. Skill development opportunities in schools remain limited. A key barrier is the lack of experts for specialized classes, restricting both the range and depth of programs. Co-curricular activities are mostly confined to clubs and popular sports like football, netball, and handball, leaving broader skill-building needs unmet. ¹⁴⁹

Recommendations

- **Combat bullying by mandating effective reporting mechanisms, strengthening teacher accountability, as well as introducing structured anti-bullying and online safety programs at school and community levels.**
- **Expand counselling and support for SCLP by appointing trained school counsellors nationwide, strengthening teacher training, and providing adequate resources for inclusive education through relevant inter agency coordination.**
- **Strengthen debate, public speaking, and civic participation programs by establishing structured extracurricular event and competitions.**
- **Expand skill development opportunities by engaging local professionals, civil society, and online platforms to deliver specialized classes, ensuring students gain exposure beyond sports.**

Article 32 - Child Labour

109. The Employment Act ¹⁵⁰ prohibits hiring children under 16, except for limited educational or family work. Similarly, the General Regulations under the Child Rights Protection Act ¹⁵¹ prohibits child labour that harms education or health, allowing only safe, supervised training or light family tasks. However, these laws fall short of fully meeting Article 32 standards and ILO Convention No. 138 requirements.

110. While the GRPRC introduces important safeguards¹⁵² by requiring employers to notify both the CFPS and LRA when engaging children in training relation to their education or family work, this requirement remains unenforced. Although the Regulation mandated the CFPS to issue guidelines on employers' conduct regarding training and children's involvement in family work within three months of enactment, no such guidelines have been published as of mid-2025, creating a significant legislative vacuum. ¹⁵³

111. GRPRC differentiates between work that is prohibited and work permitted for children aged 16 and above under strict supervision with guardian consent. Regulation¹⁵⁴ prohibits hazardous work for children. However, the regulation lacks a comprehensive legal definition of hazardous work and the categories listed are static with no mechanism for periodic review to account for evolving occupational risk factors.¹⁵⁵

Recommendations

- **Publish the mandated guidelines on employer conduct and maximum work duration to operationalise protections against child labour and strengthen oversight mechanisms to ensure accountability.**
- **Amend the regulatory framework to set 18 years as the absolute minimum age for all hazardous work and align the legal framework with international labour standards.**
- **Adopt a comprehensive and rights-based definition of hazardous work, consistent with ILO Convention No. 182, and strengthen the labour inspection system to ensure effective monitoring, accountability, and protection of children from all forms of economic exploitation.**

Article 33 - Drug Abuse

112. The protection of children from illicit drug use is addressed in both the CRPA¹⁵⁶ and the Drugs Act¹⁵⁷ which collectively recognize this issue and provide a framework of legal and administrative measures encompassing prevention, treatment, and protection mechanisms.

113. Common community-level factors that compromise children's rights and increase their involvement in drug-related activities include inadequate parental care and greater vulnerability among children from broken or disorganized families, particularly in single-parent households.¹⁵⁸ Peer pressure and school dropout further compound these risks, while children from low socio-economic backgrounds are disproportionately affected.¹⁵⁹

114. Children above the minimum age of criminal responsibility (15 years) who confess to drug use are referred to the DC (see Chart 14),¹⁶⁰ which is mandated to refer them to treatment programs and issue rehabilitation orders in cases where they are found to be addicted.¹⁶¹

