



NATIONAL STRATEGY TO ELIMINATE CORPORAL PUNISHMENT: THE NETHERLANDS



NOPUNISH has been funded by the European Commission under the Justice Programme. Agreement JUST/2015/RDAP/AG/CORP/9183



NO PUNISH



Content

1. INTRODUCTION.....	3
2. CONCEPTUAL FRAMEWORK.....	4
3. ANALYSIS OF THE CURRENT SITUATION.....	4
4. OBJECTIVES.....	8

This report has been produced with the financial support of the Rights, Equality and Citizenship (REC) Programme (2014-2020) of the European Union. The contents of this report are the sole responsibility of University of Valencia and the whole NOPUNISH project consortium and can in no way be taken to reflect the views of the European Commission.



1. INTRODUCTION

The project NOPUNISH relies on the fulfilment of the UN Convention on the Rights of the Child adopted in 1989, which recognises children as objects of law, therefore, promoting their defence, integrity and rights. In this regard, the objective of this report is to provide a national strategy in order to eliminate corporal punishment against children. Any corporal punishment violates children's right to respect for their human dignity and physical integrity, and their rights to health, development, education and freedom from torture and other cruel, inhuman or degrading treatment or punishment. Its legality in the majority of states – unlike other forms of interpersonal violence – violates their right to equal protection under the law¹. This transnational study done by NOPUNISH project has allowed the consortium to understand the risk and protective factors identified within this psychosocial phenomena, going beyond cultural aspects, and learning from measures proven to be efficient for prevention and against corporal punishment as an educational strategy.

In order to achieve these objectives, steps have been as follows:

1. Tool development:

- The objective of this project is to develop a transnational tool to assess the effectiveness of the different child protection systems when detecting and acting upon cases of corporal child punishment, seen as a form of child abuse. Furthermore, strengths and weaknesses of the system in different fields of action (educational, legal, social and health) shall be detected.
- Provide effective strategies and best practices for eradicating corporal violence against children.

For this purpose, the strategy thoroughly proposes eleven objectives to eliminate corporal punishment in each country participating in this Consortium: The Netherlands, Romania, Estonia and Spain, in order to find out:

- A conceptual framework
- Situation of the physical abuse in each country.
- Presentation of the objectives to eliminate the corporal punishment against children

We hope that this document will give structured and synthesized guidelines, allowing public authorities to develop effective strategies to combat child abuse.

¹ 1 Global Initiatives to End All Corporal Punishment of Children (2018). Global report 2018 Progress towards ending corporal punishment of children. e Global Initiative to End All Corporal Punishment of Children: United Kingdom



2. CONCEPTUAL FRAMEWORK

Child maltreatment – is a profound stressor, threatening children’s safety and security. Maltreated children are subjected to extreme physical punishment or neglect of the child’s emotional and/or physical needs².

Corporal Punishment – is the most common form of violence against children worldwide. It includes any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light, as well as non-physical forms of punishment that are cruel and degrading.

Best interest of the child – according to which all actions concerning children taken by public or private institutions of social welfare, courts of law, administrative authorities or legislative bodies, will act to the interests of the child. This involves a commitment to ensure for the child the care and protection for their well-being, taking into account the rights and duties of their parents, guardians or other persons responsible for him before the law and, to that end, implement all adequate legislative and administrative measures³.

3. ANALYSIS OF THE CURRENT SITUATION

The definition of child abuses as set out in the Children's Act (2015): 'Child abuse is any form of threatening or violent interaction of a physical, psychological or sexual nature, forced by the parents or any other person with whom the minor has a relationship of dependence, which would cause serious harm or threatens to do so to the minor in the form of physical or physiological harm'. Child abuse can occur in the following ways:

1. physical abuse;
 2. emotional (psychological) abuse;
 3. physical neglect;
 4. emotional (psychological) neglect;
 5. sexual abuse;
 6. Combinations of physical and emotional abuse, neglect and sexual abuse.
- Physical abuse includes all types of physical violence towards a child. For example: hitting, punching, kicking, biting, scratching, hair pulling, burning, injury with an object, breaking bones, (attempted) strangulation or suffocation. The severity of the abuse can vary from light to extremely serious or even fatal. Foetal Alcohol Syndrome (FAS) due to the use of alcohol and drugs during pregnancy

² Hibel, L. C., Mercado, E., & Valentino, K. (2019). Child Maltreatment and Mother-Child transmission of Stress Physiology. *Child Maltreatment*. 1- 13

³ Spanish Ministry of Health, Social Services and Equity (2014). National Strategic Plan for Childhood and Adolescence 2013-2016. Centro de Publicaciones Paseo del Prado: Madrid



The severity of child abuse is not only determined by the seriousness of the abuse, neglect or sexual abuse at any given moment, but also by other factors such as the frequency and duration. The impact of child abuse on the young person is determined not only by the severity of the abuse but also factors such as: the timeliness with which it is detected, the (developmental) age of the child, the resilience of the child, the reactions by other adults and professionals, and protective factors such as coping strategies and social support for the child (inc. Van der Putte et al., (2013).

There is no separate data collection for corporal punishment in the Netherlands. The best data collection is from the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK). They record data about the consultations, reports and investigations. Here below there is nationwide data about the first half year of 2016. For an indication of annual figures, the data should be doubled.

Number of reports and number of completed surveys, by type of violence and / or abuse 1st half of 2016		
Total	Total number of reports	3295
	physical abuse	1125
	physical neglect	135
	psychological harassment	1565
	emotional neglect	90
	educational neglect	810
	sexual abuse	55
	financial exploitation	15
	witnessing violence in the family	835
	Munchausen-by-proxy	0
	female genital mutilation	5
	otherwise	880

Since 2005, there is 5-yearly monitoring of the scope of child abuse in our country by way of the ‘Nederlandse Prevalentiestudie Mishandeling’ (NPM, the ‘Netherlands Child Abuse Prevalence Study’). Results from the 2015/2016 NPM are expected in 2016/2017.

Based on the 2010 NPM (Alink et al, 2011), key issues of the scope and nature of child abuse in the Netherlands are:

- The annual prevalence of child abuse in all of its various forms in the Netherlands is estimated to be 3.4%. That is to say, that at any given moment in the year, 34 children per 1000 are being abused, neglected or mistreated. This comes to almost 119,000 children per year.



- Of school children aged 12-17, 9.9% (99 in 1000) claim to feel that they are victims of child abuse and to have experienced abuse in the previous year.
- 45% of all cases of child abuse is related to a combination of two or more forms of child abuse.
- The most common is neglect in all its forms. The annual prevalence of physical neglect is estimated to be 8.1% (81 children per 1000) and academic and emotional neglect, 8.4% (84 per 1000).
- Sexual abuse is the least common, or is least commonly reported, at almost 1 in 1000 children.

According to the National Reporter of Trafficking and Sexual Violence against Children (2014), the scope of the number of victims of sexual violence (inside as well as outside the family) is much greater than that stated in the 2010 NPM. According to the reporter, one in ten underage girls has at some time (i.e. 'annually' but 'once') had physical sex against her will and 5% to 10% have experience of non-consensual oral sex or intercourse.

The number of Safe Home Thuis/AMK reports, advice documents and investigations about child abuse has rocketed since 2001 to 60,000 per year, possibly due to increased attention for child abuse and the willingness of professionals to report it. The figures appear to have stabilized since 2012 (Jeugdzorg Nederland).

