Reporting Code for Responding to Signs of Domestic Violence and Child Abuse

The competent authority of Culture Therapy

Considering

• that Culture Therapy is responsible for providing quality services to its clients and that this responsibility is specifically relevant to services to clients who are or may be affected by domestic violence or child abuse;

• that the professional employed by Culture Therapy shares this responsibility and is therefore expected, in all her dealings with clients, to be attentive to signs that may indicate domestic violence or child abuse and to respond effectively to these signs;

• that Culture Therapy wishes to draw up a reporting code so that the professional it employs knows what steps she is expected to take if she observes signs of domestic violence or child abuse;

• that, in this reporting code, Culture Therapy will also establish how it will assist the professional it employs in carrying out these steps;

• that 'domestic violence' is defined as (threats of) physical, mental or sexual violence committed by a person in the victim's domestic circle, 'violence' being defined as physical, sexual or psychological harm to the victim's personal integrity, and includes senior abuse, female genital mutilation, forced marriage and honour-based violence. The victim's domestic circle includes partners and former partners, family members, relatives and housemates;

• that 'child abuse' is defined as any threatening or violent interaction of a physical, psychological or sexual nature with a child imposed actively or passively by the parents or other persons with whom the child is in a relationship of dependency or constraint, which causes or is liable to cause serious harm to the child in the form of physical or psychological injury. It includes honour-based violence, forced marriage, female genital mutilation and the child witnessing violence between parents and/or other members of the household;

• that 'professional' is defined as the professional employed by Culture Therapy who provides the organisation's clients with care, counselling, education or other forms of assistance;

• that 'client' is defined as any person to whom the professional provides professional services.

Taking into account:

• the Personal Data Protection Act;

• the Youth Care Act, and the forthcoming Youth Act;

• the Social Support Act

• the privacy rules of Culture Therapy.

adopts the following Domestic Violence and Child Abuse Reporting Code.

Action plan for responding to signs of domestic violence or child abuse

1. Identifying the signs

All instances of contact with the client concerning these signs plus any steps or decisions taken are recorded. Signs of domestic violence or child abuse are detected through observation. The signs are to be described as factually as possible. If hypotheses or assumptions are recorded, their status is explicitly stated. If a hypothesis or assumption is later confirmed or disproved, a follow-up note is added. If information from third parties is recorded, the source is always specified. Diagnoses are only recorded if they are given by competent professionals.

Child check

A child check is performed if the person presenting the signs of domestic violence has a dependent child or in all cases in which the client's medical condition or other circumstances would pose a risk to the safety or development of any such children. In this case, the main care provider takes note of how many children are dependent on the person, their age, and if someone else is sharing the responsibility of care for the child with the client (such as a partner, ex-partner or another adult).

If a parent is presenting signs that may put the child at risk, or may risk the child's development, these signs are recorded in this first step and noted as potential threats to the child's safety and/or development.

Signs of violence between clients or between students

Suspected acts of violence between clients, such as residents of a care institution, residents of a family-based unit or students at a school, are not covered by the reporting code action plan. You should report the signs to the supervisor or management. There is one exception to this rule: the reporting code does apply if there are signs of violence between partners who are both clients of the institution, such as married couples or partners living together in the same nursing home, family-based unit or other establishment.

2. Discussion about signs of violence with peers or relevant bodies

Signs are discussed with expert colleagues, and possibly with the Reporting Centre for Child Abuse and Neglect and the Domestic Violence Advice and Support Centre. If necessary, also consult the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre. Where more clarity is needed on the nature and cause of an injury, a forensic physician can be called on for advice. In the medical sector in particular it can be important to consult an injury expert. If forensic expertise is needed in other sectors, the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre can be approached.

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

Culture Therapy has insufficient knowledge on how to deal with certain forms of violence, such as honour-based violence, forced marriage, sexual abuse or female genital mutilation, so the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre is always consulted on those matters before taking further action. Their advice will also us assess the safety risks involved. Results of the peer consultation and the advice received are recorded in the client's file.

3. Interview with the client

Since adults are the main client base at the organization, interviews will always be with the domestic violence victim and/or the perpetrator, or the parents or other relative of the child victim. If the

discussions nullify suspicions of domestic violence and child abuse, then no further steps need to be taken. If they confirm these suspicions, then the next steps will be carried out. If the main care provider considers that she needs help, she will consult her intervision group outside of the organization and/or the Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.

During the interview with the client, the main care provider will do the following:

- 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 she has seen and heard and what she has been told in response.

An interview will not be conducted with the client if it is strongly suspected that the client may be in danger or will endanger others should the interview be conducted. Also, if the main care provider believes that addressing the abuse will lead to a breach of trust and, therefore, would prompt the client to break contact and would prevent them from being sufficiently protected from possible further violence, then the interview will be delayed or not conducted at all. Decisions on whether or not to conduct the interview will be decided upon consultation with the main care provider's expert colleagues.

In the case of partner on partner domestic violence, the signs are discussed with the victim first during scheduled sessions. In the case of child abuse, signs are to be explained to the parents during a scheduled session. Decisions on who will be interviewed and how will always take into account the effect of the interview on the safety of the adult and child victim. Should an interview put someone at risk, it will not be conducted. Also, if an interview with a child will be necessary without the consent of the parent, it will be done to not endanger the child.

Recording the case in the Register of At-Risk Juveniles

If the development of a minor or minors is at risk, when carrying out step 3 recording the case in the Register of At-Risk Juveniles is considered.

