

Attachments

CompaNanny

Preschool and After-School Care

Child Abuse and Domestic Violence Report Code

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Appendix 1: Definition of Child Abuse and Domestic Violence

Source: www.handelingsprotocol.nl

Definition of Child Abuse

Definition in brief:

Child abuse is the actions of parents, or others in a similar position in relation to the child, that forms a serious attack or threat to the safety and welfare of the child (Baartman, 2010)

Child abuse concerns children from 0-19 years. Even unborn babies fall under the definition.

Important: the combination of children and domestic violence always means child abuse. The procedure when dealing with domestic violence is the same as that of child abuse (and this includes suspected cases too).

The definition below can be found in the *Jeugdwet* (Youth Care Act):

'Child abuse is any form of threatening or violent physical, psychological or sexual interaction with a minor which is perpetrated actively or passively by parents or other persons on whom the minor is dependent, and causes or will probably cause physical or mental injury and serious harm to the minor.'

Where the term 'parents' is used, this can also refer to step-, adoptive- and foster parents. Children can also be in a relationship of dependence with professionals.

This is a broad definition. When you, as a professional, suspect a case of child abuse, it can also be defined as serious child-rearing problems or the pedagogic incapacity of parents. The wording itself is not important, the consequences are. Concern for a child is reason for action. Even if there is no instance of child abuse, but (for example) a case of serious child-rearing problems, the child and parent(s) deserve support and help.

Types of Child Abuse

Source: www.handelingsprotocol.nl

Physical Abuse

Physical child abuse occurs if the perpetrator uses physical violence against the child, such as hitting, shaking, kicking, biting, pinching, scratching, inflicting burns, dropping, etc.

Physical Neglect

In physical neglect, the parent pays no attention to the physical welfare of the child, and neglects the care of the child with regards to nutrition, hygiene and clothing.

Physical neglect also includes:

- Not administering necessary medication.
- Not paying attention to the safety of the child's environment.
- The child is regularly left unsupervised.
- The care of the child is neglected.
- Neglect can go so far that parents do not take their child to the doctor in a situation that clearly requires them to do so, they do not give their child any medication, they do not give their child any vaccinations.
- The parents not making use of the *Jeugdgezondheidszorg (JGZ)* (Youth Health Centre) may also be a sign of physical neglect.

Psychological Abuse

Psychological abuse includes:

- Verbal threats, humiliation.
- Social isolation.
- Harassment and unreasonable demands

With psychological abuse, the child lives in fear and uncertainty of, for example, verbal abuse. In a verbal abuse instance, the child is regularly insulted, is repeatedly told that he/she is not desirable, or the parent/carer continually tells the child he/she is stupid.

Psychological abuse does not only include negative comments towards the child itself, but also derogatory comments made towards others in the presence of the child. A parent can also psychologically harm a child by deliberately ignoring him/her.

Particular forms of psychological abuse: children who witness family violence. Domestic violence includes the abuse of both women and men by their partners, as well as mistreatment and abuse in gay relationships. Abused children are not necessarily always direct victims of domestic violence, but also victims when witnessing domestic violence. Furthermore, there are situations of violence within families that include violence between siblings, as well as elder abuse, which means that children are violent towards their parents or grandparents. A child witnessing to domestic violence is also a form of child abuse.

Psychological Neglect

There is a continual shortage of any kind of attention towards the child from the parent/guardian. The child lacks love, warmth and protection. Positive attention is essential for both mental and physical development. Cognitive neglect, in which a child is not allowed to go to school, is also a form of psychological neglect.

Sexual Abuse

Sexual abuse includes all forms of forced sexual behaviour by an adult or older person/family member towards a child. In the Netherlands, sexual contact with a child younger than 12 years is an offence. Sexual contact with a young person aged between 12 and 16 years is also punishable, but the police only act if a complaint is made and filed by the young person. It is also an offence for an adult to have sexual contact with a minor (under the age of 18 years) that is dependent on him or her, such as a parent with a child or a teacher with a student (Frenken 2001).

The term sexual abuse always involves the combination of 'grooming' and threat. 'Grooming' means courting: "we have a secret together", "You're daddy's own girl", etc.

After grooming, comes the threat: "I'll have to go to jail if you talk about it", "Mommy will be very sad if she finds out our secret", etc. The child can overcome the physical or relational predominance, but he/she cannot refuse the adult's emotional pressure or coercion and violence. The child gets used to satisfying the needs of the adult or adolescent.

Witnessing Domestic Violence

Children who witness domestic violence suffer just as much as if they were the physical victims themselves. To witness violence in the home makes them very insecure, puts them under constant stress, and has serious long-term effects. Even the development of very young children is threatened by the experience of violence in the home.

There are also children who witness family violence as well as being abused themselves. Within a family, perpetrators of violence can include parents, the parents' partners, siblings, other relatives and/or guardians.

Female Genital Mutilation (FGM)

FGM is defined as any surgical procedure that involves the partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

There are several ways in which the female genitalia are removed. The amount of genitalia that are removed, and the extent to which the genitalia are maimed, varies. It all depends on what is characteristic for the area, the parent(s)' wishes, and the person who performs the circumcision.

Definition of Domestic Violence

Source: www.handelingsprotocol.nl

Domestic violence is violence committed by someone in the victim's household or family circle. This includes physical and sexual assault, stalking and threats (whether or not by means of, or associated with, damage of goods in and around the house).

Child Abuse

The combination of children and domestic violence always means child abuse. The procedure when dealing with domestic violence is the same as that of child abuse (and this includes suspected cases too).

When it comes to domestic violence, there is always a difference in power between the perpetrator and the victim, with the perpetrator exerting their power in some form over their victim. Research shows that perpetrators choose the most vulnerable people as their victims. Another characteristic of domestic violence is the fact that the perpetrator and the victim (including child victims) are, nevertheless, a (sometimes forced) permanent part of each other's living environment. Domestic violence is also often connected to a systematic character, which leads to a high recidivism risk. Violence in the family is often associated with other problems, such as tensions between spouses, unemployment or addiction.

Some terms require clarification.

Violence: restriction of personal integrity in the form of physical, sexual, and/or mental violence. The violence can range from a single hit, kick or shove that causes injury, to systematically frequent and prolonged violence with permanent physical injury.

Domestic circle: the perpetrator is an (ex) partner, family member, relative or family friend. Family friends are people who maintain a friendly relationship with the victim or someone in the immediate vicinity of the victim who meets the victim in the domestic environment.

Victim(s): someone who is affected by the consequences of certain actions and/or events.

Victim(s) of domestic violence: people who suffer or experience violence caused by those who belong to the family circle. This includes women and men who are abused by their (ex) partners; children who are mistreated or abused by their parent(s) and/or family friends; and parents or elders who are maltreated by their children or caregivers. Children who witness domestic violence – but are not a direct physical victim – are still regarded as victims, because the simple witnessing of any form of domestic violence by a child can lead to traumatic consequences.

Perpetrator(s): a person who commits an offence and/or a crime.

Appendix 2: Employee Safety when implementing the Report Code

Source: www.handelingsprotocol.nl

The safety of employees during a conversation/meeting or in response to reporting a case of domestic violence and/or child abuse.

A conversation concerning a troubled upbringing, domestic violence, or child abuse, can evoke emotional reactions to the respective parent(s).

Conducting a discussion/meeting with the parent(s) or children is covered elsewhere in the protocol. This section is regarding the physical safety of employees.

