THE NETHERLANDS/
ANALYSIS OF NATIONAL
CONTEXT/
NOPUNISH

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Table of contents

Section 1. DESCRIPTION OF THE NETHERLANDS

- Subsection 1.1. CLASSIFICATION OF THE NETHERLANDS
- Subsection 1.2. GENERAL CHARACTERISTICS OF THE NETHERLANDS
  - Population, dimension, dispersion of population
  - Further specifics of Rotterdam
- Subsection 1.3. DATA OF THE NETHERLANDS ABOUT VIOLENCE RELATION TO CORPORAL PUNISHMENT
  - Definition
  - Magnitude
  - Consequence
  - Risk factors
  - Prevention

Section 2. DESCRIPTION OF THE NATIONAL SUPPORT SYSTEM

- Subsection 2.1. LEGISLATIVE/LEGAL FIELD
  - Legal definition of corporal punishment and related regulations
  - Measures imposed
  - Bodies involved
  - Supervision of the implementation of measures
- Subsection 2.2. ADMINISTRATIVE
  - Action protocols
  - Bodies involved (supervision, coordination)
  - Coordination between entities
  - Data statistics about the corporal punishment in the country/region
  - Report of the Ombudsman in the protection system of the country/region (if applicable)
  - Private and/or public entities dedicated to the prevention of corporal punishment
- Subsection 2.3. EDUCATIONAL
  - Detection Protocols and response to corporal punishment in education
  - Awareness campaigns for children, families
  - Educational professionals
- Subsection 2.4. HEALTH
  - Action protocols in the health field
  - Training for health professionals, detection
  - Studies, research with practices of corporal punishment in the health area

Section 3. CONCLUSION
- Subsection 3.1. SUMMARY
- Subsection 3.2. STRENGTHS, AND WEAKNESSES OF THE CORPORAL PUNISHMENT IN THE NETHERLANDS
01. Section 1: DESCRIPTION OF THE NETHERLANDS

1.1. CLASSIFICATION OF THE NETHERLANDS

Description of the Dutch democracy.

Dutch democracy is based on the so-called Trias Politica: absolute separation of powers. In normal language, this basically means that the government governs, the parliament verifies and all judges are independent. Ministers represent executive power, Parliament legislative power and judicial powers are independent. National Parliament consists of two houses or chambers: The Upper House (“Eerste Kamer”) and Lower House (“Tweede Kamer”). The Lower House has 150 members who are elected directly by the electorate for a period of four years. The Upper House has 75 members who are elected by the members of the Provincial Councils (representatives of the people in the provinces). While the Lower House has the right to introduce or amend bills and thus basic national legislation, the Upper House mainly focuses on the quality of this legislation and can only pass or reject a bill. Membership of the Lower House is very much a full-time job, rewarded by a – not overly generous – salary. Membership of the Upper House by contrast, is considered something of a part-time though highly responsible activity: most members have other jobs elsewhere.

Daily political activities include the creation of measures to ensure society is wisely organised and pleasantly liveable. Supported by his or her technical specialists, a minister will devise and introduce a new act to address possible problems of new social developments. Depending on the portfolio, this can vary from new traffic rules to a new tax measure. Once the bill is ready, it is first submitted for advice to the Council of State - one of the most important advisory bodies to the government. Once this advice has been received, the bill is submitted to the Lower House and a long, precise investigation both orally and in writing takes place, a process that may take many months depending on the subject’s complexity. The Lower House may then amend the bill prior to accepting it. The bill is then submitted to the Upper House for ‘reflection’. Usually the Upper house accepts new bills, but exceptional political situations can always occur. The bill now passes into law, and as executive power, the government can now start implementing it. The Lower House, the legislative power, verifies the process continuously. It can intervene at any time.

In the Netherlands, the polder model (Dutch: poldermodel) is a leading model for consensus decision-making. The poldermodel is based on the acclaimed Dutch
version of -based economic and social policy making in the 1980s and 1990s. The Dutch polder model is characterised by the tri-partite cooperation between employers' organisations such as VNO-NCW, labour unions such as the Federation Dutch Labour Movement, and the government. These talks are embodied in the Social-Economic Council (Dutch: Sociaal-Economische Raad, SER). The SER serves as the central forum to discuss labour issues and has a long tradition of consensus, often defusing labour conflicts and avoiding strikes. Similar models are in use in Finland, namely Comprehensive Income Policy Agreement and universal validity of collective labour agreements.

The polder model has been described as "a pragmatic recognition of pluriformity" and "cooperation despite differences".

**Different levels of government units Europe**

European law takes precedence, which means that European law prevails over national, regional and local rules. Municipalities must therefore observe European rules although there are exceptions. There are also international treaties that are binding. A treaty is an agreement under international law entered into by actors in international law, namely sovereign states and international organizations. Treaties can be loosely compared to contracts: both are means of willing parties assuming obligations among themselves, and a party to either that fails to live up to their obligations can be held liable under international law.

**Provinces**

There are 12 Dutch provinces, different in size and population. The Provincial authority rests with the Provincial Council, directly elected every four years and the legislative authority in the province. The most densely populated province South Holland, has 55 Council members.

The Provincial Executives are responsible for preparing and implementing the decisions and orders of the Provincial Councils. They are also responsible for implementing central government decisions, insofar as these fall within the duties of the province. Provinces carry out tasks that lie somewhere between the tasks of central government and local government. These are derived from the policy of central government, typically involving traffic and (public) transport, environment, public housing, and always in the supralocal sense, such as the preparing of regional plans. The provinces are responsible for financially supervising municipalities and water boards. The budget of provincial government in the Netherlands is but onetenth of the budget municipalities have at their disposal. Provincial staffing is
also much smaller: about 13,000 officials in provincial government; 185,000 in municipal government and 116,000 in central government.

Municipalities

The Netherlands is divided into over 400 municipalities. This number used to be higher, but because over the course of time, some areas of policy and service required a greater administrative-organisational strength, neighbouring municipalities merged. This is actually a gently ongoing process that has not yet come to a halt. The largest municipality is Amsterdam with almost 750,000 inhabitants. Schiermonnikoog, one of the islands along the north coast of the Netherlands, is the smallest with barely 1,000 inhabitants. In principle, all municipalities have the same tasks though due to their size, the large municipalities require a different approach to the way their work is done than in the smaller municipalities.

The municipal council is elected every four years. The same process applies to local and national politics. Just as in national democracy, the people’s representation carries the power. In the municipality, this is the municipal council and the size of the municipal council depends on the size of the municipality: the maximum is 45 seats (big cities). The municipal council typically consists of groups or factions of elected representatives of political parties. There are coalition groups that support the municipal executive because they helped to create it. There are opposition groups that have differences of principle and battle the municipal executive. This creates debate in which choices are argued, reposted, voted on and positions adopted as a result of a vote. This all comes down to finding the right words and convincing arguments. This is politics at the local level.

The Mayor and the aldermen

The mayor is the chairman of the municipal council and also chairman of the municipal executive. The mayor is the man or woman who from their position above the various parties, and always together with the municipal secretary, makes sure that decision making is respectable, correct and proper. In addition to the mayor, the alderman is often also a well-known local administrator. During the formation of the municipal executive the coalition parties agree on the division of the portfolio of the different aldermen.

Public officials

The more than 400 municipalities in the Netherlands employ a total of some 185,000 public officials (also called public servants or civil servants). They assist, support and
implement the daily management of the municipality and the municipal executive. They formulate recommendations, devise solutions to what are sometimes difficult issues, and sometimes consult with their colleagues at provincial or national level on what needs to be done. The municipal organisation has sectors and divisions.

**Administrative instruments**

A municipal authority can only act if the correct administrative instruments are available. Dutch municipalities have a whole range of these. Municipal councils, for instance, act as local legislators. They can issue orders laying down byelaws in certain areas, which every member of the public must observe. Every municipality has its own general local byelaws, tax orders and building code.

**The Association of Netherlands Municipalities**

Dutch municipalities are financially dependent on national government and any change in national legislation can impact upon municipality financing. For this reason, among many others, almost a century ago (1912) the Association of Netherlands Municipalities (or VNG in Dutch) was founded in The Hague, city of national government. Today all municipalities are voluntary members. The VNG is the most important lobby instrument for Dutch municipalities to national government. Government and parliament know well that no legislation can be passed without the municipalities voicing their opinions through the VNG.

**1.2. GENERAL CHARACTERISTICS OF THE NETHERLANDS**

- **Population, dimension, dispersion of population**
  - **Densely populated**

With some 16.5 million residents on approximately 42,000 square kilometres of inland area (that includes 1600 square kilometres of water where nobody lives), the Netherlands is one of the smaller countries in the world. Small however is relative; much larger countries such as Australia and Chile have a similar number of people. In the Netherlands about 485 people live on each square kilometre which makes it one of the world’s most densely populated countries.

- **Diverse population**

Many migrant workers from Spain, Greece and Portugal looking to improve their lives settled in The Netherlands. With Europe’s economic power continuing to grow,
the 1960s saw many non-European migrants also searching for a new future. Today, of its 16.5 million inhabitants, some 370,000 come from Turkey, 330,000 from Morocco, and many from former Dutch colonies: over 330,000 from Surinam, 130,000 from the Dutch Antilles and some 40,000 from the South Moluccas, an island group of Indonesia. Since their countries joined the European Union, many Poles, Romanians and Bulgarians have also settled in The Netherlands, permanently or temporarily. All contribute to the national economy. Such migrations have made the Dutch population very multi-coloured. Some large cities today count more than 100 nationalities. And just for the record, many Dutch themselves have for many different reasons moved elsewhere both within and beyond Europe. The Netherlands has always had a Christian orientation, with significant Jewish and humanistic influences. Nowadays only about half the population are practising Christians or formal members of a church community. Mainly through migration some 950,000 Muslims currently live in The Netherlands.

In light of the widely disparate character of the population, it is no surprise that in some cities the desired integration of minorities is not taking place to everybody’s satisfaction. This sometimes results in friction, even conflict which can have a major impact. At the national level, new political parties have emerged, each with their own ideas as to solving this kind of problem.

**Increasing number of elderly people**

Another relevant aspect of demographic developments is the growing number of older people. In 2025 more than 21% of the population will be above the age of sixty-five. This ageing population has a number of consequences for local governments. Well educated older people tend to be active in voluntary and social activities. On the other hand, older people usually require more care and support services, which can in part be provided by other older people, in part by family members and in part by the municipality. ¹

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2010 to 43% in 2030. In the Rotterdam area, this growth is slightly less pronounced, with an increase of 24% in 2010 to 37% in 2030.

**Ethnic origin**

The health of mainly non-western immigrants is, broadly speaking, not as good than that of native Dutch residents. The causes of this include a different lifestyle, and a difference in the use of (preventative) healthcare and maternity care. Non-western immigrants have on average a lower level of education and income. A large number of immigrants live in disadvantaged neighbourhoods within the larger cities. In Rotterdam, 50% of residents come from immigrant backgrounds, 37.6% of which are of non-western origin.

**Socioeconomic status**

The health of people in lower socioeconomic groups is in general worse than that of people in higher socioeconomic groups. Those with a lower level of education generally have more health problems than people with a higher level of education and tend to experience their health as being worse. 18% of children and young people in Rotterdam are growing up in a family where there is the chance of poverty.

That is to say: a family living on an income of a maximum of 120% of the social minimum. Additionally, 33% of the adults struggle with their income. 21% of the parents claim to struggle with this.²

### 1.3. DATA OF THE NETHERLANDS OF VIOLENCE RELATING TO CORPORAL PUNISHMENT

**Definition**

The definition of child abuse 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:

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² These and other figures about Rotterdam can be found at [https://rotterdam.buurtmonitor.nl/homerotterdam.aspx](https://rotterdam.buurtmonitor.nl/homerotterdam.aspx)
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. The frequency and duration can vary from being a one-time incident to structural and sustained. Specific types of physical abuse are:

- Abusive Head Trauma / Shaken baby syndrome
- Female genital mutilation (FGM) / female circumcision
- PCF (Pediatric Condition Falsification), formerly Munchhausen by proxy syndrome (MBPS)
- Foetal Alcohol Syndrome (FAS) due to the use of alcohol and drugs during pregnancy

**Magnitude**

**Severity**

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.