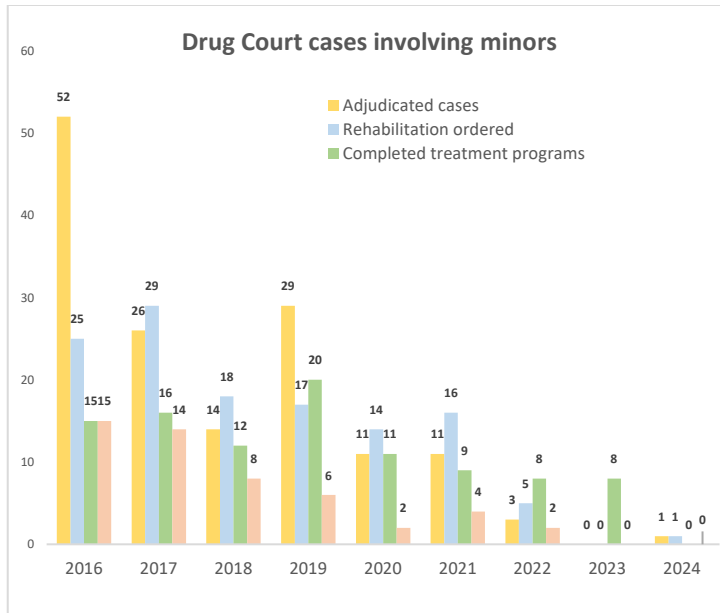


Chart 14: Drug Court cases involving Children

115. Between 2018 to 2023, drug-related offences constituted 30% of all juvenile cases reported to the DJJ, with a significant portion of these cases involve drug use, possession, and trafficking (see Chart 15).¹⁶² This demonstrates a persistent concern with substance abuse and related behaviours among CICL.

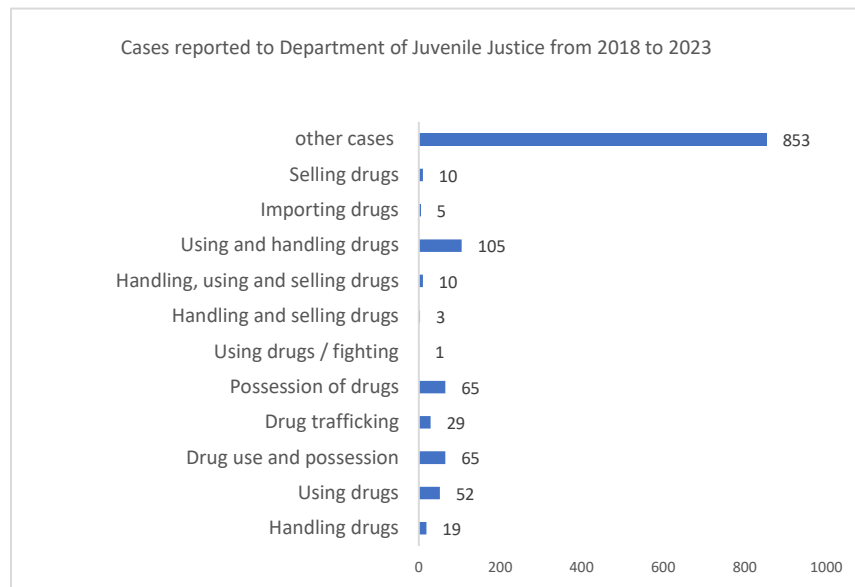


Chart 15: *cases reported to DJJ from 2018 to 2023*

116. NDA is mandated to establish and operate treatment centres, including detoxification centres and drug rehabilitation centres for children.¹⁶³ It is also responsible to conduct indicative assessments,¹⁶⁴ license and regulate treatment centres,¹⁶⁵ and monitor their operations.¹⁶⁶ Moreover, NDA is to coordinate treatment for children upon request by a parent or guardian¹⁶⁷ and to maintain a register of individuals receiving treatment, including children.¹⁶⁸
117. The absence of dedicated drug rehabilitation centres for minors, not only restricts access to age-appropriate drug treatment programs for substance use disorders and undermines the effectiveness of early intervention and long-term rehabilitation, particularly for children and adolescents.¹⁶⁹
118. The NDA lacks a national policy and strategic action plan, leading to inconsistent implementation of drug prevention and rehabilitation measures due to shifting priorities with changes in administration and leadership.¹⁷⁰ Existing policies do not adequately prioritize the specific needs of children and lack specialized frameworks to address the complex challenges they face in accessing treatment and support.¹⁷¹
119. Resources constraints limit the development of follow-up and aftercare services, making it challenging to monitor children's progress after treatment.¹⁷²
120. The NDA's ability to design and implement targeted drug prevention interventions for vulnerable youth remains significantly constrained. The absence of youth-focused programs, limited availability of trained professionals, and insufficient technical capacity undermine efforts to develop culturally appropriate prevention strategies.¹⁷³