Below are some points that can help ensure employee safety:

- Employees must always conduct conversations/meetings in pairs. If they expect, beforehand, that the conversation/meeting will be an emotionally charged/stressful one, then they should inform at least one other colleague that the conversation/meeting is taking place, as well as when and where it will be taking place.
- There is surveillance over who enters the building.
- There is a policy that no one is alone in the building.
- In case of crisis, the police are called: 112.

Appendix 3: Child Dossier and Contact Registration

Source: www.handelingsprotocol.nl

When signs that are a cause for concern regarding the child and its situation appear, it is important to register them on paper in a Child Dossier. The Child Dossier serves as a summary in the whole Report Code process, and can be used to substantiate taking certain steps or the accountability of the entire process. Be sure to register the facts briefly, but clearly.

CompaNanny must always be open about the fact that they are keeping a dossier. Especially in situations when several discussions/meetings are taking place with the parent(s), it is important to inform them that we are keeping notes. The parent(s) are able to have access to these notes.

As the Child Dossier contains highly sensitive and private information, it must be kept safely in the LM's office, under lock and key.

The Child Dossier is only accessible in the following four situations:

1. As described in the Data Protection Act, the Child Dossier is only available to parties within the organisation who are involved with the child in question. The LM determines, possibly in consultation with the Attention Officer (AO), who may see the Child Dossier in this situation.
2. The parent(s)/guardian(s) have the right to inspect the Child Dossier.
3. In Article 5 of the *Wet op de Jeugdwet* (Youth Care Act), it stipulates that anyone may bring information to Veilig Thuis about a child at any time, without the parent(s)'s/guardian(s)'s consent. The privacy regulations and confidentiality are, in such instances, of lesser importance.
4. The Child Dossier can, at a later stage, be used to account for the actions and decisions taken during the Childcare Inspection.

Please note that accounts and information in the Child Dossier are tracked carefully and objectively.

Record the following details in the Child Dossier:

- Always include the date, place, situation and names of all present.
- Clearly state the signs that you see, hear or smell which cause you concern.
- Signs that confirm and/or invalidate a suspicion of domestic violence and/or child abuse.
- Contact made regarding these signs.
- Steps that have been taken.
- Decisions that have been made.
- Continued notes regarding the situation's progress.

Describe the signals as factually as possible:

- If hypotheses and assumptions are included, be sure to state clearly that it is a hypothesis or assumption. Make a follow-up note if a hypothesis or assumption has been confirmed or invalidated at a later date.
- If third party information is used/recorded, be sure to specify the source.

- Only record diagnoses made by an employee who is qualified in that specific field (e.g. an orthopaedist).

To ensure the Child Dossier is as clear as possible, CompaNanny uses with a number of standard forms.

Signatures of parties involved

Joint agreements on formal issues discussed should, as often as possible, be signed by all parties involved.

The dossier is kept for the entire duration that the child is with CompaNanny and another five years after the child has left CompaNanny.

Forms:

The following forms may be kept in the groups and can be filled in by hand by the Nannies or LM. Once they have been filled in, they must be taken directly to the LM's office and kept in the Child Dossier. The completed forms must never be left lying around.

- Child Dossier Cover
- Registration of Signs Form
- Verbal Contact Diary
- Written Contact Diary
- Evaluation Form of Signs and Concerns

Child Dossier Cover

General

Name:

Date of Birth:

Branch:

Group:

Days at CompaNanny:

Family situation

Who does the child live with?

Brothers:

Sisters:

Are these children also at CompaNanny? Yes / No

Registration of Signs Form

Name of child:

Date:

Name of the witness:

Function of the witness: 0 Nanny 0 Other, namely

Sign witnessed by:

0 Myself

0 Another party and shared with me

Description of the sign:

What have you witnessed/observed?

This image shows a full page of primary-ruled paper. It features multiple horizontal rows, each defined by two parallel dashed lines. The rows are evenly spaced across the entire page, providing a guide for letter height and placement. There are no margins, text, or other markings present.

Are there others who have noticed the sign at the same time? Yes / No

Note! The person/people do not have to fill out a Registration of Signs Form.

If so, who?

Note! The person/people must confirm that they have also noticed/witnessed the sign.

0 Another Nanny in the group 0 Group Team Leader

0 Pedagogic Coach

0 Branch Manager

0 A Nanny from another group

0 Other, namely

Has the sign been mentioned to/ discussed with the parent(s)?
yes, fill in a Contact Diary

Yes / No *Note! If*

Signature(s) of witness(es):

Verbal Contact Diary

Name of child:

Date:

Branch:

Duration:

Type of Contact:

☐ Face to Face

☐ Telephone

☐ Other, namely:

Nature of Contact:

☐ Handover

☐ Meeting:

☐ Pre-planned Discussion

☐ Other, namely:

Attendees:

☐ Mother

☐ Father

☐ Child

☐ Nanny

☐ Group Team Leader ☐ Pedagogic Coach

☐ Branch Manager

☐ Operations Manager

☐ Attention Officer

☐ Veilig Thuis

☐ Authority, namely:

Contact name: Contact name:

☐ Other, namely:

Summary of what was discussed:

Note! Be sure to securely attach longer discussion reports to this form

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Actions taken or agreements made as a result of this Contact:

What?	Who?	When?

Written Contact Diary

Note! Be sure to securely attach a copy of the letter or e-mail sent to this form.

Name of child:

Date:

Addressed to:

Type of Contact:

☐ E-mail

☐ Letter

☐ Other, namely:

Sender(s):

☐ Mother

☐ Father

☐ Child

☐ Nanny

☐ Group Team Leader

☐ Pedagogic Coach

☐ Branch Manager

☐ Operations Manager

☐ Attention Officer

☐ Veilig Thuis

☐ Authority, namely:

Contact name: Contact name:

☐ Other, namely:

Actions taken as a result of this Contact:

Action	Who?	When?

Evaluation Form of Signs and Concerns

Name of child:

Date:

Function of the evaluating person: 0 LM 0 Other, namely

Has care been arranged or recommended (Step 5a)? Yes / No

If yes, have the agreements been fulfilled? Yes / No

Have the signs and concern decreased? Yes / No

If yes, how is this evident?

If no, what signs do you see and what concerns do you have?

Is it still necessary to file a report? Yes / No
(Hold internal discussions and/or consult Veilig Thuis)

If yes, when will this happen, and who will file the report?

Has a report been filed to Veilig Thuis (Step 5b)? Yes / No

If yes, when?

Have the signs and concern decreased? Yes / No

If yes, how is this evident?

If no, what signs do you see and what concerns do you have?

Are any further actions needed to be taken?

Yes / No

(Hold internal discussions and/or consult Veilig Thuis for advice on how to take the next step.)

If yes, when will this happen, and who will carry them out?

Appendix 4: Professional Secrecy and Privacy

Source: www.handelingsprotocol.nl

When signs of suspected child abuse and/or domestic violence appear, the question *"Can I discuss my suspicions with other professionals, and what can I discuss with others?"* always arises.

The principle is that you can talk to third parties as long as you have the parent(s)'s consent, and that of the child (if they are 12 years or older). That is the general preference. This method means that no additional action needs to be taken than is necessary in order to initiate help.

If it is not possible to obtain such consent or permission is denied, then the following regulations apply:

- Veilig Thuis can always be approached and consulted without the parent(s)'s or child's permission. This also applies to the reporting of suspected child abuse and/or domestic violence. To ask for advice, you do not need to provide any information about the family concerned.
- Third parties may be approached and consulted as long as the name of the family concerned is not mentioned.
- When/if the safety of the child is in question, it can be decided that it is necessary to discuss the situation with a third party without the consent of those involved. In this instance, it is essential to record the reasons why this decision has been made in a clear and careful manner within the Child Dossier. And be sure to only discuss the absolute necessary facts that will help initiate aid.