<table>
<thead>
<tr>
<th></th>
<th>Total number of reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>3295</td>
</tr>
<tr>
<td>physical abuse</td>
<td>1125</td>
</tr>
<tr>
<td>physical neglect</td>
<td>135</td>
</tr>
<tr>
<td>psychological harassment</td>
<td>1565</td>
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<tr>
<td>emotional neglect</td>
<td>90</td>
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<tr>
<td>educational neglect</td>
<td>810</td>
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<tr>
<td>sexual abuse</td>
<td>55</td>
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<tr>
<td>financial exploitation</td>
<td>15</td>
</tr>
<tr>
<td>witnessing violence in the family</td>
<td>835</td>
</tr>
<tr>
<td>Munchausen-by-proxy</td>
<td>0</td>
</tr>
<tr>
<td>female genital mutilation</td>
<td>5</td>
</tr>
<tr>
<td>Otherwise</td>
<td>880</td>
</tr>
</tbody>
</table>

**Prevalence**

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 NMP 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

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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, Hekkink & 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.
**Consequence**

**Effects**

Experiencing child abuse is damaging. The effect on a child can be immediately visible during their childhood years. There is also increasing scientific evidence that child abuse leads to long-standing and (potentially) irreversible lifelong consequences for both physical and psychological health, including neurological damage, which in turn are risk factors for child abuse. The effects of exposure to partner violence between parents, as a form of child abuse, is also damaging and comparable with the consequences of children being abused themselves (Kitzman, Gaylord, Holt, & Kenny, 2003).

**Short-term effects (noticeable in the child)**

Immediate and short-term effects noticeable in the child include:

- Abused children have two to three times more risk of unsafe attachment (Baer & Martinez, 2006; Van Ijzendoorn, Schuengel, & Bakermans-Kranenburg, 1999);
- Child abuse can have serious consequences for the psychosocial development of a child. The younger the child at the time of the abuse and the longer it continues, the more serious its impact on development (Cunningham, 2003). It can reduce the child's ability to concentrate at school and when playing. Research shows that abused children have lower than average education and often require special needs (primary) education versus non-abused children (Jonson-Reid, Drake, Kim, Porterfield, & Han, (2004). Olds et al., (2004);
- Child abuse increases the risk of behavioural problems, such as an externalized behaviour (aggression, antisocial behaviour) as well as internalized behaviour (anxiety, depression). This may be caused by a lack of parental boundaries with regard to the child's behaviour or because the child is replicating the behaviour of the parents (Zahrt & Melzer-Lange, 2011);
- Abused children do not feel listened to or recognized, and young children in particular often blame themselves for the abuse, which can lead to a negative self-image (Nanni, Uher, & Danese, (2012).
- A variety of factors that play a role in child abuse can lead to psychological disorders. Victims of abuse and neglect have a somewhat higher chance of developing depression (Cicchetti & Toth, 2005; Gilbert et al., 2009; Tennant, 2002). Repetitive traumatic experiences can also lead to the development of a chronic post-traumatic stress disorder (Gilbert et al., 2009);
• There is consistent evidence that both physical and sexual abuse leads to a doubling in the risk of suicide attempts in young people (Fergusson, Boden, & Horwood, 2008; Widom, Weiler, & Cottler, 1999);
• There is increasing evidence that longstanding child abuse has a negative effect on the neurological brain development of young children (Heim et al., 2000; Heim, Newport, Mletzko, Miller, & Nemeroff, 2008; Heim, Shugart, Craighead, & Nemeroff, 2010; Kaufman & Charney, 2001).

Long-term effects

Many of the stated short-term effects of child abuse such as anxiety disorders, depression and chronic PTSD continue into adulthood or reoccur in later life. The so-called Adverse Childhood Experiences (ACE) study (Felitti et al., 1998) produced evidence of the negative long-term effects of negative experiences during childhood or early years trauma from child abuse, in relation to subsequent problems such as substance abuse, psychological illness, violence towards the mother and criminality in the family. There seems to be a link between experiencing these negative experiences during childhood and the risk of illness such as diabetes and heart and vascular diseases, severe obesity, physical inactivity, high-risk sexual and other behaviours, such as smoking and addiction, lower income, depressive moods, low self-image and suicide attempts. The wider the variety of negative experiences one has experienced, the higher the risk. Furthermore, victims of child abuse have a higher risk in adulthood - up to 50% - of becoming a perpetrator or further victim of abuse (Cicchetti, Rogosch, & Toth, 2006; Edleson, 1999; Ronan, Canoy, & Burke, 2009). When children learn to use violence as part of interpersonal contact, it is a pattern that they often take with them into adult life. The children of these victims are then also at risk of child abuse. This is called ‘inter-generational transfer of violence.’

The immediate and short-term effects that are noticeable in the child can be considered signals of child abuse. Along with the proven long-term effects, they show that timely detection of child abuse and proper handling by professionals is crucial in limiting the damaging effects of child abuse.

Risk factors

Risk factors for child abuse are factors (behaviours, circumstances, characteristics) that increase the likelihood of child abuse occurring within a given population (Flisher et al. 1997; Kraemer, Stice, Kazdin, Offord, & Kupfer, 2001).

The most important factors in terms of the parent(s):

Medium to high predictive value:
• partner violence;
• psychological and psychiatric problems such as depression;
• temperament, irritability, hyperactivity;
• parent has experienced abuse as a child and/or was a witness to partner violence; • unwanted pregnancy.

Low predictive value:
• alcohol abuse and drug use;
• health problems;
• criminal behaviour;
• low sense of self value;
• significant personal stress;
• limited problem-solving capacity or low intelligence.

The most important factors in and around the family:

Medium to high predictive value:
• limited connection or cohesion within the family;
• lots of in-family conflict.

Low predictive value:
• low SES (Socioeconomic Status) or unemployment;
• limited social support;
• status as new immigrant or refugee; • single parent;
• large family.

The most important factors in the parent-child interaction:

Medium to high predictive value:
• parent sees the child as a problem.
• use of physical punishment;
• lack of bonding in the relationship.
Low predictive value:

- stressful upbringing.

The most important factors for the child:

Medium to high predictive value:

- very young age (< 3 years old).

Low predictive value:

- limited physical health;
- internalized problem behaviour; • externalized problem behaviour; • lack of social skills.

Additional risk factors for child abuse

There is strong evidence based on meta-analyses and the 2010 NPM that the above factors form a risk for the occurrence of child abuse. It is, however, likely that other risk factors also play a role in the occurrence of child abuse, but that not enough research has been carried out into this to date. These risk factors are therefore unapparent or less strongly apparent within a meta-analysis. Other factors that may form a risk for the occurrence of child abuse are:

Parents:

- age (teenager or young parents)
- single parent
- chronic illness or vulnerable health
- suicide (attempts)
- criminal past
- disrupted relationship between parents
- (acrimonious) divorce, new relationship/marriage
- limited or inadequate parenting skills

Family:

- size of family and number of children (large families)
• previous care proceedings (OTS) and involvement from Safe Home (1)
• Child Protection Council
• criminality in the neighbourhood
• limited social cohesion in the neighbourhood
• mixed culture within the family
• poor relationship with (step) siblings
• limited or no (functioning) social network
• no social control from network and neighbourhood
• stress and instability in the family
• parent in prison
• resident family members
• absence of adults and no supervision in the parent-child interaction:
  • negative verbal reactions from parent to child
  • parent irritated when child cries
  • physical correction or punishment in the event of undesirable behaviour (pedagogic slap)
  • lack of involvement
  • lack of warmth
  • problematic bonding

In the child:
• below average intelligence
• complications during birth, low birth weight, low AGPAR score, premature, birth defect
• chronic illness, health problems
• externalized behavioural problems
• internalized behaviour problems
• psychological problems, psychiatric disorder
• delayed language development or capacity\(^4\)

**Prevention**

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.

The children Ombudsman has made a list of ten points to work on prevention of child abuse. This list is made to help municipalities work on their prevention.

The ten child abuse prevention objectives

1. All women will be screened during pregnancy on high-risk situations for child abuse and will be offered an effective prevention program, if necessary.

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\(^4\) From the NCJ's 2016 child abuse directive
2. All young parents will be informed on the norm of violentless parenting as is stipulated by law, within formation on the effects of violence against children and on violentless parenting strategies.

3. All young parents are educated specifically on (dealing with) crying behaviour of babies and on the risks of the Shaken Baby Syndrome.

4. With all parents parenting problems and possible signs of child abuse will be discussed when they visit the Center for Youth and Family (Centrum voor Jeugd en Gezin) and/or Child and Youth Health Care, using effective screening lists and interview protocols.

5. When parents or children are showing signs of beginning, early or threatening child abuse, effective parenting support programs are available with a specific focus on abuse.

6. All children are educated on neglect, domestic and external violence and abuse against children, and how children can best deal with this, both in primary and secondary education. All schools have adopted programs for children focussing on acquisition of knowledge in this area.

7. Teachers, child care workers, doctors and nurses in frequent contact with children, have been trained in identifying and detecting child abuse. A reporting code domestic violence and child abuse (meldcode huiselijk geweld en kindermishandeling) has been introduced in places regularly visited by children: educational and care facilities, centres for youth and family (centra voor jeugd en gezin), youth and child health care, family practitioners and in neighbourhood teams.

8. All children involved in domestic violence situations, with involvement of the police or the SteunpuntHuiselijk Geweld (Support Desk Domestic Violence), or who are staying in a woman shelter facility, will be provided with some form of preventive assistance. In order to achieve this, an adequate capacity of preventive interventions is available.

9. Children staying in women or social shelters will receive adequate care for themselves: they will be given specific guidance and assistance, will be interviewed on their experiences, they will receive (psycho-) education and treatment, if necessary.

10. The general public knows where to get advice and where (at AMK and SHG the local organisations) they can go when concerned about a child in their social
02. Section 2: DESCRIPTION OF THE NATIONAL SUPPORT SYSTEM

2.1. LEGISLATIVE/LEGAL FIELD

• Legal definition of corporal punishment and related regulations
Corporal punishment or physical punishment (physical discipline in some contexts) is a punishment intended to cause physical pain on a person. It is usually inflicted in settings with a substantial disparity of power between the partakers.

• Measures imposed
Legislation

UN Convention of the Rights of the Child (UNCRC)
The UN Convention of the Rights of the Child was set up in New York on 20 November 1989 and came into effect in the Netherlands on 8 March 1995. The convention contains a number of articles aimed at tackling child abuse and addressing the responsibilities of the government, including articles 4, 5, 6, 18, 19 and 27.

Mandatory Reporting Act
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. You can find more information about the reporting code elsewhere in this file.

Abuse within institutions
Some professional groups have a clear legal obligation to undertake certain actions within an institution if there is any suspicion of a child being (sexually) abused.
**Domestic Exclusion Act**

Since 1 January 2009, the Domestic Exclusion Act is aimed at preventing and addressing domestic violence. The act means that any perpetrator of domestic violence can be excluded from their home for a period of up to ten days and that during this time they may not have contact with their partner and children. The ten days are designed to be a cooling off period in which help should be put in place for the entire family. If the perpetrator is not prepared to accept help or if the help for the victim and children is impeded, the exclusion order can be extended up to a maximum of four weeks. The exclusion can also be applied to situations where there is (a threat of) child abuse.

You can find more information about the exclusion order on the website about domestic violence, of the Ministry of Security and Justice.

**Criminal Code**

A variety of articles in the Netherlands Criminal Code are of importance to the criminality of child abuse.