It is not known exactly how many children die each year in the Netherlands as a result of abuse. Kuyvenhoven, Hekkinck & Voorn (1998) used questionnaire research among GPs and pediatricians to estimate that 33-40 children aged between 0-12 years old may have died as a result of child abuse in 1996. Soerdjbalie-Maikoe, Bilo, Van den Akker & Maes (2010) examined the files of all autopsies on minors (from 24 weeks' pregnancy up until 18 years old for the period between 1996 to 2009. They found that on average, 15-17 children died annually as a direct or indirect result of child abuse. Soerdjbalie et al. (2010) also compared the files from their own work with the data from the study by Kuyvenhoven et al. and concluded that more than half of all of the fatal cases of child abuse on which autopsies had been conducted were not represented in the study by Kuyvenhoven et al. According to Soerdjbalie et al., both studies raise the question of potential under-reporting of the number of fatal cases of child abuse. In terms of causes, they note the difference in the type of research and that child abuse is potentially not recognized due to the lack of objectively verifiable symptoms and/or a lack of knowledge and experience on the part of doctors carrying out the forensic investigation.

Since 1 January, municipalities have been responsible for the current, provincial (indicated) Youth Care. Including:



- child protection
- child rehabilitation
- youth care plus (closed youth care)
- children's mental health care (youth MHC)
- caring for young people with limited intellectual capacity (youth LIC).

The new Children's Act has five basic principles:

1. Prevention and understanding of own responsibility and own capacity in young people and their parents, using their social network;
2. De-medicalisation, unburdening and normalization aimed at strengthening parenting skills in families, neighbourhoods, schools and in provisions such as child day care and play groups;
3. Providing the right help as early on and as quickly as possible to families and children, ensuring the help is as close at hand and as effective as possible, focussing on the (cost) effectiveness of the help provided;
4. Integral help for families based on the notion of: one family, one plan, one manager;
5. More room for professionals to provide the right support through relaxation of regulatory pressure.



4. OBJECTIVES

Objective 1. Use of the Domestic Violence and Child Abuse Mandatory Reporting Code

On 1 July 2013, the Domestic Violence and Child Abuse Mandatory Reporting Code came into effect. The act states that organisations and independent professionals in the sectors of education, health care, child day care, social support, sport, youth care and justice, must have a reporting code and must promote its use. The reporting code is a step-by-step plan that states how, for example, a GP, child care worker, teacher or support worker should deal with signs and reports of domestic violence and child abuse.

Objective 2. Acceptance of a general viewpoint on how to act in a case of child abuse

Crucial organisations in the chain of cooperation need to accept the same underlying viewpoint on how to act in a case of domestic violence and child abuse. In general, the most expected viewpoint at the moment is that of Vogtlander & Van Arum “Eerst samenwerken voor veiligheid, dan samenwerken voor risicogestuurde zorg”. First work on immediate safety, then work on risk-driven care. Only then you can work on recovery.



Objective 3. Good collaboration of organisations in multidisciplinary centres

The basis for good multidisciplinary cooperation is knowing, understanding and trusting one another. As long as professionals - as well as managers, administrators and commissioning parties - are prepared to work on this basis, they will be able to tackle the issues that arise directly, without the need to wait for others. Professionals must be given the space to operate in this way, prioritising the safety of victims and providing effective risk-based, restorative care on this basis. The adoption of this underlying approach to cases of domestic violence and child abuse will lead to a situation in which victims, perpetrators and their social environment are approached with a view to long-term solutions, within a multidisciplinary, system-oriented and partnership-based approach.

Objective 4. More assistance to the child

Setting requirements for the decision on the use of trauma screening.

When domestic violence or child abuse is detected only few children get the assistance they need, especially when the child shows no signs of trauma. However, this can lead to intergenerational transfer of violence. Professionals will have to talk to the child and use an instrument of trauma screening to decide what kind of help the child needs.

Objective 5. More research and use of interventions based on evidence

Promote research and scientific studies that support the consequences of physical punishment in childhood and promote measures of intervention efficiency.



NOPUNISH has been funded by the European Commission under the Justice Programme. Agreement JUST/2015/RDAP/AG/CORP/9183.

This report has been produced with the financial support of the Rights, Equality and Citizenship (REC) Programme (2014-2020) of the European Union. The contents of this report are the sole responsibility of University of Valencia and the whole NOPUNISH project consortium and can in no way be taken to reflect the views of the European Commission.