Exchanging Data: there may be more than you think!

Source: www.handelingsprotocol.nl

Relate what you are going to do

The main rule of the Data Protection Act states that everyone has the right to know what is written about him/her, and what data has been exchanged with whom. In the case of caring for a child, you as the professional, must inform the parent(s) or child that you find it necessary to exchange data with other relevant professionals in order to make the best possible decision about the situation and the best plan of approach in order to improve the situation. The starting point is to record a sign of concern with the *Verwijsindex Risicojongeren* (VIR). It is important, in this instance, how you present the data, Van Boven: "In South Limburg, the employees of a clinic said: 'We have a collaboration tool and therein I link your name to my name. This way, we stand together, so that others know that I know you. The advantage is that you do not always need to tell your story again and that we can tailor the customised care.' When you explain it properly, the parent(s) often understand why it is necessary to share data."

Only ask for consent if you are sure you can accept a 'no'.

It often occurs that permission needs to be requested in order to be allowed to exchange data. Van Boven advises you only do this if you are sure you can accept a 'no': "If you ask permission, you must accept and respect the answer. In instances where there are resounding causes for concern, however, you, as a professional, do not have to accept a 'no'. And requesting a signature is not always necessary. Van Boven: "People often associate a signature with official and important matters. Therefore this gives the impression that the exchange of data between the professionals involved with the child is indeed something very intense. In fact, you often see that suspicion arises as a result, and when in doubt, people won't sign! Consequently, if there are reasonable grounds for concern and a professional has exchanged data, the parent(s) are rightly angry."

Evaluate the interests of the child against any objections made

Of course, parents may object to data being exchanged. It is important, however, to weigh these objections up against the interests of the child. Van Boven: "Parents should feel heard and know that they are taken seriously, but that does not mean that their objections will always be honoured!" Such a discussion is difficult, but essential, says Van Boven. "It requires a dialogue between parents and counsellor. What are we talking about when we air our concerns? We need to abandon the idea that we stigmatise someone when we have concerns. In the complex society in which we live today, there is no shame in needing help. People do not need to do it all alone. When talking with the client, it is important that a professional carefully and clearly explains why it is necessary to exchange data."

In exceptional circumstances, it is possible not to inform the clients

In an 'evident need', it is possible to deviate from the general rule and not inform the parents directly. For example, if the exchange of data is necessary to prevent crime, to protect the individual involved, or to protect the rights and freedoms of others. The interests of the child sometimes means that this exception can and should be used,

says Van Boven. The interests evaluated using three principles: subsidiarity, proportionality and effectiveness. In other words: Is the exchange of data the least intrusive measure? How does the importance of data exchange measure up to the interests of the child? And is there another way to achieve the same result or not?

A tool for data exchange

Dilemmas with the practice regarding privacy and data exchange can be an obstacle to gaining help rapidly and properly. '*Samenwerken in de jeugdketen*' ('Cooperation in the youth chain: a tool for data exchange') is a useful tool in helping with privacy issues regarding getting help for the child. This booklet will help caregivers in their decisions on whether or not to exchange data when they are worried about a child. Counsellors can evaluate whether certain questions or exchanging data with other workers is in the interest of the child. This contributes to reducing the sense of embarrassment that workers still sometimes feel.

Appendix 5: Child Abuse and Domestic Violence Early Warnings Signs List

This list is based on the Melden voor de Verwijsindex (www.meldcriteria.nl).

Introduction

Dozens of signs may indicate child abuse. However, it does not mean that one such sign automatically means that there is a case of child abuse. Before a professional can decide whether the child is in a threatening situation, careful assessment is required, and discussions with the parent(s), child and (possibly) other parties involved must be held.

This decision will never be made by CompaNanny alone. Before any decisions are made, CompaNanny will always contact Veilig Thuis first.

The following list gives an overview of the context in which possible signs of (suspected) child abuse and/or domestic violence are evident. They include signs in the child itself, the parent(s), between the parent(s) and child, and in the social environment of the family.

The starting point in identifying signs is that one looks at factors that pose a threat to the development of the child, or in fact can have a positive influence on the development.

Important points to consider in child signs are:

- Changes in the child (including behaviour and appearance).
- The child's behaviour is not appropriate for the age of the child.
- The child is constantly trying 'not to fail' (prevents any abnormal behaviour).
- The child shows extreme (cross-border) behaviours.

When filling out the list by item, be sure to include:

- What information you have: Provide a brief explanation if you can.
- That you have no information on this subject and how you will obtain it.
- That you have no information and that it is not considered to be relevant at this moment in time.

Note! Information that does not seem to be relevant now may well be relevant at a later stage.

Note! Not all items are applicable to children aged 0-4 years

Material Circumstances:

1. Are there problems in the home where the child lives?
2. Does the child get enough material care, or there is insufficient investment in general everyday expenses?
3. Does the family have financial problems? Is it dependent on benefits and/or others?
4. Is the neighbourhood where the child lives inadequate or unsafe for bringing children up?
5. Does the family not have a fixed place of residence or does the family move frequently?

The child's health, physical performance and development:

1. Does the child have any problems or a disorder in his/her (social) emotional performance?
2. Is there any risky behaviour on the parent(s)'s behalf that could harm the child?
3. Is there any risky physical and/or medical care that could harm the child?
4. Does the child have any (inexplicable) injury and/or physical symptoms that may indicate child abuse?
5. Does the child have parent(s) who are under age?
6. Do the parent(s) and/or the child suffer from any substance abuse (alcohol, drugs, medications), gambling and/or computer addiction?
7. Do the parent(s) and/or any other family member suffer from any physical/sensory problems?
8. Do the parent(s) and/or any other family member suffer from any social, cognitive and/or behavioural problems?
9. Do the parent(s) and/or any other family member suffer from a specific emotional, behavioural and/or personality problem?

Parenting and family relationships:

1. There is disagreement within the family between the parent(s)?
2. Is the relationship between the child and the parent(s) problematic?
3. Is the child a victim of child abuse?
4. Do the parent(s) have problems in raising the child and/or are there factors that make parenting more difficult?
5. Is there a civil child protection?
6. Is there any assistance provided to a family member because of serious problems?
7. Are there any family members who are involved in criminal activities?

Education and work:

1. Does the child have problems in cognitive functioning, learning and/or school performance?
2. Is the child threatened to be taken from school/childcare?
3. Has the child switched schools/childcare often?
4. Is the child of school age, but is not going to school?
5. Are there other characteristics in the child's daily activities that can indicate problems/risks, which should be mentioned here?
6. Are there other characteristics in the parent(s)'s daily activities that can indicate problems/risks, which should be mentioned here?

Social environment outside the family:

Think of school, After-School Care, Nursery, (risky) friendships, the behaviour of the child in public places, etc.

1. Do the parent(s) have a social network?
2. Do the parent(s) use (social) services?
3. Do the parent(s) often avoid places where they could get help?
4. Do the family and/or child experience exclusion, discrimination or intimidation/harassment as a result of belonging to a specific group?
5. Is the child a victim of crime?
6. Is the child easily influenced by others and therefore vulnerable?