Relevant articles from Criminal Code

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<thead>
<tr>
<th>Book</th>
<th>Title</th>
<th>Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I. Scope of the function of the penal code</td>
<td>5 and 5a</td>
</tr>
<tr>
<td>1</td>
<td>VIII. Expiry of criminal proceedings and of penalty</td>
<td>70 and 71</td>
</tr>
<tr>
<td>2</td>
<td>XIV. Violations of morals</td>
<td>239 - 253</td>
</tr>
<tr>
<td>2</td>
<td>XV. Abandonment of the needy</td>
<td>255 - 260</td>
</tr>
<tr>
<td>2</td>
<td>XIX. Violation of life</td>
<td>290 - 292</td>
</tr>
<tr>
<td>2</td>
<td>XX. Abuse</td>
<td>300 - 305</td>
</tr>
</tbody>
</table>

You can find the text of these articles on the website Overheid.nl.

**Conditional Sanctions Act**

As well as the ‘Domestic Exclusion Act’, the 'Conditional Sanctions Act' makes it possible to deal with perpetrators of domestic violence. According to the 'Conditional Sanctions Act' which came into effect on 1 April 2012, an order can be made to include such care provisions as clinical treatment, ambulant treatment and assisted living and behaviour-focused conditions, as part of behavioural intervention. If the perpetrator does not keep top the conditions, the public prosecution office...
and rehabilitation service can act quickly, detain the perpetrator, and place them in (temporary) custody leading up to a court date. You can find more information about the ‘Conditional Sanctions Act’ in the fact sheet published by the Ministry of Security and Justice and on the website Overheid.nl.

Safe Home (AMHK) subsumed within the Social Support Act

Safe Home (AHMK) is the advice and hotline for domestic violence and child abuse. It is a regional organisation to which victims, perpetrators and witnesses can turn for expert help and advice. Safe Home is available to everyone, young and old, who is faced with domestic violence or child abuse. Safe Home offers advice and support, also to professionals. Safe Home offers a helping hand, breaks through unsafe situations and gets people to take action. Safe Home offers perspective for a better situation, helping people to have a future again. With or without each other. Safe Home (the advice body and hotline for child abuse and domestic violence) falls within the Social Support Act. The choice was made to not subsume it within the Children’s Act as an advice body and hotline which is intended for the general population, is better contained within an act that is intended for all citizens. The Children’s Act describes the relationship between Safe Home and the youth chain.

Home

Corporal punishment is prohibited in the home. In 2007, article 1:247 of the Civil Code, on parental authority, was amended to state (unofficial translation): “(1) Parental authority includes the duty and the right of the parent to care for and raise his or her minor child. (2) Caring for and raising one’s child includes the care and the responsibility for the emotional and physical wellbeing of the child and for his or her safety as well as for the promotion of the development of his or her personality. In the care and upbringing of the child the parents will not use emotional or physical violence or any other humiliating treatment.” Article 1:248 applies article 1:247 to other persons acting in loco parentis.

Alternative care settings

Corporal punishment is prohibited in alternative care settings under the 2007 amendments to the Civil Code (see under “Home”).

Day care

Corporal punishment is prohibited in early childhood care and in day care for older children under the 2007 amendments to the Civil Code (see under “Home”).
Schools

Corporal punishment is unlawful in schools. The right to punish was abolished for school teachers in 1920 by verdict of the Court in The Hague (Nederlands Juristenblad 496, March 20, 1920). Articles 1:247 and 1:248 of the Civil Code apply (see under “Home”).

Penal institutions

Corporal punishment is unlawful as a disciplinary measure in penal institutions, but we have no details of prohibiting legislation other than the Civil Code provision (see under “Home”).

Sentence for crime

Corporal punishment is unlawful as a sentence for crime. It is not available as a sanction under the Criminal Code.\(^5\)

• Bodies involved

Youth Act 2015

In 2015, the Youth Act took effect, which replaced the Act on Youth Care 2005. An important aspect of this new act is the decentralisation of the youth care system: since 2015, the municipalities have been responsible for the organisation and functioning of youth care; besides prevention, municipalities have to arrange youth support, child protection measures and juvenile rehabilitation. The organisation of the youth care at the level of the municipalities aims to contribute to the accessibility of youth care and therefore to the prevention and early detection (NJI, n.d.b.). Within this new law, municipalities have an obligation to care: they are obliged to organise the care that youth need. Their policy should focus on the following key themes: prevention and early detection of problems, strengthening the pedagogical climate, strengthening the opportunities and the problem-solving abilities of youth and their social networks, improving the safety of youth and their child rearing environment, an integral approach, and conducting and performing family group plans (Jeugdwet, 2014, article 2.1).

An integral approach

Many agencies and professionals are involved in the youth care system and the child protection system. The seriousness, complexity and the prevalence of child abuse require high standards for the quality of youth care (Baartman, 2005), which makes

\(^5\) http://www.endcorporalpunishment.org/progress/country-reports/netherlands.html
an integral, multi-disciplinary approach necessary (Gezondheidsraad, 2011; Jeugdzorg Nederland, 2013; Ministerie van VWS & Ministerie van V&J, 2011). The use of an integral approach is therefore an important theme in Dutch legislation and policy: all agencies and professionals involved in the chain of child protection have to cooperate (Jeugdzorg Nederland, 2013a) in order to fulfil the basic principle ‘one family, one plan and one director’ (Memorie van Toelichting Jeugdwet, 2013, chapter 1.1).

The chain of child protection

**Advice and Reporting Centre Domestic Violence and Child abuse (AMHK)**

The Youth Act led to the combining of the Advice and Reporting Centre for Child abuse and the Support Centre for Domestic Violence, to form the AMHK (Memorie van Toelichting Jeugdwet, 2013, chapter 4.5). So, the AMHK does not only receive reports of child abuse, but it also deals with (domestic) violence between adults. This integration aims to make it clearer to citizens and professionals where they can ask for advice or report cases of violence in family situations (Ministerie van VWS, 2014).

Everyone who has concerns about child abuse, for example neighbours, teachers, parents, or professionals, can contact the AMHK. Someone can call for advice or to report a case of child abuse. When someone calls for advice, the AMHK advises the caller; this can be a single advice or a follow-up advice. When the caller reports a case to the AMHK, the personal details of the reported family will be registered; this is only the case for a report. However, when someone calls to ask for advice, but the professional of the AMHK has serious concerns about the case, the professional can ask the caller to report the case. To undertake action, an official report is necessary. When the caller does not want to report the case, the AMHK can decide to report the case themselves. The opposite is also possible: a report can be registered as an advice when there are insufficient indicators for suspicions of child abuse and/or when the reporter did not use all the own resources to change the situation (Baeten, 2014).

The AMHK discusses each report in the triage: a peer consultation or multi-disciplinary consultation in which the professionals decide on the priority of the report, the required next steps and who will have the responsibility for these. The three main decisions that are made after a report are to refer the case to social care

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6 The term AMHK is the name used in legislation; in practice, the name Veilig Thuis, which means safe home, is mainly used.
services already being accessed, to arrange new social care services or to start an investigation by the AMHK.

The investigation aims to examine if child abuse is present and which next steps are required. The AMHK can decide that no (further) support is needed, that the family should be referred to social care services, or that an investigation by the Child Protection Board is needed (Baeten, 2014)

**The Child Protection Board**

The CPB is nationally organised and falls within the Ministry of Safety & Justice. Executing the child protection investigations is one of the several tasks of the CPB: it is also involved in investigations regarding custody, juvenile justice and adoption (Raad, 2015a). Here, the focus will be on the child protection investigations of the CPB.

Whereas everybody can report to the AMHK, this is not the case for the CPB. As already mentioned, the AMHK can request that the CPB starts a child protection investigation. Besides the AMHK, certified agencies and local authorities are authorised to request that the CPB investigates a case. Also, the CPB itself can decide to start a child protection investigation for cases in which they are involved for other types of investigations, such as a custody investigation. Only in exceptional cases, in acute and serious threatening situations, can anyone report cases to the CPB (Jeugdwet, 2014, article 3.1; Raad 2015a). These requests need to be substantiated with documents in which previous voluntary support is described and why this voluntary support had not had enough impact or had not worked at all. Furthermore, the social network of the family and its support have to be described in the request (Raad, 2015b).

The incoming requests are assessed by the Advice Teams of the CPB, which exist since 2015. These teams decide if the CPB should start an investigation. Furthermore, the parties mentioned above can discuss a case with the Advice Team if they are considering whether to request a child protection investigation. Involving the CPB as an advisor in an earlier stage aims to prevent the necessity of involuntary child protection measures (Raad, 2015b).

When the CPB starts an investigation, this should be executed according to the principles and guidelines as described in their Quality Framework and their Protocol for Protection Cases. An important issue in this is that the best interest of the child should form the basic principle in a child protection investigation; the investigation needs to focus on the (physical) safety and the development of the child. During the investigation, the family situation of the child is examined through conversations
with the child, parents and other persons involved in the family. The investigation is concluded with a report including information on the development of the child, the child rearing situation, the (child rearing) situation of other children in the family, risk factors and protective factors relating to the child and the family, and relevant information from other persons, such as teachers or social workers working with the family (Raad, 2015a; Raad, 2015b).

Based on this investigation, the CPB decides whether an involuntary child protection measure is necessary. When the CPB decides that no child protection measure is needed, they refer the family to a local authority without interference of the juvenile court. However, when the local authority still has serious concerns and thinks a child protection measure is necessary, the mayor can request that the juvenile court enforces a child protection measure (Raad, 2014). When the CPB believes that a child protection measure is needed, the CPB advises the juvenile court to enforce this (Raad, n.d.).

Besides their advising and investigating role, the CPB has an assessing and supervising role. When the juvenile court enforces a child protection measure, the certified agencies are responsible for the delivery of these measures. These agencies can request that the juvenile court ends or extends a child protection measure. The CPB has to assess these requests, substantiated by a report of the certified body (Raad, 2015b).

**Juvenile court**

Only the juvenile court can actually enforce a child protection measure. In making its decision, the juvenile court uses the report and considers the advice of the CPB. However, the juvenile court is not obliged to follow the advice given. Besides this report, the juvenile court talks with the parents involved and children older than 12 years. The juvenile court can call up children younger than 12 years or these children can request a consultation (Topberaad Jeugd, 2014). The juvenile court can enforce several child protection measures. They can enforce a supervision order, with or without an out-of-home placement, and they can overrule parental authority (Raad, 2015a).

In the case of a supervision order, the authority of the parents is restricted and partly taken over by an official guardian from a certified body; the parents remain responsible for the care of their child, but they are obliged to follow the advice of the guardian. In addition, an out-of-home placement is possible during a supervision order (Memorie van Toelichting Jeugdwet, 2013, chapter 5.2). Article 255 of Civil Law includes the conditions of a supervision order. The juvenile court can enforce a supervision order when a minor’s development is threatened, when the required
support to take away this threat is not accepted sufficiently and when it is expected
that the (authorised) parents are able to accept the responsibility of child rearing for
an acceptable term (Burgerlijk Wetboek, book 1, article 255). The maximum length
of a supervision order is one year. However, until the child is 18 years old, this can
be prolonged by the court every year (Burgerlijk Wetboek, book 1, article 258 and
260). The juvenile court can end the supervision order when the grounds for the
supervision order are no longer valid (Burgerlijk Wetboek, book 1, article 261). It is
possible to enforce a supervision order during pregnancy: article two of Civil Law
describes that an unborn child is seen as having already been born when this is in
the best interest of the child (Burgerlijk Wetboek, book 1, article 2; Memorie van
Toelichting Wet herziening maatregelen kinderbescherming, 2014).

In cases of real and immediate danger and where there are substantial grounds for a
supervision order, a temporary supervision order and a temporary out-of-home
placement can be enforced. A temporary supervision order lasts at most three
months (Burgerlijk Wetboek, boek 1, article 257). This measure makes immediate
action possible.