Recommendations

- **Adopt a national legal and policy framework that mandates age-appropriate, evidence-based drug prevention programmes in schools, integrates comprehensive health education into the curriculum, and establishes clear guidelines for implementation.**
- **Develop tailored rehabilitation and reintegration programmes for CI/CL, ensuring access to alternative education, vocational training, and psychosocial support, while addressing stigma and discrimination.**
- **Establish dedicated child-friendly rehabilitation centres and invest in training multidisciplinary teams to deliver trauma-informed, gender-sensitive, and community-based interventions. Integrate family counselling, aftercare services, and interagency coordination into rehabilitation strategies.**

- Implement public awareness campaigns to reduce stigma, promote access to treatment, and develop child-sensitive reporting mechanisms that protect confidentiality and rights.
- Adopt a comprehensive national strategy on drug prevention and rehabilitation for children, allocate sufficient resources, and strengthen interagency coordination through a formal mechanism that includes civil society and community stakeholders.

Article 34 & 36 - Sexual Exploitation and other forms of exploitation

121. Analysis of child sexual offence data in the Maldives from 2016 to 2024 underscores an ongoing and significant challenge in safeguarding children from sexual abuse and exploitation (see Chart 16).¹⁷⁴ During this period, a total of 1,943 cases of child sexual abuse were reported, with 1,919 of these cases undergoing investigation. While the high rate of investigation reflects the authorities’ prompt response to reported incidents, only 531 cases were subsequently referred to the Prosecutor General’s Office for potential prosecution.¹⁷⁵

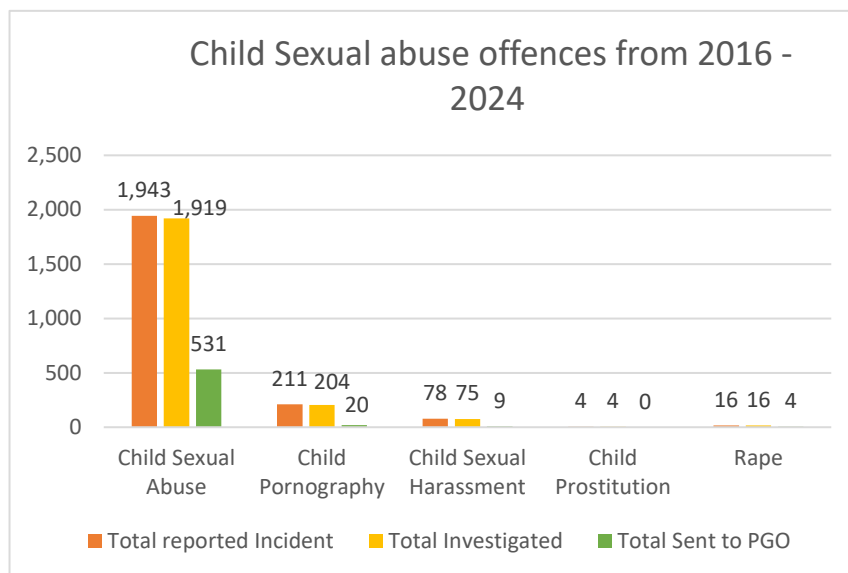


Chart 16: Child Sexual Abuse Cases reported to MPS from 2016 to 2024

122. Although the Maldives has implemented several awareness initiatives on the sexual exploitation of children, including refresher programs for police officers, awareness

sessions for children, teachers, and parents, and information dissemination through mass media, these measures remain largely insufficient.¹⁷⁶ Persistent financial constraints severely limit the reach and continuity of such programs, while the lack of specialized expertise in child protection diminishes their effectiveness and quality.¹⁷⁷

123. It is of grave concern that the Clemency Act (Act no 02/2010) allows the President to remit the remaining sentence of any convict, potentially reducing a sentence from several years to just a few days, with no minimum period set for the remission.¹⁷⁸ While the Act prohibits pardoning child sexual abuse offenders, it still allows the President to significantly reduce their sentence to a few days, under certain conditions such as if the person has completed 1/4th of their sentence.¹⁷⁹