Appendix 6: Child Abuse Signs List: children aged 0–4 years

Source: processing of signs list, compiled by Johan Vermeeren, St. Jeugdzorg Utrecht

Foreword

When children are abused, neglected and/or mistreated, they can give out signs. While the use of a signs list can be useful, it can also offer a degree of false security. Most signs are namely stress indicators, indicating that there is something wrong. This may be something else than child abuse (such as divorce, death of a family member, etc.). The more signs (from this list) that a child displays, the greater the chance that he/she is a victim of child abuse.

It is not the intention to use a signs list as 'evidence' that some form of abuse is taking place. It is, however, possible to substantiate a suspicion of abuse as more signs from this list are detected. A well-founded suspicion is enough to take action! In order to take the next step after detecting the signs, it is recommended that an organisation has a manual on child abuse. The signs list can then be attached to the guide as an appendix.

The signs mentioned in this list relate to all forms of abuse. At the end of the list are some signs that are more specific to sexual abuse. To get a clear indication of may be happening, it is important to take the entire context of the family involved into consideration. Which is why a number of signs relating to the parent(s) and family are mentioned.

You can always consult Veilig Thuis about signs that concern you, for example bruising in strange places.

1. Psycho-social Signs

Developmental Problems

- Behind in language, speech, motor, emotional and/or cognitive development
- Apparent delay in mental development
- Regressive behaviour
- Not potty trained at the expected age

Relational Problems

With respect to his/her carers:

- Total submission to the wishes of the carers
- Highly dependent behaviour towards carers
- Indifference to the carers
- Afraid of his/her carers
- Child behaves in an entirely different manner in the presence/proximity of his/her carers

With respect to other adults:

- The child is remarkably stiff when picked up
- Freezes when physical contact is made
- Everyone's friend
- Vacant look in his/her eyes and avoids eye contact
- Watchful, suspicious

With respect to other children:

- Does not play with other children
- Is not liked by other children
- Distrustful
- Withdraws into his/her own fantasy world

Behaviour Problems

- Sudden change in behaviour
- Little or no spontaneous play, no interest in playing
- Unstable, nervous
- Depressed
- Anxious
- Passive, introverted, docile, apathetic, listless
- Aggressive
- Hyperactive
- Does not laugh/cry
- Does not show feelings, even when in physical pain
- Eating problems
- Sleep disorders
- Tiredness, lethargy

2. Medical signals

Physical characteristics (specific to physical abuse)

- Bruising
- Scratch-, bite- or burn marks
- Fractures
- Scars

Development Problems

- Malnutrition
- Feeding problems in babies
- Constant changing of nutrition
- Spits a lot
- Moderate growth despite adequate amount of food
- Refusal of food
- Behind in height growth

Care Problems

- Poor hygiene
- Severe diaper rash
- Inadequate clothing
- Inadequate medical and dental care
- Many accidents due to inadequate supervision
- Repeated visits to the hospital
- Recurrent disease due to inadequate care
- Slow recovery due to insufficient care

3. Carers / Family Characteristics

Relationship Disorder between Carer and Child

- Carer carries child like a 'parcel'
- Carer does not comfort the child when he/she is crying
- Carer complains excessively about the child
- Carer has unrealistic expectations of the child
- Carer shows little interest in the child

Carer Signs

- Violence in their past
- Apathetic and (seemingly) indifferent
- Uncertain, nervous and tense
- Cold when showing own emotions
- Low/negative self-esteem
- Continually going to the doctor/hospital ('shopping for attention')
- Fail to attend meetings
- Suddenly collecting the child from playgroup/nursery
- Indications that he/she can almost no longer cope

- Carer with psychiatric problems
- Addict carer

Family Characteristics

- 'Multi-problem' family
- Single parent
- Composition of family changes regularly
- Isolation
- Move house often
- Socio-economic problems: unemployment, poor housing, migration, etc.
- A lot of illness in the family
- Size of family exceeds income
- Violence is seen as a means to solve problems

4. Signs specific to sexual abuse

Physical Characteristics

- Injuries to genitals
- Vaginal infections and discharge
- Itching in vagina and/or anus
- Problems with urination
- Recurrent urinary tract infections
- Pain in the upper legs
- Pain when walking and/or sitting
- Sexually transmitted diseases

Relational problems

- Fear of men or women in general or of a specific man or woman

Behavioural Problems

Abnormal sexual behaviour:

- Excessive *and/or* compulsive masturbation
- Fear of physical contact or especially seeking sexually-oriented physical contact
- Not age-appropriate sexual play
- Not age-appropriate knowledge of sexuality
- Fear of undressing
- Fear of lying on his/her back
- Negative body image: dissatisfaction, anger or shame of his/her own body
- Scared when touched
- Woody motor functions (lower part of body seems 'locked')
- No pleasure in games requiring movement

5. Signs that are specific to children who witness domestic violence

Behaviour

- Aggression: copy violent behaviour of father (some children, especially boys, copy their father's behaviour by striking their mother or younger brothers/sisters)
- Rebellion
- Anxiety
- Low/negative self-esteem
- Passivity and withdrawal
- Self-blame
- Embarrassment

Problems in social behaviour and competence

- Distrust of the environment
- Lack of social skills

Appendix 7: Child Abuse Signs List: children aged 4–12 years

Source: processing of signs list, compiled by Johan Vermeeren, St. Jeugdzorg Utrecht

Foreword

When children are abused, neglected and/or mistreated, they can give out signs. While the use of a signs list can be useful, it can also offer a degree of false security. Most signs are namely stress indicators, indicating that there is something wrong. This may be something else than child abuse (such as divorce, death of a family member, etc.). The more signs (from this list) that a child displays, the greater the chance that he/she is a victim of child abuse.

It is not the intention to use a signs list as 'evidence' that some form of abuse is taking place. It is, however, possible to substantiate a suspicion of abuse as more signs from this list are detected. A well-founded suspicion is enough to take action!

The signs mentioned in this list relate to all forms of abuse. At the end of the list are some signs that are more specific to sexual abuse. To get a clear indication of what may be happening, it is important to take the entire context of the family involved into consideration. Which is why a number of signs relating to the parent(s) and family are mentioned.

1. Psycho-social Signs

Developmental Problems

- Behind in language, speech, motor, emotional and/or cognitive development
- Apparent delay in mental development
- Regressive behaviour
- Not 'potty trained'

Relational Problems

With respect to his/her carers:

- Total submission to the wishes of the carers
- Highly dependent behaviour towards carers
- Indifference to the carers
- Afraid of his/her carers
- Child behaves in an entirely different manner in the presence/proximity of his/her carers

With respect to other adults:

- Freezes when physical contact is made
- Everyone's friend
- Vacant look in his/her eyes and avoids eye contact
- Watchful, suspicious

With respect to other children:

- Does not play with other children
- Is not liked by other children
- Distrustful
- Withdraws into his/her own fantasy world

Behavioural Problems

- Sudden change in behaviour
- Unstable, nervous
- Depressed
- Anxious
- Passive, introverted, docile, apathetic, listless
- Aggressive
- Hyperactive
- Destructive
- Little or now spontaneous play, shows no interest in spontaneous play
- Tiredness, lethargy
- Does not laugh/cry
- Does not show feelings, even when in physical pain
- Feelings of guilt and shame
- Self injury
- Eating problems
- Anorexia/Bulimia
- Sleep disorders

- Wets the bed / defecates in pants

2. Medical signals

Physical characteristics (specific to physical abuse)

- Bruising
- Scratch-, bite- or burn marks
- Fractures
- Scars

Care Problems

- Poor hygiene
- Inadequate clothing
- Inadequate medical and dental care
- Many accidents due to inadequate supervision
- Repeated visits to the hospital
- Recurrent disease due to inadequate care
- Slow recovery due to insufficient care

Other medical signs

- Malnutrition
- Behind in height growth
- Psychosomatic symptoms (abdominal pain, nausea, headache, etc.)