Besides enforcing a supervision order, the juvenile court can end parental authority.
Until 2015, ending parental authority was possible by enforcing two different
measures. Since 2015, these two measures have been replaced by one new
measure, aiming to simplify the child protection measures (Memorie van Toelichting
Wet Herziening Maatregelen Kinderbescherming, 2014, chapter 5.3). The criteria for
ending parental authority are described in article 266 of Civil Law: the juvenile court
can end parental authority when parents make improper use of their authority or
when the development of the minor is seriously threatened and parents cannot be
responsible for raising and caring for their child for an acceptable period of time
(Burgerlijk Wetboek, book 1, article 266). A guardian will be appointed and the child
will be placed out-of-home (Memorie van Toelichting Jeugdwet, 2013, chapter 5.2).

Besides definitive overruling of parental authority, it is possible to suspend the
authority, partially or totally, for a certain period. This is possible when there are
substantial grounds for ending parental authority. Another reason could be when
medical treatment for a child younger than 12 years, or a child who cannot be held
responsible for making decisions about his or her best interests, is necessary to
avoid serious danger for the child’s health and when the parent does not give
permission for this treatment. This child protection measure can last up to three
months. The suspension of parental authority can become definitive ending of the
parental authority, in accordance with article 266 (Burgerlijk Wetboek, book 1,
article 268).
Certified agencies

The enforced child protection measures have to be performed by certified agencies (Jeugdwet, 2014, article 3.2). The requirement of certification has existed since 2015, aiming to improve the quality of the execution of child protection measures. To become certified, an agency has to meet several legal requirements, related to expertise, methods, interventions, organisation and processes and cooperation with other agencies.

Following the decision of the juvenile court, the CPB transfers the case to the certified body. Within the certified body, a guardian is appointed. This guardian gives the family and the social network of the family the opportunity to set up a plan to ensure and to improve the safety and development of the child. After this, a strategy will be determined in a multidisciplinary meeting. During the execution of this plan and strategy, progress will be constantly monitored (Simons, Meertens, & Tielen, 2015).

Municipality

Furthermore, the guardian decides which type of youth care is necessary. However, the certified agencies are not allowed to offer regular youth care themselves; this support has to be delivered by other agencies. Guardians of certified agencies are mainly case directors instead of social care providers; they can decide which youth care is needed and they can, in cooperation with the municipality, arrange this (Memorie van Toelichting, Jeugdwet, 2013, article 3.2 and 3.4).

Police and the Public Prosecution Department

The police and Public Prosecution Department can be involved in cases of child abuse in several ways. Guidelines have been drawn up regarding cooperation between the AMHK and the police, aiming to improve safety (Pattje, 2015; Topberaad Jeugd, 2014). The AMHK always requests information from the police about the persons involved in a report (Pattje, 2015). The police can also get involved during the triage and investigation, to improve the safety of the child. This is mainly done in cases of severe child abuse (physical abuse, physical neglect, sexual abuse, honour related violence, circumcision of girls and forced marriages). Another reason to involve the police could be when the AMHK has serious suspicions about the criminal behaviour of one of the persons involved (Baeten, 2014).

Besides this, the police could report cases to the AMHK. The police often encounter cases in which children live in alarming circumstances. This could include directly threatening situations in which the child is a victim of child abuse, children
witnessing domestic violence, children who have run away, or cases of prostitution. Furthermore, the police have a method for detecting risky child rearing situations for children younger than 12 years old (ProKid) (Topberaad Jeugd, 2014). Using this method, the police report cases of witnessing domestic violence or criminal behaviour of children younger than 12 years old (Pattje, 2015).

Besides the police, the Public Prosecution Department has a role in the chain of child protection. First, they can ask the juvenile court to enforce a child protection measure; for example, in addition to a punishment regarding juvenile rehabilitation or when parents are detained (Topberaad Jeugd, 2014). Furthermore, the Public Prosecution Department is involved in the criminal justice aspect of child abuse. They search for a way in which Criminal Law can contribute to long lasting improvements and a safer life of the child (OM, n.d.b.). In determining the sanction, the protection of the child forms the basic principle. Furthermore, support for the family and possible other civil decisions are considered (OM, n.d.a.).

- **Supervision of the implementation of measures.**

  Monitoring compliance with the law Four national inspectorates are responsible for monitoring compliance with the law in the healthcare, youth care, education and security and justice sectors. Local authorities monitor compliance in child care and social support organisations, such as those involved in social work, youth work and playgroups National inspectorates:

  - Healthcare Inspectorate;
  - Education Inspectorate;
  - Youth Care Inspectorate;
  - Security & Justice Inspectorate.

  And the local inspectorate:

  - Social Support Act Inspectorate.⁷

2.2. ADMINISTRATIVE

- **Action protocols**

**Model Reporting Code (Domestic Violence and Child Abuse) Act**

On 1 July 2013, the Mandatory Reporting Code (Domestic Violence and Child Abuse) Act came into force, making it compulsory for organisations and independent professionals to adhere to a reporting code. The code targets domestic violence and child abuse, including sexual violence, female genital mutilation, honour-based violence, senior abuse and forced marriage. A reporting code is mandatory for the following sectors:

- health care and youth health care, including mental health care and care under the Exceptional Medical Expenses Act;
- youth care;
- education, from primary school to higher education, including compulsory education;
- child care;
- social support;
- criminal justice, including the Central Agency for the Reception of Asylum Seekers.

Also applicable are the provisions for independent professionals falling under section 3 or section 34 of the Healthcare Professions Act, such as doctors, nurses, obstetricians, dentists, pharmacists, health psychologists, psychotherapists, physiotherapists, dieticians, speech therapists, podiatrists, occupational therapists, optometrists and laboratory assistants. The Mandatory Reporting Code Act is accompanied by an order in council that sets out the minimum content of a reporting code for a specific body or institution. The police are not subject to the Mandatory Reporting Code Act. While the police are an important partner in tackling domestic violence and child abuse, they do not fall under the Mandatory Reporting Code Act. As stated in the explanatory memorandum to the Act, this is due to the specific position the police have with respect to those involved in domestic violence and child abuse. Even without a reporting code, the legal framework of the Police Act gives the police sufficient scope for identifying and reporting signs of domestic violence and child abuse.

Organisations and independent professionals are required to adhere to a reporting code to help them deal with signs of domestic violence and child abuse. The reporting code includes an action plan, guiding professionals through all the steps in
the process, from identifying the signs of violence or abuse to deciding whether to file a report. The steps make it clear to professionals what is expected of them when they identify signs of domestic violence or child abuse and how, given their duty of confidentiality, they can reach a sound decision on whether to file a report. We expect these steps to help make the approach to domestic violence and child abuse more effective. Under the Mandatory Reporting Code Act it is compulsory for organisations to:

- have a reporting code that meets the statutory requirements, and
- promote awareness and use of the reporting code within the organisation. Individual professionals within organisations that have a reporting code are expected to carry out the code’s action plan when they identify signs of domestic violence or child abuse. In investigations into individual cases, inspectors will determine whether the organisation has a reporting code and whether it has done enough to promote awareness and use of the code.

The action taken by the professionals involved in the case will be reviewed against the action plan.

The steps that professionals are expected to take

The steps in the process begin as soon as the professional identifies signs of violence. Identification itself has a separate place in the model reporting code, and is regarded as an important standard skill that professionals working for the organisation should have. It is not a step in the action plan, but a basic component of the professional’s interaction with clients, students and patients. The steps guide the professional through the procedure to be followed if he suspects domestic violence or child abuse. The steps are described below in a certain sequence but it is not obligatory to carry them out in that order. It is important, though, for the professional to carry out every necessary step before filing a report. Sometimes, the professional will discuss certain signs with the client as soon as he identifies them. At other times, before speaking with the client he will first consult a colleague and the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK). Some steps may need to be carried out two or three times. The action plan outlines in general terms the steps to be carried out when signs of domestic violence or child abuse are identified.

*Step 1: Identifying the signs*

When a professional identifies signs of domestic violence or child abuse, he is expected to first make a record of the signs, the conversations about them, the steps
taken, and the decisions he has made. He should also record any information that contradicts the signs. When recording the signs, the professional should follow the codes and procedures of his own organisation. Many organisations keep a file on each client. In such cases, the professional should add to the file all the information about the signs of abuse and the steps he has carried out. If an organisation does not keep client files, its code must indicate how and where the professional is to record information about the signs and the steps he has carried out. The instructions for the first step explain how to record information carefully. They remind the professional to distinguish between facts and signs, to mention the status of hypotheses and assumptions, and to identify the source when recording information from a third party.

Child check (Kindcheck)

Sometimes a child is put at risk by their parents’ situation. They may, for example, have a heavy addiction, be seriously ill or suffer from severe depression. These parent-related signs can only be identified if the professional knows that his adult client has dependent children. The law therefore stipulates that a reporting code must include a ‘child check’ in the case of certain adult clients. This applies to clients who have a physical or mental condition or other personal circumstances that could threaten their dependent children’s safety or development. The child check for these clients involves the professional asking or investigating whether the client has dependent children. If so, he will record the number of children and their ages. He should also note whether the client has sole responsibility for caring for the children or whether he shares this with his partner or others. A child check may be appropriate in cases involving adult mental health care, home care, social work, probation, out-of-hours GP services and emergency assistance. Reporting code steps to carry out in the case of parent-related signs If the professional is of the opinion that the client’s medical condition or personal circumstances pose a risk to the children’s safety or development, or if he is in doubt, he should carry out the steps in the reporting code. In this case, step 1 will involve recording the parent related signs that give rise to doubt about the children’s safety or healthy development. In step 3 these signs are discussed with the client. If the professional decides to report these signs in step 5, it is important for him to refrain from drawing conclusions about the children’s actual situation. He does not know the children and is unlikely to have even seen them. The professional can report, however, that the adult client’s physical or mental condition or personal circumstances threaten his children’s safety or development and that he considers it necessary for the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK)to further investigate the children’s actual situation.
Step 2: Peer consultation and, if necessary, consultation with the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) or an injury specialist

The second step is consultation on the signs of violence or abuse. To interpret the signs he has recorded, the professional must consult an expert colleague, such as a specialist in domestic violence or child abuse within the organisation, the internal counsellor or the school’s pupil support and advisory team. As long as the information on the client has been rendered anonymous, the professional may also consult the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK). Where more clarity is needed on the nature and cause of an injury, a forensic physician can be called on for advice. NB: In this guide, we have chosen to augment peer consultation, wherever necessary, with advice from the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK). The KNMG (Royal Dutch Medical Association) reporting code on child abuse requires doctors always to augment this second step (peer consultation) with advice from the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK).

Advice on the risks of follow-up action for specific forms of violence

As mentioned above, certain forms of violence require different steps or require the steps to be taken in a different order. If an organisation has insufficient expertise in this field, it is important to state in the reporting code that in the case of certain forms of violence the organisation should always first request advice on how to approach the matter and advice on the potential risks of follow-up action before this is taken.

Step 3: Interview with the client

After peer consultation and possible consultation of the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK), the next step is an interview with the client. Since openness is fundamental to the professional’s approach to assisting clients, he must seek contact with the client (or the parents) as soon as possible in order to discuss the signs of violence or abuse. In some cases, the interview will remove suspicion, in which case the next steps in the action plan will be unnecessary. If the interview does not remove suspicion, the next steps are to be carried out. If a professional needs assistance at this stage, he should consult a colleague or a specialist within his organisation, or at the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK). In the interview with the client, the professional must:

- explain the purpose of the interview;
• discuss the signs of violence or abuse identified, that is, the facts established and the observations made;

• invite the client to respond;

• and only after this response, if necessary, interpret what he has seen and heard and what he has been told in response.

No interview with the client

The instructions on this step set out the types of situation in which the professional may dispense with an interview with the client. These include exceptional situations where there are clear indications that an interview might endanger the safety of one of the parties. A professional may decide (for the time being) not to discuss with a suspected offender his suspicions of sexual abuse or honour-based violence, for fear that the suspected offender might subsequently take it out on the victim.

The professional may also dispense with an interview if there is good reason to believe that it would prompt the client to lose confidence in and break contact with the professional, who would then lose sight of him. If the professional decides not to contact the client because he feels there may be a breach of trust, he should be aware that this decision may also lead to a breach of trust if the client discovers that the professional has filed a report about him without his knowledge.