124. Data on other forms of exploitation indicates a consistent pattern of substantial reporting and thorough investigation, yet a strikingly low rate of legal accountability.¹⁸⁰ In 2024, threatening (31 cases) and blackmail (26 cases) were the most commonly reported incidents, with investigations conducted in nearly all instances; however, referrals for prosecution were virtually non-existent (See Chart 17).¹⁸¹

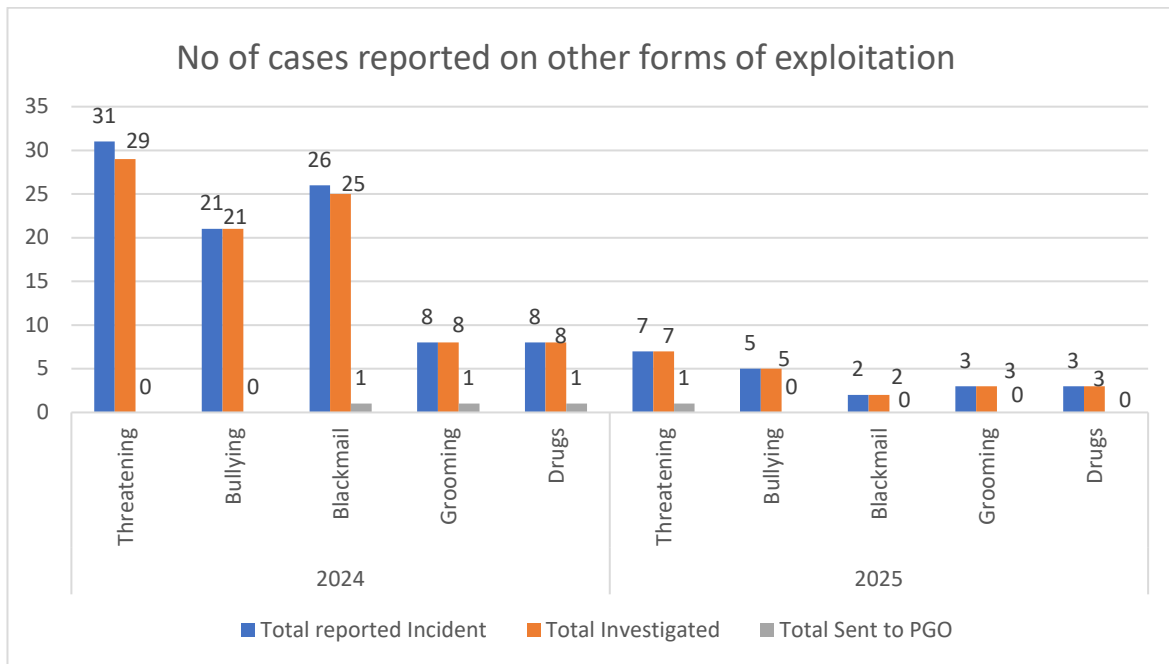


Chart 17: Cases Reported to Maldives Police Service regarding other forms of exploitation

Recommendations

- Ensure all reported cases of child sexual abuse are referred for prosecution without undue delay.
- Strengthen the capacity of prosecutors and investigation officers through mandatory, specialized training in child protection and victim-sensitive procedures.
- Amend the Clemency Act to exclude child sexual offenders from all categories of clemency

Article 11 & 35 - kidnapping and Abduction, Sale and Trafficking

125. While the Penal Code¹⁸² addresses the unlawful holding of a person, it does not cover criminal provisions for parental abduction, leaving children vulnerable when a parent unlawfully takes or retains a child in custody disputes without clear legal recourse. Additionally, there is no legal framework addressing international or regional cross-border child abduction, hindering the Maldives' ability to respond effectively or ensure the safe return of abducted children.