3. Carers / Family Characteristics

Relationship Disorder between Carer and Child

- Carer does not comfort the child when he/she is crying
- Carer complains excessively about the child
- Carer has unrealistic expectations of the child
- Carer shows little interest in the child

Carer Signs

- Violence in their past
- Apathetic and (seemingly) indifferent
- Uncertain, nervous and tense
- Cold when showing own emotions
- Low/negative self-esteem
- Continually going to the doctor/hospital ('shopping for attention')
- Fail to attend meetings
- Suddenly collecting the child from After-School Care
- Indications that he/she can almost no longer cope
- Carer with psychiatric problems
- Addict carer

Family Characteristics

- 'Multi-problem' family
- Single parent
- Composition of family changes regularly
- Isolation
- Move house often
- Socio-economic problems: unemployment, poor housing, migration, etc.
- A lot of illness in the family
- Size of family exceeds income
- Violence is seen as a means to solve problems

4. Signs specific to sexual abuse

Physical Characteristics

- Injuries to genitals
- Vaginal infections and discharge
- Itching in vagina and/or anus
- Problems with urination
- Recurrent urinary tract infections
- Pain in the upper legs
- Pain when walking and/or sitting
- Sexually transmitted diseases

Relational Problems

- Fear of men or women in general or of a specific man or woman
- Strong nurturing behaviour, not appropriate to the age of the child (parentification)

Behavioural Problems

Abnormal sexual behaviour:

- Excessive *and/or* compulsive masturbation
- Fear of physical contact or especially seeking sexually-oriented physical contact
- Sexually aggressive and coercive behaviour towards other children
- Not age-appropriate sexual play
- Not age-appropriate knowledge of sexuality
- Fear of pregnancy
- Fear of undressing
- Fear of lying on his/her back
- Negative body image: dissatisfaction, anger or shame of his/her own body
- Scared when touched
- Woody motor functions (lower part of body seems 'locked')
- No pleasure in games requiring movement

5. Signs that are specific to children who witness domestic violence

Behavioural Problems

- Aggression: copy violent behaviour of father (some children, especially boys, copy their father's behaviour by striking their mother or younger brothers/sisters)
- Alcohol or drugs abuse
- Rebellion
- Anxiety
- Depression
- Low/negative self-esteem
- Passivity and withdrawal
- Self-blame
- Embarrassment
- Suicidal

Problems in social behaviour and competence

- Social isolation: trying to keep the situation at home a secret while simultaneously trying to connect with peers (without taking them home)
- Distrust of the environment
- Lack of social skills

Problems at school

- Failure at school
- Difficulty concentrating
- Overcompensating (notably extra effort at school)

Appendix 8: Domestic Violence Signs List

Source: www.handelingsprotocol.nl

Signs of Domestic Violence: Babies

- Poor physical health
- Poor sleep
- Excessive crying or screaming
- Fear of being alone
- Jittery
- Lack of emotional development as a result of disturbed attachment

Signs of Domestic Violence: Toddlers

- Somatic complaints such as headaches, abdominal pain, insomnia
- Delayed development of cleanliness and proficiency
- Stuttering
- Low self-esteem
- Anxiety, clingy behaviour or passive behaviour
- Social problems, such as biting and hitting

Signs of Domestic Violence: Young Children

- Somatic complaints such as headaches, abdominal pain, insomnia
- Delayed development of cleanliness and proficiency
- Stuttering
- Anxiety, physical clinging to mother, withdrawal or passive behaviour
- Social problems through aggressive behaviour towards peers, family members, animals or things
- Self-blame

Signs of Domestic Violence: School Children

Externalising reactions

- Aggression towards peers or family members
- Cruelty to animals
- Destructiveness
- Uncooperative behaviour or resisting authorities
- Behavioural problems

Internalising reactions

- Fear and retreat
- Self-blame
- Low/negative self-esteem
- Grief
- Embarrassment
- Depression
- Lack of trust in parents or adults in general

Problems regarding dealing with people

- Social isolation due to shame brought on by the situation at home
- Absence or lack of social skills
- Lack of empathy or even hypersensitivity
- Low ability to solve problems

School Problems

- Difficulties with schoolwork or overcompensation
- Difficulty concentrating
- Running away from school

Somatic Complaints

- Headache
- Abdominal pain
- Insomnia

Signs of Partner Abuse

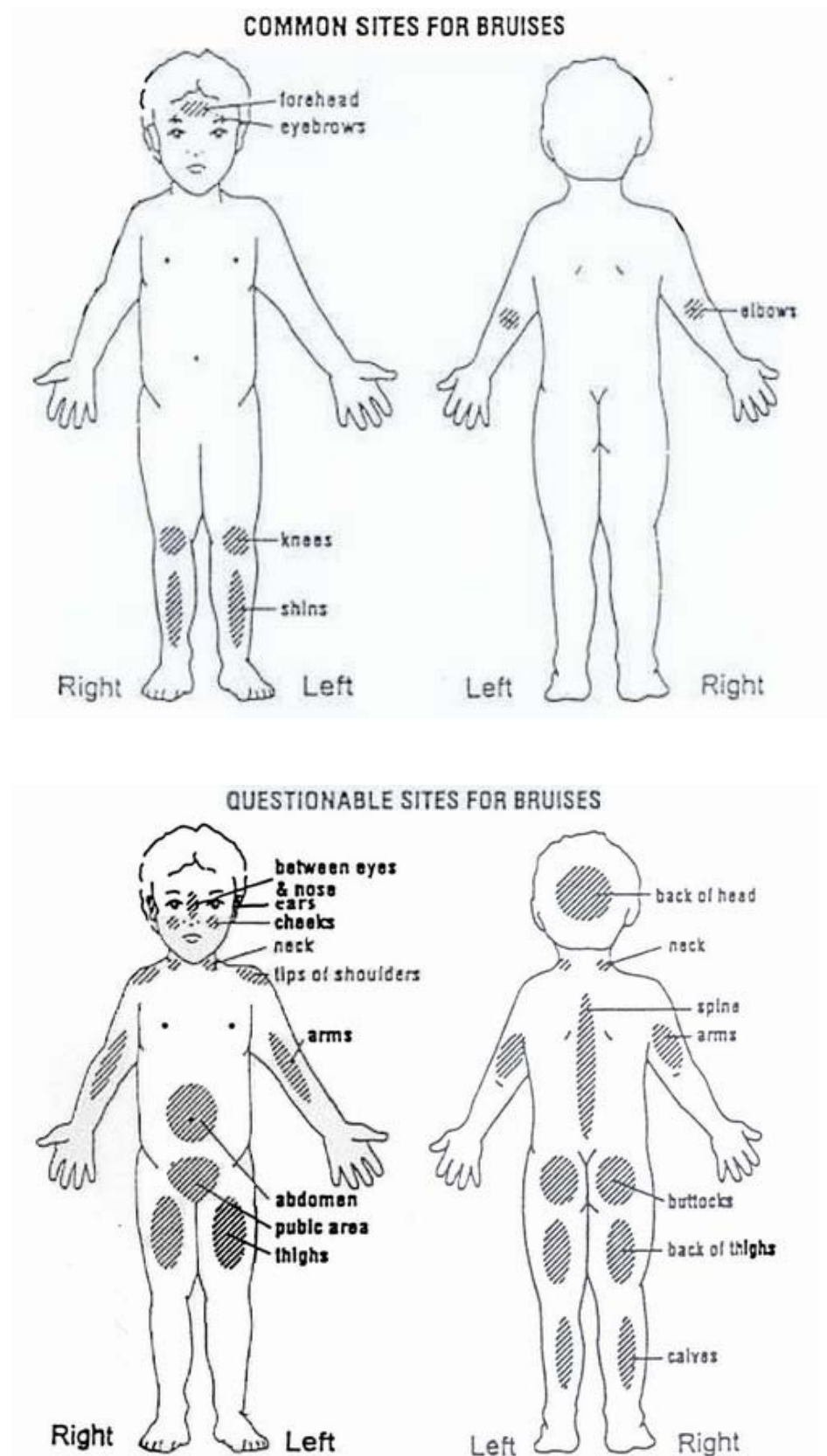
The following signs may indicate violence in a partner relationship:

- Physical injury: the victim has regularly bruises, bites, bruises, fractures, loose teeth, etc. The victim has psychological problems that manifest themselves in the form of depression, tremor, headaches, stomach aches fatigue, anxiety, etc.
- The victim takes a submissive position in the relationship, is uncertain, frightened, is always accompanied by the partner, says things like "My partner won't allow it...", cannot have/control his/her own money, etc.
- The children can suffer from learning and concentration problems at school, exhibit aggressive behaviour, have physical symptoms, make drawings about violence/fights at home, etc.
- The perpetrator exerts strong control over his/her spouse and/or belittles her/him in front of others.

The above signs may indicate violence, but they do not always necessarily mean that there is definitely violence at home. There is only one way to find out for sure and that is to ask (rather than speculate).

Appendix 9: Bruising: normal / unusual

Source: www.handelingsprotocol.nl



Unusual Bruising

Location is important, be sure that the bruising hasn't been caused by normal play activities.

Children usually get bruises in places where their bone lies just below the surface of the skin (shins, knees, elbows, hips, spine, forehead and chin).

Bruises on Suspect Areas:

Inner eye socket;

Soft cheek area;

Torso;

Upper arms or legs;

Buttocks or genitals;

Behind the ear;

Lower part of back;

Upper lip and frenulum (caused by – for example – forced feeding).

Bruising with unusual shapes:

A streak (possible cause: edge of a shoe);

Tram Rails (possible cause: straw);

A loop (possible cause: a belt or cord);

A recognisable form, for example the print of a hand, fingers or teeth.

Appendix 10: Things to consider during parent talks/meetings

Source: www.handelingsprotocol.nl; reader training aandachtsfunctionaris JSO, March 2011; www.amk-nederland.nl

In a discussion/meeting, there are several things that must be taken into account.

- It is important to always display commitment and honesty.
- Immediately after telling the parent(s) the purpose of the discussion/meeting, ask them what they think.
- Through open questions, the parents get the opportunity to relate their own side of the story.
- Listen keenly and encourage their response through your posture, by nodding, humming etc.
- Take your time and do not become irritated or impatient.
- The discussion/meeting should not be an interrogation, but should aim to detect the underlying problems. You must try to highlight the positive aspects of the child and/or the actions of the parent(s).
- The parent(s) will feel less on the defensive side if you name evident facts and evident behaviour in a non-judgemental or non-accusatory manner.
- Respond in the first person ("I") to the parent(s)'s emotions or statements. Repeat (in other words) and clearly summarise what is meant by you and the parent(s).
- Translate the parent(s) choices into consequences for the children (to promote understanding).
- The result can be found in the parent(s)'s and/or child's stories.
- Analyse the situation on the basis of your own observations, the parent(s)'s and/or child's stories, and the presence of risk- and protection factors

Course of the conversation

The conversation takes place in five stages:

1. Start the conversation

You put the parents at ease.

2. Motive for the conversation

You tell the parent(s) the reason for the discussion/meeting: this can, for example, be about a concern for the child based on your own observations, based on signs from others (school, nursery, other parents), the problems that the parent or the child has displayed, or because the counsellor is concerned about the parent.

3. Parent(s)'s reaction

Give the parent(s) the opportunity to react by asking an open question and listening to the response. If the parent(s) do not share (the concern, clarify your own observation, and stimulate the parent(s) to ask questions and to express their problems. A/the problem can be fixed through discussions/consultations with the parent(s).

4. Tackling the problem

At this point, you and the parent(s) will try to find a solution. Inform them that institutions such as the *Centrum Jeugd en Gezin*, *Veilig Thuis*, *Schoolmaatschappelijk Werk* and other organisations can offer them help. Remind the parent(s) of their responsibility for the care of their child, but also be clear that you as the manager of a Nursery / After-School Care / Childminders have your own responsibility in this situation.

5. Recap

Recap what was discussed and the agreements you made together. Ask the parent(s) whether they agree with this summary. Inform the parent(s) that the discussion and agreements will be included in the Child Dossier.

If, after this discussion/meeting, the parent(s) do not see your concern as being a problem and do not take any further steps, and you still suspect the case to be one of child abuse, make a follow-up appointment with the parent(s).

In this meeting, inform the parent(s) once again about your concern for the child, and tell the parent(s) why you suspect child abuse. Briefly go over what was discussed during the previous discussion/meeting and what agreements were made.

Point out that the concern for the child and your responsibility mean that Veilig Thuis must be contacted and consulted for assistance. Inform the parent(s) that Veilig Thuis is the organisation where anyone with concerns about possible child abuse go and what help they can offer. Inform the parent(s) about reporting the case to Veilig Thuis.

Parents who fail to appear

If parents do not appear for the second meeting regarding their child's problems or are not at home, call Veilig Thuis to seek advice and consider a report.

Negotiations with divorced parents

Source: www.handelingsprotocol.nl

Conducting discussions/meetings with divorced parents separately can be complicated. Especially when it comes to discussing suspicions of child abuse or domestic violence. Think: one parent may harass the other, parents who do not fulfil visitations, quarrels, and physical violence.

- Children of divorced parents are more at risk of child abuse and witnessing domestic violence.
- During and immediately after the divorce, the (ex) partners have so many issues with each other that they fight a great deal over the heads of the children. It is important for the parent(s) to remember that they may not be partners anymore, but parents keep their children. That means they must act in the best interests of the child.
- After a divorce, the general rule is that authority stays with both parents, unless the court has ruled otherwise. The parent who is not charged with the authority does not fulfil the role of representative.
- The parent is entitled to request general information about the health of his/her underage child (article 1:377c BW). The information may be refused if this is in the best interests of the child or if the other parent does not wish to receive any information (Article 1:337 BW, paragraph b).
- Parents who both have custody of their child, are entitled to information about their child. They have no right to access data that relate to their ex-partner. For the rest, the same rules apply as for married partners.
- There are complex situations where one parent may accuse the parent of neglect or abuse. A parent may, for example, want to use the data regarding their child from the nursery or school to support a report to Veilig Thuis. Counsel the parent to file their report to Veilig Thuis, and to ask Veilig Thuis to approach the nursery/school for the data.
- If the parent is able to use the data, then the following applies: parents have the right to inspect the file and what they do with that knowledge is their own responsibility. Veilig Thuis will in such a situation certainly contact the nursery/school.
- If the employee suspects that there is domestic violence and that the child witnesses it, then this is to be discussed with the parents and explained what harm their child may encounter. If your concerns remain, then handle this case following the child abuse protocol.