Interviews with children

The professional should interview minor clients even if they are very young, unless the child’s age makes it impossible or too difficult for the child. The professional assesses whether an interview would be useful or possible, if necessary in consultation with a colleague or the Advice and Reporting Centre for Child Abuse and Neglect.

NB: It may be important to speak to a child alone without the parents being present so that the child can express itself freely. In such cases, the professional must adhere to the rules that apply to his own sector. A teacher, for instance, can usually talk to a pupil without much ado. However, if a paediatrician wants to interview a 10-year-old child, he must first inform the parents. If the safety of the child, the professional, or other parties is at stake, he may, by way of exception, conduct an initial interview with the child without informing the parents in advance. The reasons for this decision must be carefully recorded in the client’s file.

Interviews with parents
If the client is a minor, the professional will usually interview the parents about the signs of violence or abuse. This is important whether or not the parents are the suspected offenders, because the parents must be informed about what is going on with their child, especially if they have parental responsibility.

NB: An interview with one or both of the parents may be dispensed with if the safety of the child or other parties is at stake, for instance if the professional has reason to believe that an interview will lead to loss of contact with the child because the parents will take the child out of school or stop taking it to the child care centre.

**Step 4: Assessing violence and child abuse**

Once the professional has carried out the first three steps, he will have quite a lot of information: a description of the signs he has recorded, the results of the interviews with the client, and the advice of experts. In Step 4, the professional assesses all this information. This step requires the professional to assess the risk of domestic violence or child abuse as well as its nature and severity. If the organisation or professional group has a risk assessment instrument, the professional should use it. If there is any doubt as to the risks, the nature and severity of the violence or the action to be taken, the professional should always seek advice from the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK).

NB: Step 4 of this guide, assessing the nature and severity of the violence, is included in step 5 of the KNMG reporting code. The KNMG reporting code advises doctors, as an additional step and if necessary, to obtain information from other professionals working with the family.

**Step 5: Reaching a decision: arranging assistance or reporting a case**

After the assessment in step 4, the professional charged with deciding whether or not to arrange assistance or file a report makes the decision after first seeking expert advice where necessary. The professional has to assess whether he himself – given his competences, responsibilities, and the boundaries of professional ethics – can effectively offer or arrange assistance. If he is of the opinion that he cannot do so, he should file a report.

When filing a report, get the facts right

When filing a report, the professional should note all the facts and events that he has seen or heard himself. When reporting facts and events that others have seen or heard, the sources should be clearly named.

Model and guide for exchanging information
In 2013 the professional organisations and umbrella organisations in the fields of youth care and health care (including mental health care) made arrangements on how information should be shared between health organisations and the Advice and Reporting Centre for Child Abuse and Neglect, Youth Care Office and Child Protection Board. A practical guide accompanies these arrangements. The model and guide can be found on various websites, including those of the KNMG, the National Psychiatry Association (Nederlandse Vereniging voor Psychiatrie (NVVP), the employers’ association for the youth care sector and the Child Protection Board. Both documents can also be used by other organisations and sectors seeking to make sound arrangements for exchanging information about clients.

Contact with the client and/or the parent(s) about the report and the efforts necessary for obtaining consent for the report

Before the professional files a report, he must seek contact with the client to explain his intention to do so, the report’s importance to the client and its purpose. The professional will then ask the client to respond. If the client objects to the report, the professional will discuss the objections with the client and look at how they can be overcome. If the client’s objections remain, the professional will make a judgment. He will weigh the importance of these objections against the need to file a report in order to protect the client or other parties from violence or abuse. In doing so, he will also take account of the nature and severity of the violence and the need to protect the client or other parties from it.

Position of young clients and their parents

If the client is under 12 years old, the professional will conduct an interview as described above with the client’s parent(s). It is not compulsory to interview such a young client directly. The professional assesses whether this is possible and desired given the nature of his report, the relationship with the young client and his or her age. If the client is between 12 and 15 years old, the professional will conduct an interview with the client or the parents or both. The professional decides whether they should be interviewed separately or together.

Filing a report without having interviewed the client or the parents

The instructions for step 5 describe situations in which the professional may dispense with contact with the client and/or the parents concerning the report. These include situations where there are clear indications that conducting an interview might endanger the safety of one of the parties. The professional may also dispense with an interview if there are good reasons to believe that it would prompt the client to break contact with the professional.
What the AMHK does when they receive a report

The Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) will, after triage indicates there are concerns about the safety of a child, follow up the report with an investigation. This involves interviewing the parents and professionals working with the child and family. On the basis of the findings of this investigation, the centre will decide what should happen next. In many cases, voluntary help will be offered, but the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) can also decide to inform the Child Protection Board and the police or both, for example to lodge a criminal complaint or establish whether a temporary domestic exclusion order could be imposed the next time an incident occurs. After receiving the report, the Advice and Support Centre also investigates the signs of violence if this is necessary to assess whether assistance needs to be arranged for those involved. As part of this process, the centre speaks to those involved and to the professionals who know the family. Where necessary it will help arrange assistance for the family members. The centre can also discuss the case with the police or in a case conference held by the community safety partnership to examine whether a temporary domestic exclusion order could be imposed the next time an incident occurs, or whether an assistance programme could be ordered under criminal law.

If minors are involved in domestic violence as perpetrators, victims or witnesses, the Advice and Support Centre always contacts the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) so that they can investigate the case together and take concerted action.

When the report has been dealt with, the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) inform the person who filed the report about the action they have taken in response. Disclosure of the identity of those filing reports of child abuse.

The general rule is that the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) must inform the family concerned of the identity of the author of a report of violence or abuse. The author’s identity may however be withheld from the family if disclosure is likely to:

- put the reported persons, the professional or his staff, or others at risk; or
- damage the trust between the professional and the client and/or the family.
Action following the report

A report is not an end in itself. Once a professional has filed a report, the action plan lays down that he should consult the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK) on what he can do himself, within the boundaries of professional ethics, to protect and assist the client and/or the family. This is explicitly included in step 5 to make it clear that the professional’s involvement with the client continues after the report has been filed. The professional is expected to continue assisting and protecting the client to the best of his abilities. In order to ensure a cohesive approach, he should do so in consultation with the Advice and Reporting Centre Domestic Violence and Child abuse (AMHK).

An organisation’s responsibilities

The Mandatory Reporting Code Act states not only that an organisation must have a reporting code in place but also that it must promote awareness and use of the code within the organisation. It is up to the organisation itself to decide how to fulfil the requirements, tailoring instruction and training to staff needs. However, it remains a statutory obligation and the organisation may therefore be asked, by the inspectorate for example, to provide concrete details of what it has done to train its staff in order to promote awareness and use of the reporting code and what its plans are for the coming year. Promoting awareness and use of the reporting code could include the following:

- informing professionals about the reporting code used and its purpose;
- offering professionals adequate and regular training;
- including the reporting code in the induction programme for new staff;
- regularly evaluating the use of the reporting code on the basis of case histories. This will help improve the quality of the reporting code and raise awareness of how professionals identify domestic violence and child abuse;
- ensuring that experts are available to be consulted;
- monitoring the effects of the reporting code.

The reporting code is to be further refined for victims of serious child abuse and domestic violence. In order to stop the violence as quickly as possible and to minimise the chance of it happening again, professionals in the child’s life - such as GPs, teachers and social workers - will be required to contact Safe Home if they feel
that there is any issue of serious abuse. Professionals use new professional standards to determine when it may be an issue.  

**Reference index**

What is the reference index (VIR)?

The At-Risk Youth Reference Index (VIR) is a digital system that brings together risk reporting about young people aged up to 23 years. It is aimed at early signalling of risks that threaten a child's healthy and safe development into adulthood, so that timely and suitable help, care or guidance can be provided. Authorized agents can make a risk report about a child if they have reasonable suspicion that the child is under threat of one or more of the risks stated in the Children's Act. The risks in question include: exposure to violence, degrading treatment or neglect, addiction, excessive school absence, lack of permanent home or residence, conducting illegal activities (art. 7.1.4.1. Children's Act).

What does the VIR do?

If more than one report is made to the VIR regarding any child, then the VIR will inform the involved support staff, providing contact data, after which they will contact each other to discuss and/or agree any follow-up actions required. Since 9 November 2015, the VIR also takes action in the event that reports are received about more than one child within the same family (family function).

Who can report to the VIR?

People authorized to make reports are those working with bodies that work in youth care, (youth) healthcare, education, social support, work and income and police and justice, authorized to make reports by virtue of the body for which they work and about which the body has made agreements with the municipality, as stated in art. 7.1.3.1. of the Children's Act. As well as this, agents that are not part of one of the aforementioned bodies but who do work in the intended fields and with whom agreements have been made by the municipality, as intended in art. 7.1.3.1. of the Children's Act.

Some areas have their own VIRs. These generally have greater functionality. These local VIRs are linked to the national VIR.

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8 [https://www.government.nl/documents/reports/2013/03/14/model-reporting-code-domestic-violence-andchild-abuse](https://www.government.nl/documents/reports/2013/03/14/model-reporting-code-domestic-violence-andchild-abuse)
Bodies involved (supervision, coordination)

Most of the bodies involved are already mentioned and explained in the legal section: National inspectorates; Advice and Reporting Centre Domestic Violence and Child abuse (AMHK); Child Advisory Board and Certified agencies.

Everyone who has concerns about child abuse, for example neighbours, teachers, parents, or professionals, can contact the AMHK. Someone can call for advice or to report a case of child abuse. When someone calls for advice, the AMHK advises the caller; this can be a single advice or a follow-up advice. When the caller reports a case to the AMHK, the personal details of the reported family will be registered; this is only the case for a report. However, when someone calls to ask for advice, but the professional of the AMHK has serious concerns about the case, the professional can ask to caller to report the case. To undertake action, an official report is necessary. When the caller does not want to report the case, the AMHK can decide to report the case themselves. The opposite is also possible: a report can be registered as an advice when there are insufficient indicators for suspicions of child maltreatment and/or when the reporter did not use all the own resources to change the situation

Forensic Physicians

Forensic medical child abuse centre

The Forensic medical child abuse centre (de Forensische Polikliniek Kindermishandeling) diagnoses injuries in children. This is done on behalf of referrers in the legal and medical sector who want to know whether the story explaining the cause of an injury corresponds to the injury observed. The forensic paediatricians carefully conduct forensic-paediatric examinations and interpret injuries. They do so independently, professionally and based on scientific evidence. Examinations take place in the event of suspected physical or sexual abuse. Quality, independence, and prompt delivery of reports are the primary focus at the outpatient clinic.

The care is provided on an ambulatory basis, meaning that a child only visits the outpatient clinic, without being admitted to it. The Forensic medical child abuse center is the only institution in the Netherlands that performs forensic-paediatric examinations among children aged zero to eighteen years of age. The early examination and interpretation of injuries in the event of suspected child abuse is crucial in order to be able to take measures to ensure the child's safety. Children have the right to a proper examination and recognition of their problems.

Children are often unable or afraid to tell their story. Therefore, they objectify their injuries. By diagnosing injuries, they aim to help stop child abuse so that children are safe. Once the facts are known, constructive action can be taken. The reports help
the police to establish the truth and doctors to determine what steps to take next. Because children rarely get a chance to tell their story, they let their injuries speak for them. This way they give the children a voice.

The outpatient clinic is a professional link in the chain between the doctors treating the children and the legal sector. By serving as a link, they safeguard the privacy of the child. They only report to the commissioning authority and never share information from files with third parties. The independence and expertise of the forensic paediatrician enables him or her to issue statements on injuries and their causes. In the context of criminal law, the forensic paediatrician is appointed as an expert witness by the court, and can be called to attend a court hearing. In such cases they answer questions by the court or the suspect’s lawyer.

**Coordination between entities**

Municipalities are responsible for all forms of youth care and for implementation of the Social Support Act. As a result of this, most municipalities have set up neighbourhood or local teams, who provide help and support to citizens. There are differences in how things are done per municipality/region. Below is a description of the situation in Rotterdam.