126. Significant challenges persist in effectively identification and protection of children subjected to commercial sexual exploitation and trafficking. (See Chart 18)¹⁸³ One major issue is the lack of adequate training for investigators to comprehend the complexities of the legal and procedural aspects of child labour exploitation.¹⁸⁴ This gap hampers their ability to distinguish between different forms of exploitation, such as sex trafficking and sexual abuse.¹⁸⁵ Misclassification of cases not only complicates investigations but also risks retraumatizing survivors.¹⁸⁶

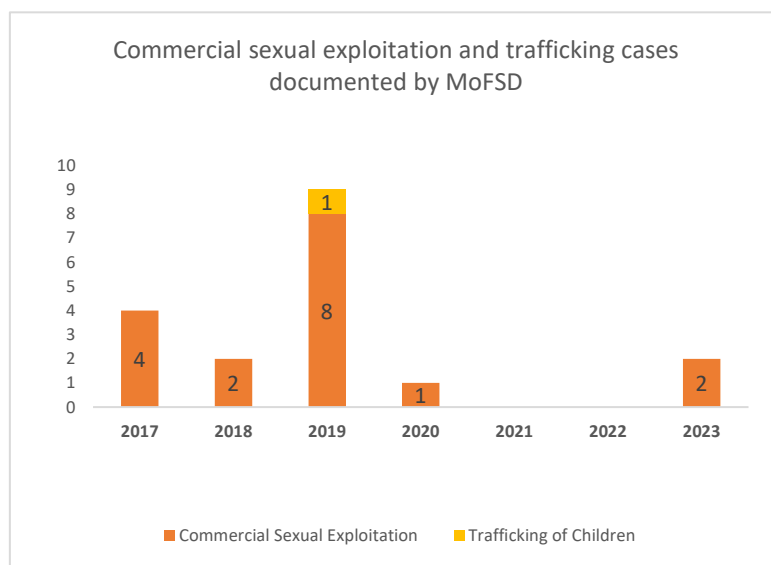


Chart 18: commercial sexual exploitation cases documented by Ministry of Social and Family Development and Maldives Police Service

127. Many victims remain unidentified due to systemic and social factors, often being misperceived as engaging in consensual relationships or wrongfully labelled as “problematic” children or juvenile offenders.¹⁸⁷ The absence of a standardized national protocol for identification and referral further exacerbates this issue, leading to missed indicators within child-focused services.¹⁸⁸ These risks are heightened by offender-related challenges as perpetrators often exploit positions of trust, including as teachers, religious figures, or relatives, manipulate community narratives to evade accountability.¹⁸⁹
128. Although organized trafficking networks have not been formally documented, concerns persist about informal networks enabling exploitation through guesthouses or online platforms.¹⁹⁰ Additionally, the rise of online grooming via social media and messaging apps reflects a shift toward digital exploitation.

Recommendations

- **Consider accession to the Hague Convention on the Civil Aspects of International Child Abduction to ensure effective cross-border cooperation and the prompt return of children.**
- **Amend national protocol for victim identification, referral, and protection**
- **Establish a unified, transparent national data collection and reporting mechanism on child exploitation, sale, and trafficking, disaggregated by age, gender, and type of exploitation, in line with CRC General Comment No. 25 and international best practices on data governance.**

Article 37 - Torture, inhumane and degrading treatment

129. During the NPM’s visit in 2024, it was observed that although rehabilitation orders issued by the Juvenile Court for those serving sentences at the Juvenile Detention Centre require MCS to provide educational, vocational, and psychological support programs, these services are not being delivered effectively.
130. The Chart 19 shows types of torture cases investigated by HRCM. While the upward trend may partly reflect improved reporting mechanisms and investigative capacity, it may also indicate a persistent or worsening incidence of ill-treatment.