If CompaNanny does makes a report, the parent(s) are to be informed. The exception to this is if the safety of the child or staff is at risk.

How to deal with reports in cases of divorced parents:

1. If CompaNanny has contact with both parents, then both parents are to be informed.
2. If CompaNanny has contact with one of the parents, then this parent is to be informed personally, and the other is to be informed in writing.
3. If CompaNanny has no contact with the parents, then both parents are to be

informed in writing.

Not discussing matters with parents

These are situations where, by having the discussing/meeting, the safety of one of the parties involved could be jeopardised. Thus, it is conceivable that you decide not to discuss a suspected case of sexual abuse or honour-related violence with the father because you believe that, after the conversation, the father may take his reaction out on his daughter.

In such instances, CompaNanny will always contact Veilig Thuis for advice.

Negotiations with families with a migrant background

Source: www.handelingsprotocol.nl

The above recommendations apply to all families. In households with a migrant background, extra attention is needed for some specific areas (Ben Rensen):

- Ask people what their habits/customs are. Not all families are the same.
- Find common ground.
- Take small steps.
- Provide space for the parent(s) to relate their side of the story.
- Also look for/use solutions relevant to their own culture, show respect.
- Meet the needs of the parent(s).
- Work with the JGZ, possibly with the Voorlichters Eigen Taal en Cultuur. (VETCer)
- Explain the Dutch care system.
- Articulating facts in images and examples work better than actually saying it.
- Make use of your authority and status.
- Use an interpreter if necessary and if it can be regulated.
- Take your time.

The conversation with the parent(s) regarding the intended reporting to Veilig Thuis

Source: www.handelingsprotocol.nl

In preparation:

- Consult with Veilig Thuis and the AO about whether, in this specific instance, it is sensible and safe to inform the parent(s) about the filing of the report.
- Consult with Veilig Thuis and the AO about how you will inform the parent(s) about the filing of the report, who will inform them, who within CompaNanny is to be made aware, and make a follow-up appointment with Veilig Thuis, if necessary.

The meeting:

- Summarise your concern for the child as clearly as possible for the parent(s).
- Briefly mention, if applicable, to the parent(s) the steps you have already taken.
- Inform the parent(s) that you are going to file your concern for their child in a report to Veilig Thuis. Do not ask for their permission.
- Clearly explain that you believe that the parent(s) do not share the same concern or solutions as you (or as those of CompaNanny).
- Inform the parents that you have your own (serious) concerns, and that it is CompaNanny's responsibility to turn to Veilig Thuis for help.
- Describe Veilig Thuis as an organisation where anyone who is concerned about children and who has a suspicion of child abuse can go.
- If the situation permits, allow the parent(s) to voluntarily seek help. Be sure to make proper arrangements for feeding back information.
- Always attend the meeting with another colleague.

Useful Phrases:

- In my work as (*function*), it is my job to pay attention to the welfare of children.
- I (*or* CompaNanny) am so concerned about your child that I'm feel it is necessary to file a report to Veilig Thuis. As I can imagine that this is not a pleasant thing for you to find out, I am telling you myself instead of you hearing it from an employee of Veilig Thuis.
- I (*and also:* and my colleagues)

Appendix 11: Things to consider for an interview with a child

Bron: www.handelingsprotocol.nl; reader training aandachtsfunctionaris JSO, March 2011; www.amk-nederland.nl

In cases of suspected child abuse, a Nanny may talk to the child to determine whether her concerns are justified. It can also be that the child approaches the Nanny him/herself. Nannies are often against having such discussions because they find it difficult to determine their attitudes towards the child. Practicing conversational skills can instil more confidence in conducting such interviews. It is therefore important that Nannies are aware of a number of important conditions when it comes to conducting a conversation/meeting with an abused child. Conversations/meetings can also be held with the LM or AO.

First of all, a Nanny should not promise confidentiality in advance to a child. Many children will initially only talk if they are promised that nothing will be said to anyone else. If this promise is made, the Nanny faces a great dilemma if the child says that he/she is being abused: should they violate the trust of the child or be complicit in maintaining a dangerous situation. If a Nanny promises the child that she will keep their story secret for fear that the child will otherwise remain silent, she must be aware of the consequences of this promise.

If a Nanny does not commit to keeping the story a secret, she can promise that she will not take any further steps without first consulting/telling the child.

A second important point is that the Nanny must be aware of the strong feelings of loyalty a child has toward his/her parents. Never express your feelings disapproval of the parents to the child, no matter what awful things they have done. The child will no longer have confidence in someone who condemns his parents.

Conditions for a good contact during a conversation with a child:

1. Authenticity

This means that, in her relationship with the child, the Nanny is herself. She should not behave in any other way. This does not mean that the Nanny expresses every emotion she feels, but she should be aware of her own feelings and not try to deny or repress them. There must be consistency between what she experiences and feels and what she says and does.

A professional attitude requires genuine interest, an atmosphere of security and the ability to be a good listener, i.e. to be able to notice the child's feelings and to be able to connect to them.

Such conduct constitutes a basis for trust. Children feel very good when someone is genuine or ceases with a façade or pretension.

2. Empathy

Empathy is the ability of the Nanny to empathise with the feelings of the child.

Empathy is the understanding of the child's experiences and feelings, and their significance for that child.

It is important that the Nanny not only hears the child's feelings, but also through words or in a non-verbal way indicates that she understands the perception of the child from within.

3. Acceptance

Acceptance means that the Nanny accepts the child as it is. It does not mean that the Nanny must agree with the child's thoughts and feelings, but that she accepts them without further judgement.

During the conversation with a child, it is also important that a Nanny is able to actively listen. Active listening means listening to both the verbal and the nonverbal messages of the child. It also means listen 'between the lines' to the messages that resonate in the inflection of the child, such as hesitation, silence etc.

Active listening means that the Nanny is constantly questioning "what message is this child trying to communicate? What is he/she saying about his/her experiences, behaviours, feelings?"

By actively listening, the Nanny can clearly see what is going on with the child and can gain insight into the emotions that the child is likely to feel. The Nanny must hereby try to summarise the child's feelings in her own words.

In this way of listening, the Nanny not only gets most of the information necessary, but she also gives the child the feeling of being taken seriously and being accepted. Moreover, through active listening, the Nanny can confirm whether she has understood the child properly and whether she has grasped his/her emotions well.

Some mnemonics in active listening:

- "You mean...?"
- "You're telling me that...?"
- "You feel...?"
- "You have the feeling that...?"
- "You would most like to...?"
- "You have the impression that...?"

General rules for active listening:

- Start with "You..."
- Use a questioning tone.

Watch out for communication stops. These are observations, comments, etc. that stand in the way of actual communication. They are often used unconsciously, for example, if someone is afraid of hearing something unpleasant or if the discussion/meeting is likely to turn into an emotionally threatening experience.

Communication Stops are:

- Judgement
- Ridicule
- Sermons
- Deductions
- Running away with the story
- Warnings
- Appeasement/Reassurance
- Not being taken seriously
- Asking questions (which are not relevant)
- Recommendations
- Arguing a statement
- Solutions

Most people have one or more favourite 'stops'. It is important to become aware of which of these stops you tend to use because it can truly hinder a conversation.