The Children’s Act sets out that child protection and child rehabilitation and Safe Home (AMHK) should be managed regionally (and therefore separately by each municipality). There are currently 27 Safe Home (AMHK) organisations and 16 certified bodies.

Significant and expensive forms of youth support (such as, for example, care proceedings) are generally bought in regionally, on a voluntary basis from a cost perspective.

**The Rotterdam situation**

**Neighbourhood network**

A mixture of volunteers and professionals in the neighbourhood come into contact with young people and their parents. Via, for example, sporting events, youth organisations, neighbourhood associations, religious communities and active residents; However, professional organisations are also involved, such as schools, child day care centres, youth health care, welfare organisations, police and GP practices. This is what we call the neighbourhood network. Such preventative programmes and services for parenting and upbringing are sufficient for the majority of children and their parents.

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9 From the 2015-2018 Rotterdam policy plan
The provision of youth support is often not the initial goal of parties active in the neighbourhood network. Yet they are essential when it comes to early detection of problems, the use of directed interventions and the implementation of preventative programmes that can be used to prevent the need for (more significant) help. The neighbourhood network is crucial when it comes to strengthening the pedagogical civil society and in contributing to the desired progress, with the focus on prevention and talent development. The municipality is required to support, facilitate, and stimulate these networks.

The neighbourhood social work team

Problems can sometimes prove to be beyond people's own capabilities, the scope of the social network and the support from within the neighbourhood network. In such cases, youth care is needed. This is why we have neighbourhood teams. The neighbourhood team features youth and family coaches who work for a variety of youth support providers. These family specialists are charged with mapping the need for help within and around the entire family, and where necessary in all areas of life (including housing, work and income) and in doing so, appealing to the network within the neighbourhood. Mapping the problems across all areas of life does not mean that the youth and family coach will themselves offer support in all of these areas. The youth and family coach will work on finding suitable care, help and support for the family. The youth and family coaches themselves offer basic support, and call in further, specialised help, where necessary. Basic support is support that is offered to the child and parents in an easily accessible and informal manner. This may be voluntary or obligatory (with children's services and children rehabilitation). The youth and family coaches essential provide such help themselves within the neighbourhood team.

Child Protection

The Rotterdam Rijnmond region has a certified centre for child protection (the legal successor of the current Youth Care Agency) that is the central point of contact for implementation of child protection measures for the stay-at-home target groups; families with a reasonably stable residential address. The municipality requires certain things of this certified centre, such as working locally and having knowledge and expertise in relation to the specific target groups.

Domestic Violence and Child Abuse Advice and Reporting Centre (AMHK)

The AMHK is for citizens and professionals who suspect domestic violence and child abuse. As well as giving advice and information, the AMHK conducts investigations following a report of domestic violence or child abuse. The AMHK assesses whether
or not the report requires steps to be taken and if so, which steps. The AMHK will involve suitable support services and where necessary inform the police and the Child Protection Council. If the AMHK transfers a case to the Child Protection Council, this is done via the Youth Protection Forum. The municipality will be made aware of this. In all cases, the AMHK is responsible for providing feedback to the party who reported the domestic violence and/or child abuse.

Jeugdbeschermingsplein (Youth Protection Forum)

The Youth Protection Forum is comprised of a permanent team of experts, who meet together on a daily basis. They discuss every report that comes in about concerns for a child, and decide on the best approach to be taken. Working in this way helps ensure families in Rotterdam receive support as quickly as possible. The support workers prefer to work as much as possible with the family. They try to prevent the need for more significant support or further measures.

Safe House

At the Rotterdam-Rijnmond Safe House, a number of bodies work together on detection, follow up, supervision and support provision. The aim is for a closed approach when it comes to repeat offenders, domestic violence, youth, muggers, and High Impact Crimes, and after care for ex-detainees. There is daily meeting to discuss a person-oriented and a family-oriented approach. The municipality is also involved in the discussions, and contributes to implementing the approach in areas such as housing, care, daytime activities, debt help and education/income. A connection is made between the Safe House and the neighbourhood teams and child protection forum, by the municipality and the Child Protection Council, respectively. This is to prevent the same children and parents being discussed at various locations and multiple approaches being set in motion independently of each other.

Child Protection Council and Certified Bodies

Reports to the Child Protection Council can be made by: AMHK, municipalities, organisations authorized by the municipality to make reports, for example, a neighbourhood team or a Youth and Family Centre (YFC), Certified child protection bodies.

Certified Bodies
Certified Bodies are organisations permitted to implement child protection measures. After a report is made, an investigator from the Council will visit the family and investigate the report. They will talk to the parents, the child and people in the neighbourhood. The Council may also contact school, the GP or mentor. The Council investigator will then draw up a report, which is sent to the juvenile court. The juvenile court will then decide what should happen. They may decide to issue a supervision order (OTS) or instigate care proceedings.

Standard access to youth support from January 2015 with all the entities (rows from top to bottom):
1\textsuperscript{st} row: Safe House, Police report, Citizen request, Education, Arts [illegible],
2\textsuperscript{nd} row: Safe House (AMHK), Issue clarification
3\textsuperscript{rd} row: Concern reporting, Child Abuse Council
4\textsuperscript{th} row: Certified agencies (court ruling), advice and family plan
5\textsuperscript{th} row: Support/help network, Collective/general services, Individual services

\textit{In frame}
CORV: Central Task Routing Services (digital traffic with judicial partners), RvdK: Child Abuse Council, VTO: Investigation application, Certified body: Body that implements child protection and/or child rehabilitation measures. In South Limburg this ‘Bureau Limburg Jeugzorg’ and the ‘William Schrikker Stichting’
**Data statistics about the corporal punishment in the country/region**

The data statistics about corporal punishment in the Netherlands are reported at chapter 1, Data of the Netherlands of violence, magnitude.

**Report of the Ombudsman in the protection system of the country/region (if applicable)**

An implication of the UN Convention on the Rights of the Child is the existence of an inspanningsverplichting (obligation to do one’s utmost best) for the national and municipal governments to give adequate protection against abuse. The Ombudsman for Children has examined municipal policies regarding the prevention of child abuse. Municipalities are fully responsible for investigating possible situations of child abuse and for the assistance to parents and abused children, apart from their responsibility for prevention.

The purpose of this research study is to clarify the coordinating and supervisory role of municipal governments (regierol) and to provide tools enabling municipalities to give an incentive to their child abuse approach and prevention, immediately benefitting children, (future) parents and professionals. It is limited to current municipal responsibilities regarding the prevention of child abuse, therefore before the transition.

The research study is directed towards the municipal supervisory and coordinating responsibility regarding the prevention of child abuse. Its aim is to clarify their supervisory and coordinating role and to provide tools enabling municipalities to encourage child abuse prevention and approach developments, immediately benefitting children, (future) parents and professionals.

Ombudsman for Children

The Ombudsman for Children is an independent institute calling attention to compliance to the rights of children and youths in the Netherlands. The Ombudsman for Children is checking national and local authorities and agencies at the level of legislation, policy (making) and implementation. In addition, he will advise (on his own initiative) Dutch Parliament and Senate. One of the responsibilities of the Ombudsman for Children is doing research, on his own initiative if necessary. The assessment framework of the Ombudsman for Children is the UN Convention on the Rights of the Child. In the annex, those articles from the Convention on the Rights of the Child are included that pertain to child abuse prevention and approaches.

Research study
The research design has further been given a particular focus by centring it on ten concrete prevention goals or objectives that, when pursued, are expected to produce positive outcomes for parents and children. This option has been chosen in consultation with the advisory committee for this research study.

For this research study, the Ombudsman for Children has asked all 408 Dutch municipalities (in December 2013) to provide information on the measures that are or will be taken locally to protect children against child abuse. The objective of this research study is to give insight into the municipal approach and to describe tools that can be used to boost the (further) development of child abuse approaches, immediately benefitting those children.

The ten child abuse prevention objectives for local authorities:

1. All women will be screened during pregnancy on high-risk situations for child abuse and will be offered an effective prevention program, if necessary.

2. All young parents will be informed on the norm of violentless parenting as is stipulated by law, with information on the effects of violence against children and on violentless parenting strategies.

3. All young parents are educated specifically on (dealing with) crying behaviour of babies and on the risks of the Shaken Baby Syndrome.

4. With all parents parenting problems and possible signs of child abuse will be discussed when they visit the Center for Youth and Family (Centrum voor Jeugd en Gezin) and/or Child and Youth Health Care, using effective screening lists and interview protocols.

5. When parents or children are showing signs of beginning, early or threatening child abuse, effective parenting support programs are available with a specific focus on abuse.

6. All children are educated on neglect, domestic and external violence and abuse against children, and how children can best deal with this, both in primary and secondary education. All schools have adopted programs for children focussing on acquisition of knowledge in this area.

7. Teachers, child care workers, doctors, and nurses in frequent contact with children, have been trained in identifying and detecting child abuse. A reporting code domestic violence and child abuse (meldcode huiselijk geweld en kindermishandeling) has been introduced in places regularly visited by children.
educational and care facilities, centres for youth and family (centra voor jeugd en gezin), youth and child health care, family practitioners and in neighbourhood teams.

8. All children involved in domestic violence situations, with involvement of the police or the AMHK or who are staying in a woman shelter facility, will be provided with some form of preventive assistance. In order to achieve this, an adequate capacity of preventive interventions is available.

9. Children staying in women or social shelters will receive adequate care for themselves: they will be given specific guidance and assistance, will be interviewed on their experiences, they will receive (psycho-) education and treatment, if necessary.

10. The general public knows where to get advice and where (at AMHK and the local organisations) they can go when concerned about a child in their social

The results of these ten prevention plans are graphically displayed below:
Is this objective included in your municipal policy?

1. All women are screened during pregnancy for (extreme) risk situations for child abuse and, where necessary, are offered an effective prevention programme (N-208)

2. All young parents receive focused information about what is set down in law about non-violent parenting, with information about the effects of violence on children and about non-violent parenting strategies (N-208)

3. All young parents are given focused information on (dealing with) crying babies and the risks of Shaken Baby Syndrome. (N-208)
4. All parents that visit the Centre for Childhood and Family and/or Youth Health Care will be spoken to about effective screening lists and conversational protocols about parenting concerns and potential signs of child abuse (N-208)

5. If parents or children appear to show signs of child abuse, there are working parenting support programmes available that focus specifically on abuse. (N-207)
Nearly 80% of municipal governments indicate having a specific policy on child abuse prevention and approaches. In slightly less than 20% of municipalities such policies are (still) absent. A great number of municipalities (77%) indicate that they have laid this down in several policy documents combined. 75% of municipalities indicate that their policies can (e.g.) be found in the regiovisie (policy document with a regional scope). 14% indicate that they only resort to the regiovisie for their policies regarding child abuse prevention and approaches. This means that those municipalities have not drafted their own policies regarding this matter.

Does your municipality have specific policies regarding the subjects listed below? (N=204)

The population (in numbers) of a municipality seems to be related to the presence of specific policies on child abuse prevention and approaches. The greater the population, the lower the percentage indicating that a specific policy is missing, as is shown in the chart below.
The specific policy of municipal governments appears to be primarily directed towards screening at CJG centres, parenting support and attention for the reporting code (meldcode) to make sure that the public knows where to go when in need of information and advice. The policy is less directed towards screening, education for parents and children and preventive assistance programs for children.

It has been asked whether specific attention is given to target groups with a heightened risk of becoming either a victim and/or committer of child abuse, in the child abuse prevention plans. Very few municipalities appear to have set up a specific policy for this. Only 31% of municipalities indicate having a specific prevention policy for the target group of underprivileged children. Just 1% (two municipalities) have such a policy in place for children in a refugee centre, while there are around 50 refugee centres in the Netherlands (CAO, 2014). 65% (of 207 municipalities) indicate that no policies exist for either of the indicated target groups. (Underprivileged children, children with parents having mental or addiction problems, children in refugee centres, parents with a mental disability)

**Conclusions**

In 2014 three quarters of Dutch municipalities have policies regarding child abuse prevention. This is a reflection of the care for this problem locally. However, the municipal policies regarding child abuse prevention are not producing enough results for parents and children.