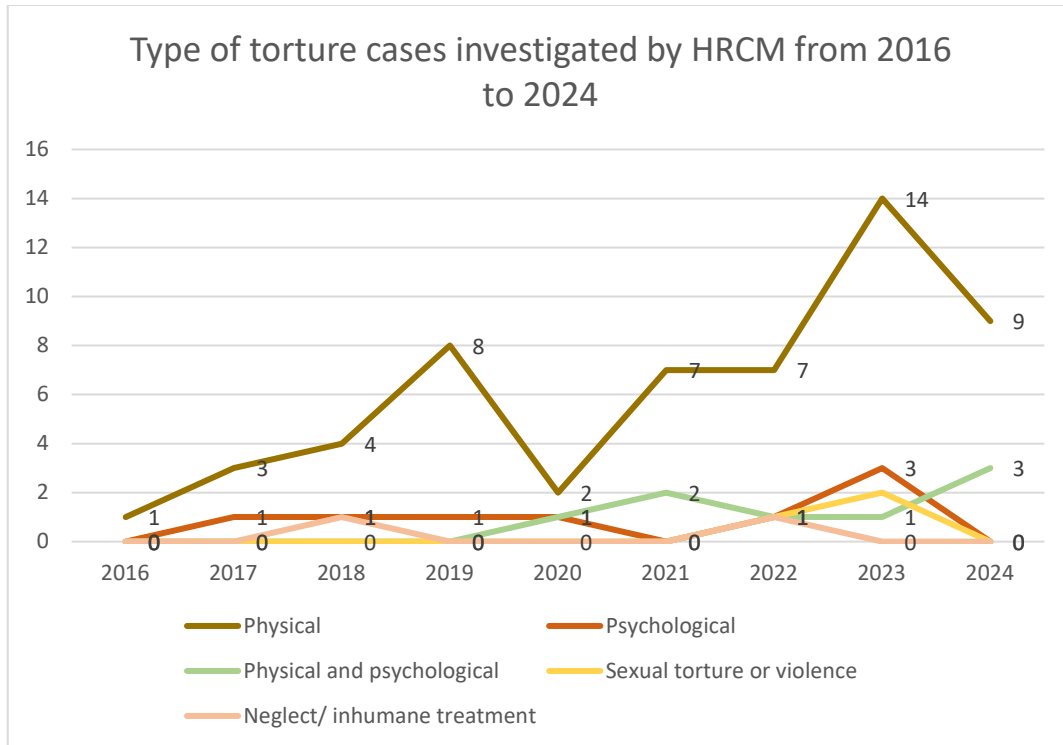


Chart 19: HRCM, alleged torture cases investigated and types of torture 2016-2024

131. HRCM faced significant challenges when investigating torture cases due to the high evidentiary burden required to prove allegations of torture under the ATA. Without clear and direct evidence, it was often challenging to demonstrate the intention of the accused as stipulated under section 10 of the ATA. As a result from 2021 to 2023, only a small number of cases (3 cases in 2021, 2 cases in 2022 and 2 case in 2023) forwarded by HRCM for prosecutorial decision resulted in prosecution, with several declined by the PGO, one rejected by court (see chart 20), and most years showing no pending or actively prosecuted cases, indicating limited progression from investigation to trial.