NB: This register aims to bring together professionals dealing with young people who are at risk so that they can coordinate their actions and avoid working at cross purposes. Recording a case of child abuse in the register is not an alternative to reporting it to the Advice and Reporting Centre for Child Abuse and Neglect. So even if it is decided that a case be recorded in the register, steps 4 and 5 of the reporting code will be continued if discussions with the parents or minor do not remove suspicions of child abuse. For more information about the Register of At-Risk Juveniles and the statutory right to report cases to the register see www.verwijsindex.nl.

In case of police involvement, full compliance is expected from the main care provider if needed.

4. Assessing violence and child abuse

The main care provider is aware of the signs of domestic violence and child abuse and weighs them in the following matter.

Having considered the signs, the advice obtained and the interview with the client, the risk of domestic violence or child abuse is assessed. In addition, the nature and severity of the domestic violence or child abuse is identified. The following table explains how the different signs are weighed:

Severity	Verbal/psychological abuse	Physical abuse
Low	Name-calling, shouting, condescension, criticism	Pushing away to leave, shoving, slamming/breaking household objects
Intermediate	Gaslighting, social isolation, shame, blame, humiliation, manipulation, unpredictability	Hitting, slight bruising of face and arms
High	Severe financial dependence, death threats, neglect of medical attention, worsening a suicide risk, victim feeling unsafe in their home	Severe bruising requiring medical attention, signs of poisoning, hospitalization, strangulation, sexual violence

It is important to note that when in doubt, the Reporting Centre for Child Abuse and Neglect and the Domestic Violence Advice and Support Centre is always consulted.

NB: In the KNMG reporting code for doctors, this step is combined with step 5. The KNMG reporting code advises doctors, as an additional step and if necessary, to obtain information from other professionals working with the family. See step 4 and article 9 of the code: www.knmg.nl/publicaties.

5. Reaching a decision: arranging assistance or reporting a case

The main care provider will always file a report because her organization and herself are not capable of providing sufficient safety and care to the victim.

Before filing the report, it is discussed with the client (if aged 12 or over) and/or with the parent (if the client is under 16) in the following manner:

• Explaining reasons for filing a report and the purpose of doing so.

• Asking the client explicitly for a response.

• If the client objects to the report, discussing with him how you can meet his objections.

• If that is not possible, weighing the objections against the need to protect your client or a family member from violence or child abuse. In the assessment, the nature and severity of the violence and the need to protect the client or his family from it is taken into account.

• Filing a report if it is believed that protecting the client or his family is the decisive factor.

The intention to file the report, the report's purpose and its importance for the client will be communicated to the client. A response will be asked of the client, and if consent is given, the file will be reported. If the client objects to the report, the objections will be discussed with the client to address them and see how they can be overcome. If the objection remains, the main care provider will weigh the importance of the objection against the necessity of filing the report to protect the victims of abuse.

A report may also be filed without first consulting with the client about it in the following cases:

• if the main care provider's own safety, that of her client, or that of a third party is at stake;

• if there is good reason to believe that an interview would prompt the client to break contact with you.

After the report has been filed, the main care provider guarantees full compliance with what relevant authorities plan to do with the client.

Responsibility for carrying out the steps listed in the reporting code is entirely up to Esraa Chaddad.

The person/persons who can be consulted as a specialist in domestic violence or child abuse: Clemence Mondot, Nuria Maldonado, Ralph Evers, and Advice and Reporting Centre for Child Abuse and Neglect or the Domestic Violence Advice and Support Centre.

Responsibilities of the organization

Under the Mandatory Reporting Code Act, the competent authority of Culture Therapy will:

• ensure that the organisation has a reporting code in place that meets the statutory requirements;

• ensure that the purpose and substance of the reporting code are well known within the organisation;

• regularly provide training and other forms of professional development so that professionals are able to acquire the appropriate skills and knowledge to identify domestic violence and child abuse, and carry out the steps described in the reporting code;

• include the reporting code in the induction programme for new staff;

• ensure that the right experts are available to assist professionals in identifying violence or abuse and taking the steps described in the reporting code;

• ensure that the reporting code fits in with other procedures within the organisation;

• regularly evaluate the reporting code and take any necessary action to promote awareness and use of the reporting code.

Protocols, reporting codes and other documents used in preparing this model code

• Letter to the House of Representatives from the State Secretary of Health, Welfare and Sport, the Minister for Youth and Family and the Minister of Justice concerning mandatory reporting codes on domestic violence and child abuse (House of Representatives, 2008-2009 session, 28 345, no. 72, November 2008).

• Summary of reporting codes, Netherlands Youth Institute, Utrecht, 2008.

• Amsterdam Protocol on Child Abuse.

• Youth Health Care Service draft guidelines on secondary prevention of child abuse, 2007.

• Dutch Association of Doctors in Youth Health Care (AJN) interview protocol on female genital mutilation, 2005.

• Pharos action protocol on female genital mutilation, 2007.

• KNMG reporting code and action plan, September 2008.

• KNOV code for reporting child abuse, February 2007.

• NIZW code for reporting child abuse, 2002.

• Haaglanden ambulance services code for reporting child abuse, April 2009.

• SEH Medical Centre Haaglanden protocol for reporting child abuse, March 2009.

• Rotterdam domestic violence and child abuse reporting code.

• Sample protocols for reporting child abuse in primary and secondary schools, developed by the The Hague municipal health department, South Holland West public health department, and the JSO expertise centre.

• Zicht op de Rotterdamse Meldcode ('The City of Rotterdam Reporting Code'), an evaluation of Rotterdam's domestic violence and child abuse code, K. Lünnemann, Verwey Jonker Institute, March 2009