A limited number of municipalities have developed their prevention policies to a (more than) sufficient degree. Among the great majority of them, essential prevention goals are lacking, in spite of the fact that they have been communicated intensively to them since 2008. The majority of municipalities have insufficient information on both the abused children as on known high-risk groups. In addition,
insufficient monitoring is taking place regarding the outcomes, such as the reach and effect of used programs.

**Policy**

1. 77% of the municipalities have policies specifically directed towards child abuse prevention. This shows that the majority of municipalities are caring about child abuse prevention. This is in line with the Actieverklaring Aanpak Kindermishandeling (Action Declaration Child Abuse Approach), signed in 2008 by all regional centre municipalities (centrumgemeenten). In this document, they have stated the urgency of a (n active) child abuse approach, as well as the intention to adopt a concerted RAAK-based method.

2. In most municipal policies, important prevention goals are missing. They are absent, despite the fact that they have been communicated intensively to municipalities since 2008. Less than a third of the municipalities have included education to children, screening of pregnant women and education to young parents on nonviolent parenting in their municipal policies. Their main focus is on the prevention goal of public education, used to inform the public on where to go with parenting problems or concerns about child abuse: 84% of the municipalities have included this objective in their policies. An analytical study shows that 2% of the municipalities have included all ten examined prevention objectives in their policies.

**Monitoring**

3. Municipalities do not have sufficient information on the target groups and on the outcomes of their policies regarding child abuse prevention:

a. Many municipalities do not have a clear picture of the number of abused children (52%) nor on groups with a heightened risk of child abuse (35%). 52% of the municipalities indicate that they are not monitoring the number of abused children in their municipality. The municipalities that do monitor the number of abused children, indicate that they are not totally using these figures for policy correction. In addition, 35% of the municipalities indicate not having a clear picture of high-risk groups (groups with a heightened child abuse risk). Examples of high-risk groups are, among others, children of parents with a slight mental disability, children in refugee centres, underprivileged children and children under a court supervision order or family guardianship (ondertoezichtstelling) and/or care avoiding families (zorgmijdende gezinnen).
Recommendations

These recommendations of the Ombudsman for Children are primarily directed towards local governments. This does not affect the responsibility of the national government, resulting from the signing of the UN Convention on the Rights of the Child, to realise its obligations stipulated in article 19 of the Convention on the Rights of the Child.

1. Include in your child abuse prevention policy the objective of reducing by at least 50% the number of children experiencing child abuse in your municipality in a three-year period. Municipalities should not just include this as an objective, but they should also focus on this during the implementation and realisation of policies. Assess how all policy measures that have been taken contribute to the realisation of that goal.

2. Strengthen the municipal supervisory and coordinating responsibility regarding child abuse prevention by adopting a Kind Veilig Preventiebeleid (Safe Child Prevention Policy) policy. This implies the following:

   a. Concretise child abuse prevention policies in municipal policy documents forming part of an integral domestic violence and child abuse approach as well as of the broad, local youth policy. Involve local youths in the working out and specification of these policies.

   b. Make sure that there is information on the number of abused children, high-risk groups and the extent to which intended high-risk groups are being reached.

   c. Formulate prevention goals in terms of concrete effects for children and parents with a specified standard regarding effectively reaching parents and children. Include at least all ten examined prevention goals in municipal policy plans.

   d. Use as much as possible programs and interventions with proven effectiveness for realising prevention objectives.

   e. Monitor the reach and effectiveness of used programs and measures. Make use of steering mechanisms such as quality standards and (government) funding criteria.

3. Use the Kind Veilig Preventiepakket (Safe Child Prevention Package) in order to realise preventive measures. The Ombudsman for Children encourages municipalities to use existing options, such as the Kind Veilig Preventiepakket: a concrete, combination of provided assistance programs from various organisations for realising preventive measures. This consists of:
NOPUNISH has been funded by the European Commission under the Justice Programme. Agreement JUST/2015/RDAP/AG/CORP/9183

- Checklist Preventie Kindermishandeling (Checklist Child Abuse Prevention) further describing and explaining a selection of ten child abuse prevention policy goals. It contains current examples of a variety of means that can be used.
- Monitor child abuse for municipalities: municipalities are getting a clear picture of the current situation of the municipal child abuse approach on more than just these ten points, giving them insight into the extent of problem rapidly, enabling them to monitor it (Bernard van Leer and NJi)
- E-learning tools that can be used by all professionals in a municipality working with parents or children, educating them on how to recognise and detect child abuse situations and how to respond to them. (Augeo).
- Online training given through an educational TNO DVD meant for all midwife and obstetrician associations that can be used to educate parents on the dangers involved when shaking babies (shaken baby syndrome; Augeo).
- The Veerkracht program (Flexibility program) consisting of a phased plan and tools to help children staying in women shelters and facilities. (Kinderpostzegels: stamps sold by children benefitting child charity programs)

- **Private and/or public entities dedicated to the prevention of corporal punishment**

Many organisations are involved in preventing child abuse. Below is a list of the most well-known ones, though the list is by no means exhaustive.

**Public organisations**

Children's Ombudsman

The Children's Ombudsman ensures that children's rights are observed in the Netherlands. It is an independent institute that came into being on 1 April 2011. Margrite Kalverboer has been the Children's Ombudsman since 22 April 2016.

Ministry of Security & Justice

The Ministry of Security & Justice upholds the rule of law in the Netherlands, so that people can live freely in society, regardless of their lifestyle or opinions. Security & Justice works to ensure a safer and more lawful society by protecting human rights and, where necessary, intervening in their lives. Sometimes that involves a drastic measure, sometimes it opens up new perspectives. These are always measures that may only be instigated by Security & Justice. Recht raakt mensen (Law Helps People)

**Municipalities**
A municipality is usually a single urban administrative division having corporate status and powers of self-government or jurisdiction as granted by national and state laws, to which it is subordinate.

- **Youth and Family Centers.** Since 2011, all municipalities have a Centre for Youth and Family. These centres provide advice on raising children and, when needed, guide parents and children into other areas of the youth care system.

**Centers of Expertise**

- **Nederlands Jeugdinstituut (Netherlands Youth Institute) (NJI).** Every child in the Netherlands should grow up feeling safe and healthy and receiving the support they require, at home or at school. That is the mission of the Netherlands Youth Institute. It does this by offering knowledge, advice and practical tools based on the latest insights. These are used as input to support governments, (educational) bodies and professionals who work with youth and parenting issues.

The kinds of things they deal with include:

- transformation of youth schemes (decentralized care)
- the normal development and upbringing of children and young people
- parenting and development problems
- effective working methods, programmes and tools
- professionalization of youth care, (suitable) education and child protection
- collaboration between youth support and (suitable) education and improving the collaboration.

- **Movisie (Netherlands centre for social development).** Movisie is the national knowledge institute for the social domain. It works at achieving a resilient society in which citizens are able to be as independent as possible. Our 150 experts develop, collate, and publish applicable knowledge and solutions for social issues.

**National Reporter on Trafficking and Sexual Violence against Children**

The National Reporter on Trafficking and Sexual Violence against Children is charged by the Dutch government to investigate the nature and scope of trafficking and sexual abuse against children in the Netherlands. Since 2000, the National Reporter has been reporting on the approach to trafficking, and since 2011 on the approach
to sexual violence against children. The National Reporter makes independent judgements. Its role is to advise the government about how to approach these subjects. This advice is written up into reports - often in the form of recommendations.

Taskforce against Child Abuse and Sexual Abuse

The Taskforce wants to redirect the old approach to child abuse. The most important 'instrument' in realizing this is the staff of the Taskforce itself. They are experts, involved in the theme and by virtue of their daily work, they are able to influence the force field in which the child abuse approach plays out.

The Taskforce does not require its own place alongside all of the people and organisations that are already dedicated to tackling child abuse. The Taskforce does not develop new methods. It analyses, highlights bottlenecks, brings parties together and sets them in motion. It also puts the theme on the public agenda. With one clear goal: increasing child safety. That is how the Taskforce hopes to make a difference.

Jongerentaskforce (Young Persons' Taskforce)

The Young Persons' Taskforce approach to violence against children is an initiative by Augeo, aimed at giving young people a voice on how to approach child abuse, acrimonious divorces and chronic bullying. The Young Persons' Taskforce was set up in 2012 and is currently comprised of 13 young people aged 14-25. All members of the Young Persons' Taskforce have an affinity with the themes. For example, they have been trained to work with parents and children, they have witnessed children struggling in their immediate environment or have dealt with a similar issue themselves. The Young Persons' Taskforce translates the voice of young people into the approach to child abuse, acrimonious divorces, and chronic bullying. They seek contact with other young people's organisations, gather opinions from other young people via social media and guest lessons, collate personal stories, carry out small and large-scale research and combine all of this information with the personal experiences of Young Persons' Taskforce team members. This information is then shared with those who are able to improve the situation for children and young people. This might be, for example, a professional working in education or in care, an alderman or councillor within a municipality, a member of parliament, an organisation such as the VNG, or a European body such as the United Nations or the umbrella organisation of European Children's Ombudsmen. Basically, anywhere where children's voices are not being properly heard!

Private organisations

Kinderrechtencollectief (Children's Rights Collective)
The Children’s Right Collective was set up in 1995 and is comprised of Defence for Children, Nederlandse Jeugd Raad (Netherlands Youth Council), Bernard van Leer Foundation, Stichting Kinderpostzegels Nederland, UNICEF Nederland, Ieder(in) and Save the Children. Together, their goal is to ensure safeguarding of the rights of children, as defined in the UN Convention on the Rights of the Child, within the Netherlands. In government policy, in legislation, in organisational practice and with anyone who deals with children. Anywhere that children's rights are violated in the Netherlands, they see it as their task to stand up for these children and their rights. The Children's Rights Collective advises the government on how children's rights can be safeguarded in the Netherlands, and on where improvements can be made. According to the UN Convention for the Rights of the Child, the government is responsible for the rights of children under law and in the underlying policy. The government must also do everything in its power to practically protect and safeguard the everyday rights of children.

Augeo

Augeo’s main objective is to reach parents and children who are experiencing serious problems through the people closest to them: family members, neighbours and friends, and people who come into contact with them in a professional context, such as teaching staff and general practitioners. We use our knowledge, involvement, experience and money to develop products which help these people learn how to recognise stressful and potentially harmful situations and assist in finding solutions.

No Kidding

NO KIDDING Stop Child abuse! aims to prevent child abuse by changing the way people think and act. Child abuse always happens within a social context. As adults, we are part of this and are therefore part of the problem. This is why NO KIDDING is a social movement. Under the motto 'small steps, great gains', NO KIDDING demonstrates how any bystander can always be meaningful for a child being abused. Experienced experts, adults who were abused as a child themselves, show us the way and form an invaluable part of our unique vision and working method.
2.3. EDUCATIONAL

• Detection Protocols and response to corporal punishment in education
The Mandatory Reporting Code (Domestic Violence and Child Abuse) Act which is described under the Administrative section is also mandatory for professionals in Education.

• Specific resources displayed
Responsibility for preventing child abuse is a municipal task. Each municipality determines which means to use to prevent child abuse. There are no separate means available for finance. Municipalities have invested a great deal and are still investing in educating professionals about the reporting code and the warning signs of child abuse.

Schools also receive finance from the ministry. It is partly their decision as to how that money is spent and they can spend it on interventions against child abuse.

• Awareness campaigns for children, families
A national campaign was initiated in 2012, titled 'A Safe Home. Stand up and be counted.' The message of this campaign is that violence at home is not something that stops by itself, not until someone does something about it. The campaign calls upon those involved - whether victims, perpetrators or bystanders - to seek out help and advice in the event of domestic violence and to seek out the Safe House. http://www.huiselijkgeweld.nl/Policy:landelijk/campagne- tegen-huiselijk-geweld-gaat-verder On top of this, municipalities can also conduct their own campaigns.