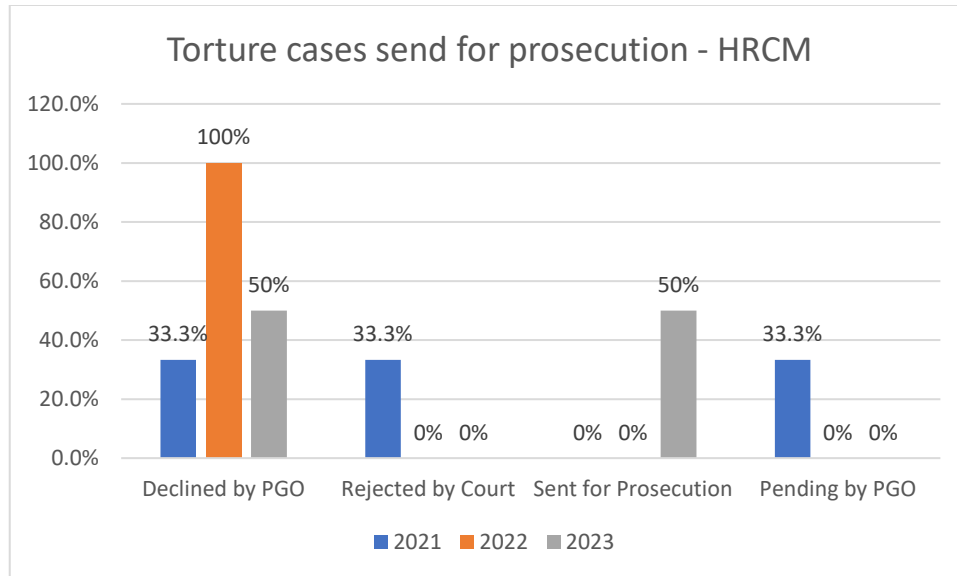


Chart 20: cases sent for prosecution

132. HRCM has limited financial, technical, and human resources to fulfil the criminal investigation mandate efficiently. HRCM has to depend on MPS forensic expertise and there is a potential for biased reports due to the conflict of interest.

Recommendations

- **Take concrete measures to guarantee implementation of rights-based rehabilitation programs for all juveniles, ensuring access to quality education, vocational training, and psychosocial support, in compliance with international standards.**
- **Develop alternative education and skills programs tailored for juvenile offenders, including bridging programs and mental health services, in collaboration with the Ministry of Education and community-based partners.**
- **Establish an independent forensic laboratory and strengthen HRCM’s capacity through adequate funding, staffing, and specialised training on torture investigation, forensic documentation, and interviewing techniques.**

Article 40 - Juvenile Justice

133. The JJA outlines the rights of CICL, aims to prevent juvenile delinquency, and prescribes swift reform through rehabilitation.¹⁹¹ However, there are still gaps in the effective implementation of these provisions. The Department of Juvenile Justice (DJJ) serves as a central authority in managing cases, overseeing children’s rehabilitation,

- and coordinating diversion mechanisms in collaboration with police, prosecutors, and the courts.¹⁹² Despite its pivotal role, the functions and responsibilities of the DJJ are not consistently recognized or fully understood by other agencies in practice.¹⁹³ The lack of consistent inter-agency coordination and communication severely undermines the delivery of justice outcomes and often leads to delays.¹⁹⁴
134. A special facility is designated in capital city to take testimony of minors in child-friendly setting. However, in islands where there are no such facilities, children are either brought to the nearest school or any other child friendly environment to take their testimony.¹⁹⁵
135. Relevant agencies encounter significant delays in obtaining essential psychological reports, gender assessments, and risk evaluations, primarily due to a shortage of qualified professionals; particularly in cases involving multiple juveniles. These delays intensify for juveniles residing outside the capital region, where no certified professionals are stationed in the atolls to conduct such assessments. Consequently, prosecutions cannot proceed until all required reports and documents are received, resulting in prolonged delays throughout the judicial process.¹⁹⁶
136. Legal proceedings involve technical language and concepts that can be confusing for children. In circumstances where law enforcement officials fail to comprehend the information they require from the child and the purpose it will serve in terms of the administration of justice; the child is not properly informed of the consequences of the information being disclosed, which makes it difficult to later admit that information as evidence.¹⁹⁷ Additionally, not all defence attorneys working with children have received specialized training, making it challenging for them to become familiar with juvenile justice systems (JJS) and ensure proper participation of juveniles in the justice system.¹⁹⁸
137. Reintegrating CIJL continues to face major challenges, as successful rehabilitation depends not only on the child but also on the support and attitudes of the community (See chart 21).¹⁹⁹ School dropouts remained overrepresented among CIJL. While being overaged makes it difficult for children to return to school, low literacy levels make it challenging for them to enrol in vocational training programs.²⁰⁰