The following points are important to keep in mind during the discussion/meeting with the child, which is about an abuse situation:

- Believe the child and do not put his story in doubt. Do not underestimate or trivialise the seriousness of the situation.
- Praise the child for his/her courage in coming forward to tell you about his/her situation, and tell him/her how much you appreciate it.
- Take your time; let the child tell his/her story at his/her own pace.
- Do not ask 'why' questions (the child does not truly understand him/herself why this has happened to him/her).
- Do not ask leading questions. Let the child relate, as much as possible, what has happened him/herself.
- Adapt to the vocabulary of the child. Ask for clarification if you do not understand.
- Tell the child that it is not his/her fault that this happened, nor his/her responsibility.
- Tell the child that it is not the only thing that happens and that help is possible.
- Do not insist on answers if the child evades your questions, but ensure that he/she knows that your door is always open and that he/she can always come to you to discuss matters further.

(Source: Cursus voor leerkrachten in het basisonderwijs. Interne uitgave VKM, August 1994.)

Points to note during a conversation with a young child

Source: www.handelingsprotocol.nl

A conversation with the child may possibly provide additional information about the situation in which the child finds itself. From the age of about two years, it is possible to have a discussion with a child. However, keep in mind and take into account, the child's age and stage of development as you are having the conversation.

It is not the intention to question the child. The intention of the conversation with the child is to gain additional information or provide supportive contact, and should not replace contact with the parent(s). In preparation for such a conversation, you can consult your LM and possibly the PC.

As well as the contact with the child, it is very important to have an open mind during your contact with the parent(s).

Tips for the discussion:

- Enter the conversation with an open mind.
- Stay consistent with what the child is doing at that moment, for example playing a game, drawing or making something.
- Stay at the same eye level as the child, sit and pick a quiet moment.
- Support the child and set him/her at ease.
- Use short sentences.
- Stay interested and involved by asking questions, but do not fill in the story for the child.
- Start with open questions (**What** has happened? **When** did it happen? **Where** is the pain? **Who** did that?) And swap these with closed questions (**Did you** fall? **Are you** in pain? **Did you** cry? **Did you** like or dislike it?).
- Do not continue with questions if the child does not want to or cannot tell.
- Keep the pace of the child; you do not need to cover everything in one conversation.
- Do not let the child realise that the story is unnerving.
- Do not express disapproval of the parent(s) (or other people who are important to the child), because of the child's feelings of loyalty.
- Indicate that you cannot keep secret what the child says. Explain that, together with others, you will look at how you can best help the child. Explain to the child that you will keep him/her informed of every step you take. The child should never have the responsibility to choose the steps.
- Tell the child that it is very brave/clever of him/her to have told his/her story so well.
- Pay close attention to the child's nonverbal signs during the conversation.
- Bring the conversation to an end when the child's attention begins to stray.

Appendix 12: Veilig Thuis

Source: reader training aandachtsfunctionaris JSO, March 2011 www.amk-nederland.nl

Veilig Thuis (Child Abuse Hotline) provides advice and support in suspected cases of child abuse. They may be approached for Advice or Consultations and/or to file a report.

Dealing with a suspected case in an advisory discussion

In cases of suspected child abuse, Veilig Thuis can be contacted for advice. This means that during a telephone conversation, the advice seeker relates what they have seen and where their doubts/suspicions lie.

Next, the possibilities of what CompaNanny can do and how CompaNanny should proceed with the situation are discussed.

If the situation seems serious and it seems that there is no more that CompaNanny can do itself, Veilig Thuis can request that CompaNanny files a report. Veilig Thuis then takes on the responsibility of taking any action.

In an advisory call, Veilig Thuis will want to know the name and position of the caller, but the name of the child and the family involved need not be made public.

The advice seeker does not need to be absolutely sure that there is a case of child abuse. There are people working in Veilig Thuis who can consider this, and have extensive experience with child abuse.

Consultation

Veilig Thuis also knows the concept of a consultation. Thereby, an Veilig Thuis employee or counsellor can support you in providing assistance or in conducting a discussion/meeting with the parent(s) or child. You can call several times about the same child in order to talk about the progress. At any time it may be decided that a report must in fact be filed because the possibilities offered by CompaNanny are not adequate enough for the protection of the child protection.

Reporting to Veilig Thuis

If CompaNanny files a report of a suspected case of child abuse to Veilig Thuis, then Veilig Thuis begins an investigation into the alleged abuse situation. Thereby, data on the child and the family is gathered in order to clarify whether there is a possibility of abuse and the problems that arise. If the research confirms the suspicions of child abuse, then every effort is made to ensure appropriate help for the parties involved is provided. If this fails, then Veilig Thuis turns to the *Raad voor de Kinderbescherming* (Child Protection Council) for a court order to compel the parties involved to accept help.

Feedback

After a report has been filed, Veilig Thuis inform the person who filed the report what is happening. The amount of information Veilig Thuis gives is dependent on who filed the report. If this feedback does not take place or takes too long, then call you, as a

manager, should call Veilig Thuis to ask for an update on the situation.

Filing a report anonymously

It is possible to file a report with Veilig Thuis without the parent(s) knowing that a report has been filed. This is known as an anonymous report. The name of the person who filed the report is known to Veilig Thuis. In general, the manager must inform the parent(s) that a report is intended to be filed. However, if the child's safety is at risk, or that of the person filing the report, then Veilig Thuis are consulted as to how the matter should be handled. Fear for safety should never be a reason for not reporting a (suspected) case of child abuse.

Domestic Violence

If there is suspicion of domestic violence, Veilig Thuis should be contacted on 0800 2000.

Veilig Thuis are experts in this field, and can provide advice and put assistance in motion. Victims and perpetrators may also contact Veilig Thuis themselves.

Veilig Thuis provides information, advice and referrals. If CompaNanny itself is not able to organise (with help from other organisations) adequate help, a report may be filed to Veilig Thuis. This also applies to an employee who is having difficulties in a home situation. If there are children involved who are cared for by CompaNanny, you should initially contact Veilig Thuis.

Veilig Thuis takes the following steps in complex cases:

1. Puts the situation down on paper
2. Writes a plan of approach
3. Consults with partners: who does what?
4. Chooses a case manager.

Veilig Thuis is, in these events, a temporary process manager.

Appendix 13: Useful information

Source: reader training aandachtsfunctionaris JSO; www.handelingsprotocol.nl

Below is a small selection of information regarding the Report Code's sources, useful bodies, and subjects of child abuse and domestic violence. For further or more specific information, contact the AO or Quality.

Veilig Thuis

www.vooreenveiligthuis.nl
www.020veiligthuis.nl
www.veiligthuishaaglanden.nl

0800-2000

Parent- Child Team (OKT)
www.oktamsterdam.nl

Centre for Youth and Family (CJG)
www.cjg.nl

Opvoedpoli

Low-key, approachable parenting support and intensive family assistance

<http://www.opvoedpoli.nl/>

Extra information about the Report Code, general Report Code of the association, in-depth information and signs lists

www.handelingsprotocol.nl

<http://ko.handelingsprotocol.nl/competentieprofiel-3>

www.meldcode.nl

www.kindermishandeling.info

Child Abuse

www.kindermishandeling.info

Information en literature list about child abuse for professionals

www.stopkindermishandeling.nl

Information about RAAK: Reflectie- en Actiegroep Aanpak Kindermishandeling (Reflection and Action Group towards Child Abuse); help and advice in educating and guiding educators.

www.ikzieikziewatjijnietziet.nl

Open your eyes to child abuse

www.seksueelmisbruik.nl

Site of the Ministry of Justice for adults and children

www.nvsh.nl/systeem/mishandeling.htm

Site about sexuality and child abuse

Schooling

www.thenextpage.nl