Anti Child Abuse Week
For the past four years, the Taskforce against Child Abuse and Sexual Abuse has organised an Anti Child Abuse Week.

The Taskforce uses the Anti Child Abuse Week to highlight the issue of child abuse. During the Anti Child Abuse Week, the Taskforce asks everyone to take action if they suspect any instance of child abuse. Just one person stepping forward is enough to change the life of an abused child forever.

The Anti Child Abuse Week is also directed at children themselves. It aims to make them aware of what they can do if they are the victim of child abuse.

Activities
During the Anti Child Abuse Week, a large number of organisations across the country organise a wide range of activities under the theme of child abuse and sexual abuse. [http://www.Child abuse.nl/](http://www.Child abuse.nl/)

**Educational professionals**

In 2013, the NJI conducted research into what teacher training institutions knew about child abuse. The results of this are shown below:

**Conclusions from WO (university level) and HBO (higher professional level)**

WO and HBO teacher training courses for secondary education show that the priority within the curriculum is (subject) didactics, educational science and pedagogy. For these reasons, such courses rarely have room in the curriculum to address domestic violence and child abuse. These themes are thought important, but not specific enough for the curriculum. If there is a focus on this, then it tends to be at the behest of a course coordinator or teacher. However, incidental information is given about care structures in school and signs of problem behaviour.

**Recommendations**

- Secondary level teachers should see it as their responsibility to look out for child abuse and domestic violence. This requires themes of violence to be on the agenda for teacher training.
- To ensure that themes of violence are included in the curriculum, they need to have a more prominent place within the underlying knowledge foundation and profession and competency profiles.
- The advice is to link up with the ADEF (high schools) and the ICL (universities).

**Conclusions from PABOs (teaching training institutions)**

All PABOs focus on child abuse. Domestic violence is more or less only addressed if children are witness to it; formally this also falls under the definition of child abuse, however. The focus on domestic violence is, broadly speaking, minimal and does not always reach all students. New teachers therefore tend not to be very well prepared in practice. An overly full curriculum is given as the most significant reason as to why the subject does not play a more prominent role. Research has led to a number of PABOs becoming more aware and sometimes even drawing up firm plans. The Mandatory Reporting Act rarely receives specific attention.
Recommendations

- Meet needs of mutual exchange by finding out how domestic violence and child abuse fit within the PABO curriculum.
- Connect to existing channels and initiatives for this purpose, for example the AOJ which works on a common primary curriculum in terms of behavioural issues.
- Work with the teacher training colleges to develop sample lessons and support materials.
- Establish which competencies are required for new teachers and which points of learning should be addressed up during the induction period.

Careful conclusion for MBO (secondary professional level) teaching assistant

The three interviewed colleges spend little time on the reporting code and the violence themes. It is clear that the respondents do recognise great added value in inclusion of these themes. The teaching assistant in particular is closely involved with school-aged children and is able to perform a signalling role.  

2.4. HEALTH

- Action protocols in the health field

The Mandatory Reporting Code (Domestic Violence and Child Abuse) Act which is described under the Administrative section is also mandatory for professionals in health care.

Also applicable are the provisions for independent professionals falling under section 3 or section 34 of the Healthcare Professions Act, such as doctors, nurses, obstetricians, dentists, pharmacists, health psychologists, psychotherapists, physiotherapists, dieticians, speech therapists, podiatrists, occupational therapists, optometrists and laboratory assistants. The Mandatory Reporting Code Act is accompanied by an order in council that sets out the minimum content of a reporting code for a specific body or institution.

For workers in the health field, the child check (Kindcheck) is of utmost importance.

10 http://www.nji.nl/nl/Publicaties/NJi-Publicaties/Publicaties-Aandacht-voor-huiselijk-geweld-enkindermishandeling.html
LESA (Child Abuse National First-line Partnership Agreements)

The goal of LESAs is to improve detection of and approaches to child abuse through better partnership between GPs and youth health care (JGZ). LESAs give recommendations on reaching partnership agreements at local levels within the area of child abuse.

Core points

An active attitude and alertness are offered in order to detect signs of child abuse, also in adults and children for whom no help has been requested, where necessary to offer suitable help and to follow the KNMG child abuse step-by-step plan. See the image below.

- Ensure there is adequate information exchange in the event of (suspicion of) child abuse.
- Agree with support workers as to who will run and coordinate care and who has which tasks and responsibilities, and record this officially. This is essential in order to guarantee effective detection and approaches to child abuse.
- If the available help is insufficient to remove the immediate risk of damage to the child, then make a report to Safe house as soon as possible (step 5b in the KNMG child abuse step-by-step plan).
- Pay attention to your own knowledge, attitude, and competencies in order to be able deal adequately with (the suspicion of) child abuse.

The KNMG child abuse and domestic violence reporting code (external link) is the starting point for all doctors. The motto of the 'reporting code is: 'say something, unless.' If a GP suspects child abuse, he/she is responsible for taking the necessary steps to check whether or not it may be occurring. To this end, the KNMG Reporting Code offers e a clear step-by-step plan. See below for an abbreviated example.

KNMG reporting code, Sept 2015
Translation of the KNMG reporting code above

1. Investigation and child check where there are parental signs. Collate indications and set out in file

2. Advise Safe Home and preferably a colleague too. Safe Home 0800 2000 (24 h p day)
3. Discussions where possible

4. Involve professionals in discussions where necessary

Asses risk of child abuse
Reject risk — Real chance of risk
5.a Monitoring
Abuse (potentially) not stopped
5.b Report to Safe Home 0800 2000 (24 h p/day)
Acute danger? First contact the Child Abuse Council and/or the police!
Regional office: www.rvdk.nl/ Police; 112 (emergency)

• Training for health professionals, detection
The refresher module deals with the content of the KNMG child abuse and domestic violence reporting code, using casuistry.

The refresher module is intended for all (new) doctors who may come into contact with (suspected) child abuse. The follow up course, Domestic Violence against Adults (KNMG, the Next Page, LHV and VHN) also focuses on checking children. Both are accredited by medical specialists, GPs and social health workers.

Each branch of the organisation also has its own (refresher) course.

• Studies, research with practices of corporal punishment in the health area

Netherlands

A study involving focus groups and face to face interviews with 104 13-22 year olds with experience of youth custody in Austria, Cyprus, England, the Netherlands and Romania found that young people experienced physical violence and solitary confinement lasting up to two months as a punishment, as well as group punishments including being confined to their rooms and forbidden to attend school.

Children’s Rights Alliance for England (2013), Speaking Freely: Children and Young People in Europe Talk about Ending Violence Against Children in Custody – Research Report,

http://www.endcorporalpunishment.org/assets/pdfs/researchsummaries/Global%20research%20summaries.pdf
03. Section 3: CONCLUSION

3.1. SUMMARY

Dutch legislation is divided up into decision making at the international, national, provincial and municipal levels. Hitting a child is prohibited under law, both at home and at school.

Those responsible for child and adult care and integral care provisions are delegated by the municipality in as far as possible. This means financing streams have been untied, which offers municipalities the possibility to operate decisively in matters such as child abuse.

The Reporting Code Act came into force on 1 July 2013 and applies to sectors working with children and families. It provides these professionals with a step-by-step plan on how to handle signs of domestic violence and child abuse. The fact that the act applies to more or less all professional groups in the Netherlands, means that there is clear policy with which everyone must comply. All instruments and professional practice is also geared to this reporting code.

The Reporting Code Act also requires municipalities to organise a reference index. The reference index brings together signs of risk in children so that action can be taken where necessary.

Since the Children’s Act of 2015, there has been an integral, mainly local approach. The parties involved in this work together as part of a chain approach: The Advice and Reporting Centre Domestic Violence and Child Maltreatment, the Child Protection Board, Juvenile Court, Certified Agencies, Municipalities, Police and the Prosecution Department.

There are various public and private organisations active in the issue of child abuse. All of them focus on reducing incidences of child abuse. The Children’s Ombudsman has conducted research into municipal prevention of child abuse and has developed an integral approach with a checklist. The NJI has developed a monitoring system to help municipalities check whether or not their municipal policy contributes adequately to preventing and addressing child abuse.

Over the past four years, a special taskforce has been established to focus on child abuse, by way of initiatives including an annual Anti-Child Abuse Week. The temporary taskforce stopped last December one of the recommendations in its final report being that there is a need for a national programme aimed at halving the
number of cases of child abuse. The taskforce also provided municipalities with a guideline to reducing child abuse.

There are no specific figures in the Netherlands about physical child abuse (punishment) in the home environment. The most reliable figures come from the AMHK. Based on the number of investigations carried out, it is thought that 1125 children were physically abused (in the first half of 2016). This is around one third of the number of investigations that took place. The actual number of children that were victims of child abuse is much higher than this. In the Netherlands, the estimate is 119,000 children.

In principle, many of the conditions for reduction of physical child abuse have already been met in the Netherlands. The laws and the protocols are theoretically sufficient to be able to deal with child abuse.

The issue is that child abuse needs to receive more attention in professional training, for example in PABOs and teacher training colleges. Municipalities have only been responsible for reducing child abuse since 2015, and are therefore still quite new to the role. The structure does however offer quite a few options for control at the local and regional levels.

3.2. STRENGTHS AND WEAKNESSES OF THE CORPORAL PUNISHMENT IN THE NETHERLANDS

Strengths

First of all, there is quite a lot of attention paid to the subject of child abuse in the Netherlands. Both the government and social organisations do a great deal to prevent child abuse, to solve it and to provide the required support.

Secondly, the municipalities have been responsible for this in the Netherlands, in the past few years. The great advantage of this is that each municipality is able to locally steer various problem areas. When it comes to (physical) child abuse, the municipality itself can determine whether or not to spend money on parents or children or, for example, whether more money should go towards prevention or support.

Thirdly, in the Netherlands we have a Children's Ombudsman to represent the interests of children. The Children's Ombudsman has developed a firm plan for municipalities to address child abuse and similar issues.

Fourthly, there are a number of laws in the Netherlands that are important in order to combat (physical) child abuse:
The Civil Code, which states that the care and upbringing of a child should not involve any emotional or physical harm or any other kind of degrading treatment.

The 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.

The VIR is also part of this. The At-Risk Youth Reference Index (VIR) is a digital system that brings together risk reporting about young people aged up to 23 years. It is aimed at early signalling of risks that threaten a child's healthy and safe development into adulthood, so that timely and suitable help, care or guidance can be provided.

Domestic Exclusion Act. A Domestic Exclusion Act in place, aimed at preventing and addressing domestic violence, has been in place since 1 January 2009. The act means that any perpetrator of domestic violence can be excluded from their home for a period of up to ten days and that during this time they may not have contact with their partner and children. The ten days are designed to be a cooling off period in which help should be put in place for the entire family.

Fifthly, we see that a great deal of research has been done into child abuse and that the risk factors are well defined. This knowledge is the first step in reducing child abuse.

Finally, we see that the Netherlands has an integral Advice and Reporting centre where problems can be reported, for children and adults alike. All information can be collated here so that support can be provided on an integral level.

Weaknesses

There are however a number of weaknesses in the Dutch support system.

The structure of the population in the Netherlands has always had and still has many migrant flows. For example, Rotterdam is home to around 170 different nationalities. This brings with it a great deal of forward change and development,
but at the same time can make it hard to address child abuse in an unequivocal manner. After all, each nationality has its own culture, ethics and values.

The NJI has a database of effective interventions. Unfortunately, few support programmes have proven to be effective so far. Municipalities are still not doing enough to put effective interventions in place.

Under law, the financing of various types of help is quite complicated. We are dealing with various laws that all cover an element of the support. This means that it can sometimes be difficult to act effectively when fighting (physical) child abuse.

Regardless of good intentions, we are still not managing to gain comprehensive data on child abuse. There is a feeling that the available figures are just the tip of the iceberg. Because the figures do not always represent the actual situation, monitoring the effect and usability of the available help is equally complicated.
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http://www.endcorporalpunishment.org/progress/country-reports/netherlands.html


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