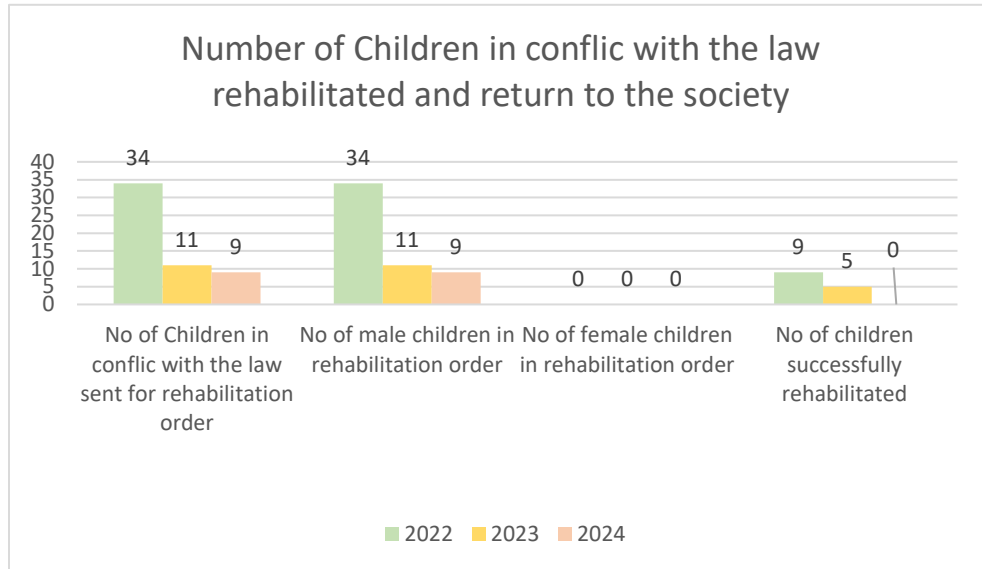


Chart 21: Children in conflict with the law rehabilitated and returned to society documented by DJJ

138. Although CICL held in the Juvenile Detention Center at Asseyri Prison are formally separated from the general prison population, they are still able to communicate with adult inmates because of the close proximity of their cells and their interaction in shared areas.²⁰¹ The Juvenile Justice Act provides no explicit guidance on the detention of juveniles who are on remand during trial proceedings; as a result, juveniles awaiting trial are held together with those who have already been convicted.²⁰²

139. CRPA and the JJA raise the age of criminal responsibility to 15 years. However, it is of concern that in April 2024, government announced its intention to lower the age of criminal responsibility to 12 years.²⁰³ HRCM considers lowering the age of criminal responsibility as an issue of concern as punitive measures in juvenile justice has unfavourable consequences to juveniles.

140. Children under the age of 15 remain in a protection vacuum, as unclear institutional mandates leave them vulnerable to exploitation by gangs who deliberately recruit them knowing they cannot be held criminally liable.²⁰⁴ Establishment of mechanisms to rehabilitate at risk youth without the requirement of having to take criminal responsibility should be the way forward, rather than lowering the age of criminal responsibility to 12 years. In addition, addressing the root cause of child recruitment in criminal activities and penalizing the recruiters should be prioritized.²⁰⁵

Recommendations

- **Ensure that investigators are provided with continuous capacity building programs to enhance the comprehension of the complexities of legal and procedural aspects of child exploitation**
- **Enhance sensitization of judiciary, law enforcement, legal professionals and case/social workers to ensure juvenile participation and to facilitate informed decision making.**
- **Increase access to realize the right to education to juvenile offenders.**
- **Amend the Juvenile Justice Act (18/2019) to explicitly include a provision to segregate juvenile offenders who attained adulthood to a detention centre under a separate system.**
- **Strengthen the social protection mechanism to address youth at risk.**

Article 42 – Knowledge of Rights

141. State agencies such as MoSFD, MPS, and FPA conduct sessions on rights and responsibilities, laws and regulations, human rights, cybersecurity, online safety, and domestic violence, targeting adolescent children.²⁰⁶ However, these sessions are not regular or systematically integrated into the school curriculum.²⁰⁷
142. A limited introduction to human rights and governance concepts, including democracy, is available in social studies textbooks. DVPNS (Domestic Violence Prevention National Strategy) mandates integration of human rights components including human dignity, gender equality, and domestic violence prevention into school textbooks and curricula.²⁰⁸

Recommendations

- **Integrate systematic rights education into the school curriculum at all levels, ensuring that children gain age-appropriate, comprehensive knowledge of the Convention on the Rights of the Child (CRC), human rights, and responsibilities.**
- **Promote interactive and practical learning methods, such as debates, role-plays, and school clubs, to help children internalize rights and responsibilities in a constructive manner.**

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